

## **P-853 - INPATIENT PSYCHIATRIC MANAGEMENT OF THE BARIATRIC SURGERY PATIENT: COMPLEXITIES AND CONSIDERATIONS**

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**Introduction:** One-third of Americans are obese, with a body mass index (BMI) of 30 or greater; one-fifth have BMI's of 40 or greater. In 2004, bariatric surgery was performed on an estimated 140,000 individuals. Mental illness, most commonly depressive and anxiety disorders, is prevalent among obese populations. Psychological screening is an important component of the pre-surgical evaluation process; however, pre-surgical psychopathology does not consistently correlate with poorer weight loss outcomes.

**Objective:** A paucity of literature exists on the management of psychiatric conditions after bariatric surgery. Studies have suggested depression improves after surgery, but adjusting to life after bariatric surgery can result in the emergence, or recurrence, of symptoms.

**Aims:** This study is intended to stimulate discussion regarding the evolving field of bariatric psychiatry.

**Methods:** Three cases were studied retrospectively. All three received the Roux-en-Y gastric bypass for BMI's greater than 40 with no reported prior history of mental illness. They were admitted to the inpatient unit for suicidal ideation and co-morbid substance dependence.

**Results:** Psychiatric management was highlighted by appropriate psychopharmacological treatment reflecting altered pharmacokinetics from the gastric bypass, potentially contraindicating side effects of medications, and preparations of the medications themselves. The management involved the exploration of unique psychosocial stressors, particularly dealing with the impact of surgery and factors contributing to co-morbid substance dependence.

**Conclusions:** Bariatric patients in the inpatient psychiatric setting present a unique situation in which surgery results in pharmacological and psychological considerations that must be examined and taken into account for the appropriate management of their condition.