

Standards for Pre-Operative Bariatric Surgery Psychological Evaluation
VA Bariatric Surgery Workgroup

Last Updated: 5/2007

1. The pre-operative psychological evaluation should be conducted by a psychologist or psychiatrist qualified in the assessment and diagnosis of mental health illness with familiarity of bariatric surgery procedures, follow-up, and required behavioral changes.
2. This evaluation should consist of:
 - a review of the medical record including any separate mental or behavioral health record
 - the use of specific psychological instruments as recommended below. Other instruments and/or intake forms can be used in addition to these at the evaluating provider's discretion.
 - a clinical interview.
 - *Alcohol Use Disorder Test-core (AUDIT-C)*
 - 3 items, < 4 minutes to administer and score
 - Available on VISTA
 - *Drug Abuse Screening Test (DAST[®])*
 - 20 items, < 7 minutes to administer and score
 - Paper or online formats available on the MOVE! website:
 - *Millon Behavioral Medicine Diagnostic (MBMD[®])*
 - 165 items, 30-45 minutes to administer
 - Available on VISTA
 - *Multidimensional Health Locus of Control (MHLC)*
 - 18 items, < 10 minutes to administer
 - Available on VISTA
 - *Questionnaire on Weight and Eating Patterns-Revised (QEWP-R[®])*
 - 28 items, < 20 minutes to administer
 - Paper format available on the NCP website:

Specific items to assess with interview and review of medical record include:

1. Active psychosis and alcohol or substance use disorders
 2. Other mental health illness (active, inactive, hospitalizations)
 3. Borderline personality disorder
 4. Social/family situation and supports
 5. Follow up "abnormal" results from psychological instruments used
 6. Discussion of alternative plans should patient be turned down for surgery
3. Appropriate follow-up should be arranged for patients with mental health or behavioral concerns identified during this evaluation regardless of the decision for surgery.

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The following are guidelines to assist evaluating Psychologists and Surgeons with choosing appropriate candidates for bariatric surgery.

1) Psychological criteria to consider excluding patients from consideration for surgery:

- Active psychosis present (defined as current evidence of active psychosis and/or mental health hospitalization for psychosis within past 1 year)
- History of multiple suicide attempts within the past 5 years
- Alcohol use disorder within past 6 months
- Other substance use disorder within past 6 months
- Borderline personality disorder as indicated by medical record and/or clinical interview
- History of poor adherence with medical regimens: appointment keeping, follow-up instructions, and/or evidence on MBMD that patient is very high risk for non-adherence.

2) Delay consideration for surgery pending response to further psychological treatment:

- Poorly controlled mental illness(es) or cognitive impairment that may interfere with ability of patient to comply with necessary instructions and follow up (e.g. poorly controlled OCD, severe depression/anxiety, severe bipolar disorder, dementia)
- Severe binge eating disorder as measured by QEWP-R and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of QEWP-R for bariatric patients)
- Unstable social environment (homeless, lack of access to a kitchen, lack of social support) as assessed by clinical interview
- Very low self-efficacy/self-motivation/personal responsibility as evidenced by low MHLC scores and confirmed by clinical interview. (Refer to Guide to Using Instruments for further instructions on use of MHLC for bariatric patients)
- Other severe behavioral problems as evidenced by scores on MBMD and confirmed by clinical interview. (Refer to Guide to Using Instruments for further instructions on use of MBMD for bariatric patients)

3) Acceptable for surgery; provide ongoing psychological treatment before and after surgery.

- Mild-Moderate Binge Eating Disorder as measured by QEWP-R and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of QEWP-R for bariatric patients)
- Other mild or moderate behavioral problems as evidenced by scores on MBMD and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of MBMD for bariatric patients)
- Moderately low self-efficacy/self-motivation/personal responsibility as evidenced by moderately low MHLC scores and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of MHLC for bariatric patients)
- Reasonably well-controlled mental illness, including schizophrenia, depression, bipolar disorder, anxiety disorders, OCD, alcohol or substance use disorders in remission
- History of an isolated suicide attempt

4) Acceptable for surgery; provide psychological treatment on an as-needed basis.

- Any patient that does not fall into one of the above categories