# WEIGHT REGAIN? ASPETTI PSICOLOGICI

## Una riflessione sul Weight Regain

ELENA LOVATO

POLIAMBULATORIO
ARCELLA - PADOVA

Obesity Surgery (2021) 31:1256–1264
https://doi.org/10.1007/s11695-020-05128-5

ORIGINAL CONTRIBUTIONS

# The role of weight stigma in weight regain in bariatric surgery

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Current Diabetes Reports (2023) 23:31–42
https://doi.org/10.1007/s11892-023-01498-z

OBESITY (KM GADDE AND P SINGH, SECTION EDITORS)

# Weight Regain After Bariatric Surgery: Scope of the Problem, Causes, Prevention, and Treatment

Sabrena F. Noria[1] · Rita D. Shelby[2] · Katelyn D. Atkins[3] · Ninh T. Nguyen[4] · Kishore M. Gadde[4]

Accepted: 9 December 2022 / Published online: 8 February 2023
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# Perceived and Preferred Social Support in Patients Experiencing Weight Regain After Bariatric Surgery—a Qualitative Study

son[3] · Erik Hemmingsson[4] · Anne Christenson[1,2] · Ylva Trolle Lagerros[1,2]

ber 2020 / Accepted: 11 November 2020 / Published online: 17 November 2020

Received: 13 April 2024 | Revised: 9 January 2025 | Accepted: 14 January 2025
DOI: 10.1111/cob.12735

ORIGINAL RESEARCH

Clinical OBESITY WILEY

## Binge eating behaviours are associated with recurrent weight gain after metabolic and bariatric surgery

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# eight Regain and Insufficient Weight Loss After Bariatric Surgery: efinitions, Prevalence, Mechanisms, Predictors, Prevention anagement Strategies, and Knowledge –a Scoping Review

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September 2020 / Revised: 1 December 2020 / Accepted: 7 December 2020 / Published online: 8 February 2021
or(s) 2021

ients experience weight regain (WR) or insufficient weight loss (IWL) after bariatric surgery (BS). We undertook a eview of WR and IWL after BS. We searched electronic databases for studies addressing the definitions, prevalence, ns, clinical significance, preoperative predictors, and preventive and treatment approaches including behavioral, phar- al, and surgical management strategies of WR and IWL. Many definitions exist for WR, less so for IWL, resulting in ncies in the reported prevalence of these two conditions. Mechanisms and preoperative predictors contributing to WR ex and multifactorial. A range of the current knowledge gaps are identified and questions that need to be addressed are Therefore, there is an urgent need to address these knowledge gaps for a better evidence base that would guide patient g, selection, and lead to improved outcomes.

Weight regain · Insufficient weight loss · Bariatric surgery · Definitions · Mechanisms · Predictors · Prevention · ent

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SUCCESS
FAILURE

FAIL
FAIL
FAIL
FAIL
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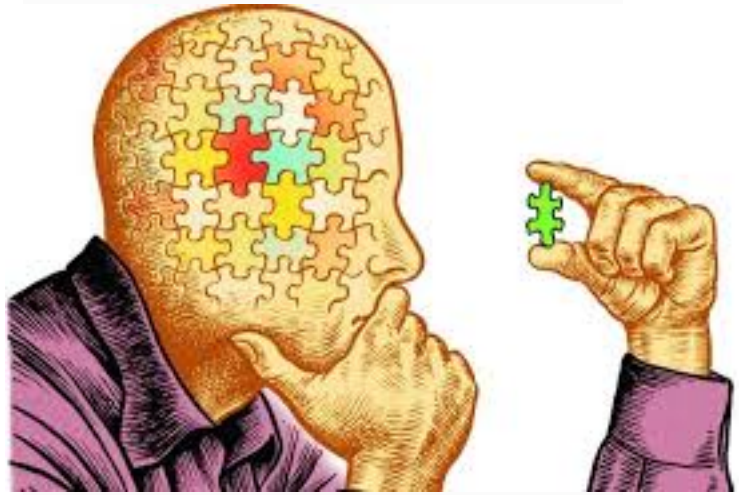
FAIL

“Perchè devo fare la dieta prima e dimagrire prima?
Se fossi stato in grado di raggiungere l’obiettivo non sei qui a farmi operare?”



Non capisco perchè devo imparare a mangiare
visto che dopo l’intervento non mangerò più cosi”

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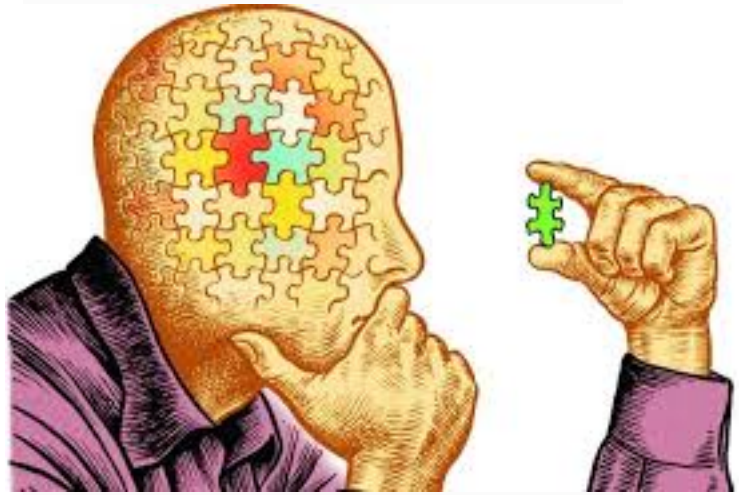

“Dopo l’intervento…”

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# LEGGE 22 dicembre 2017, n. 219

Norme in materia di consenso informato e di disposizioni anticipate di trattamento. (18G00006)

(GU n.12 del 16-1-2018)

Vigente al: 31-1-2018

LEGGE 22 dicembre 2017, n. 219

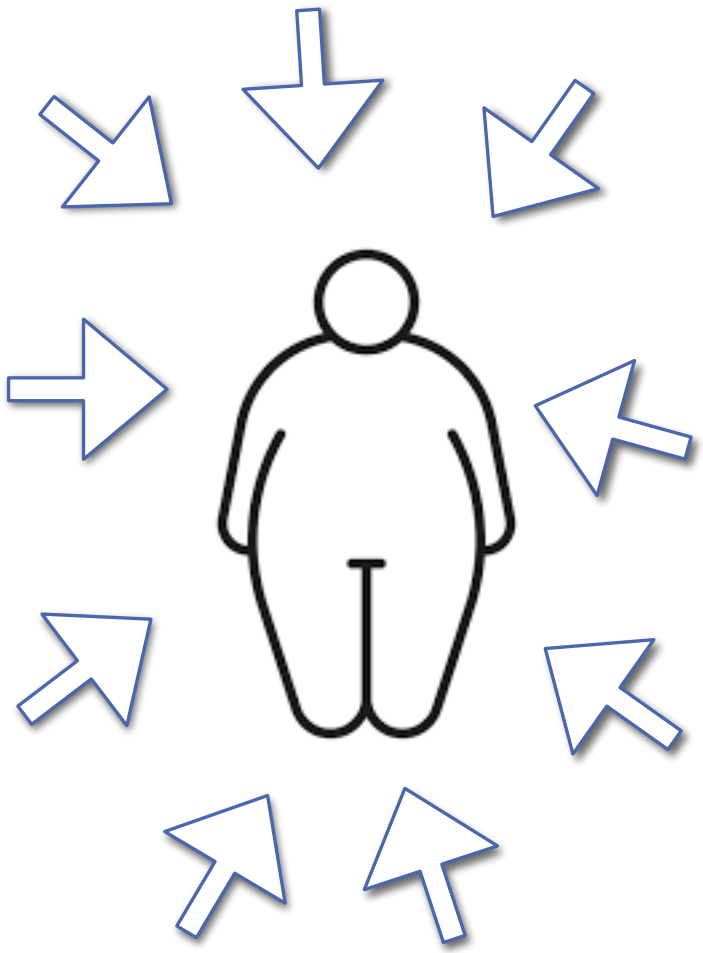
Norme in materia di consenso informato e di disposizioni anticipate di trattamento. (18G00006)

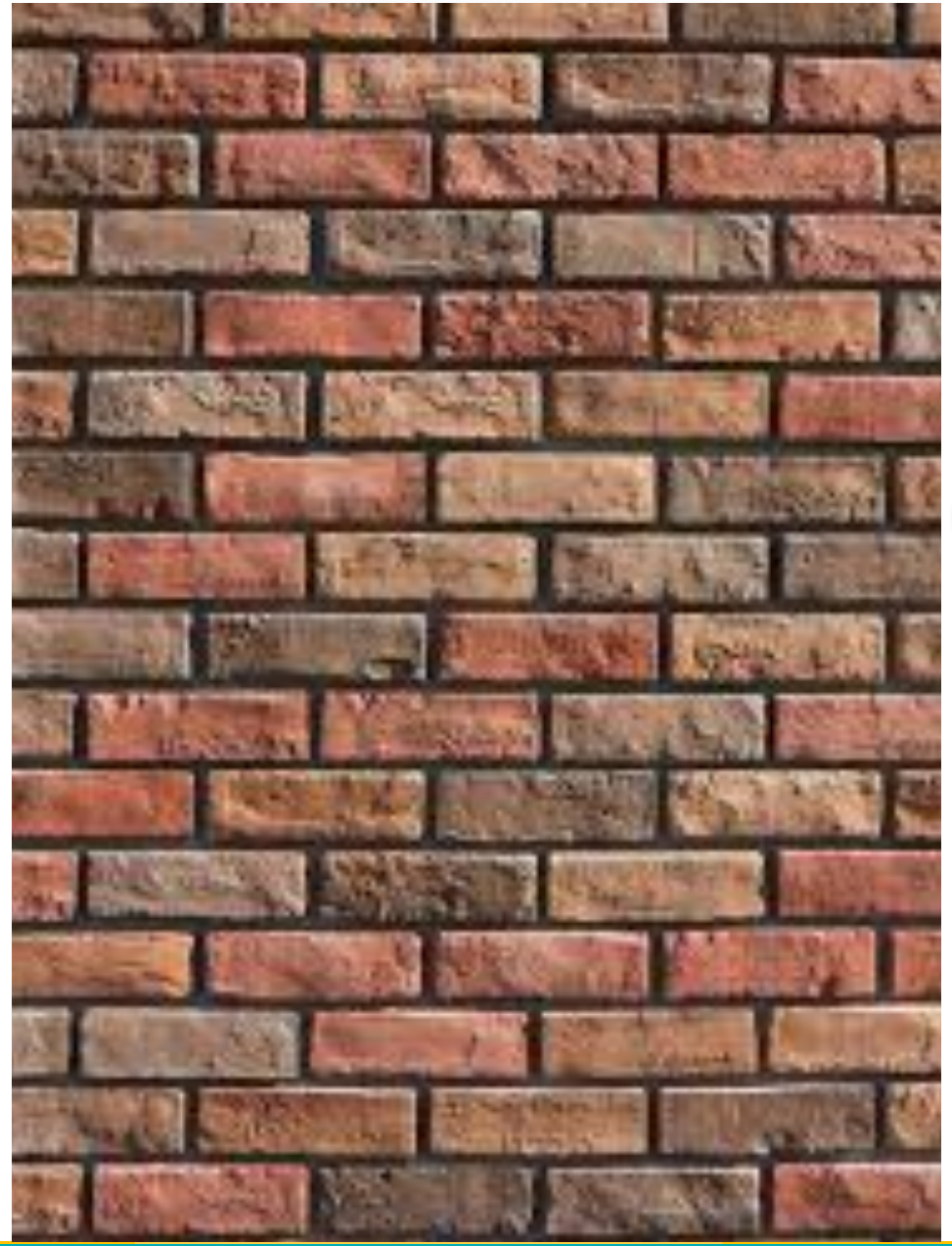
(GU n.12 del 16-1-2018)

Vigente al: 31-1-2018

**8.** Il tempo della comunicazione tra medico e paziente costituisce tempo di cura.

# PRE





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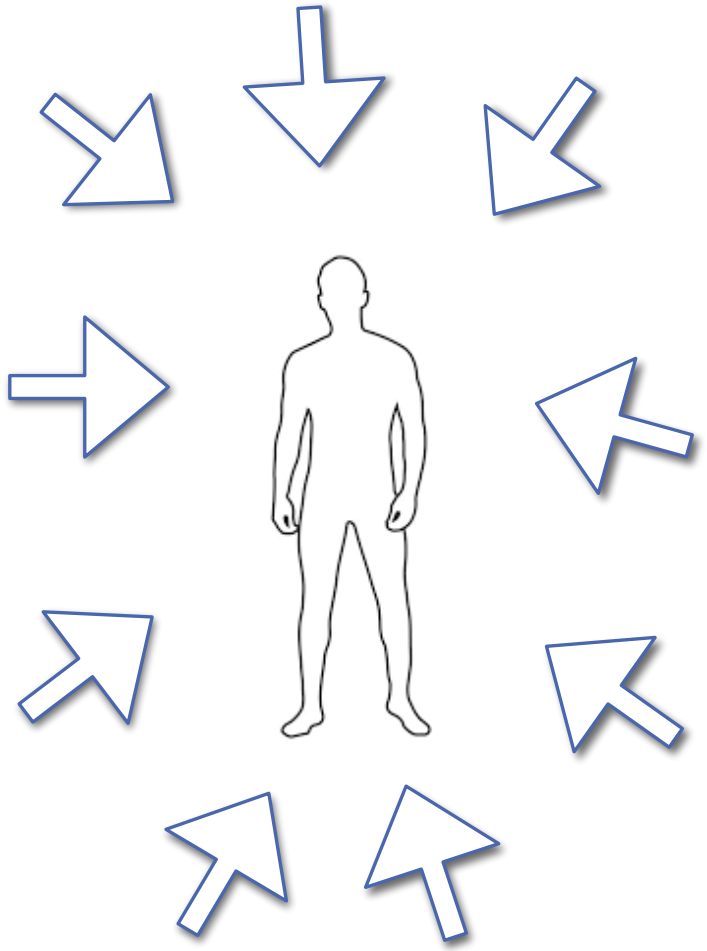
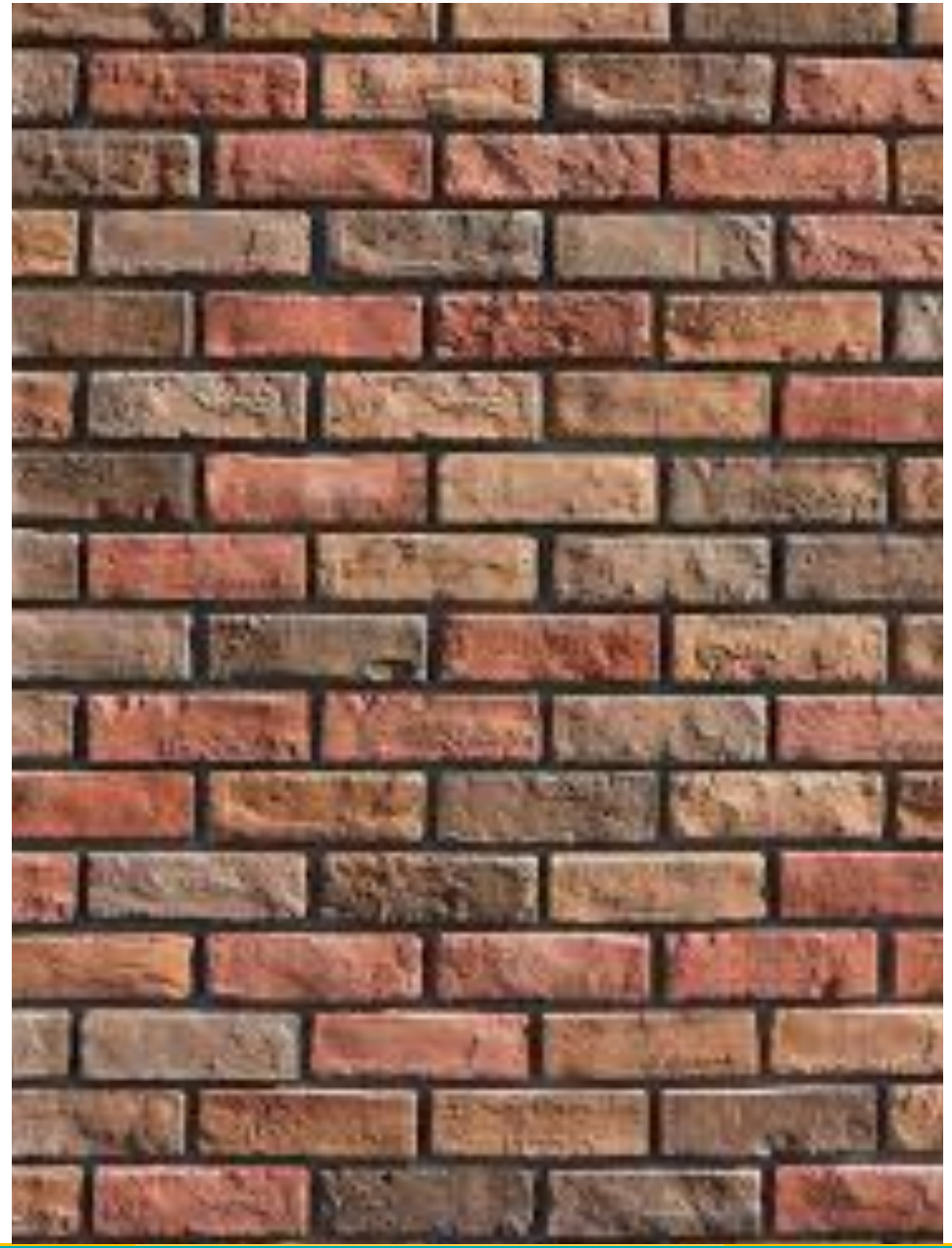


# PRE

- Quali sono le condizioni della persona?
- Presenza di elementi ostativi all’intervento?
- Cosa limita l’obiettivo di salute?
- Quali le aspettative dell’intervento?



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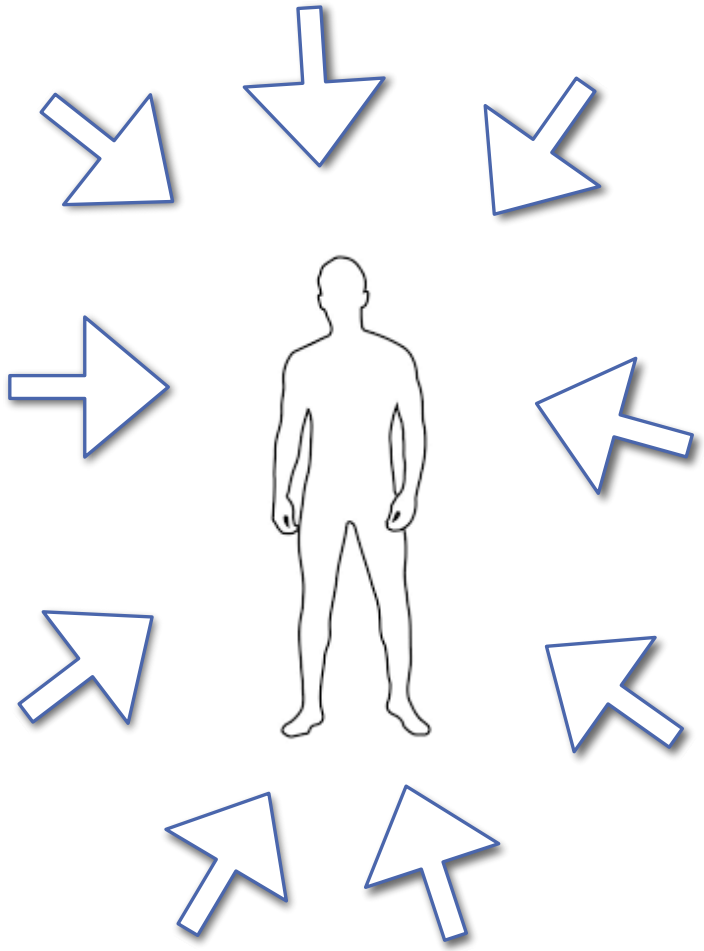

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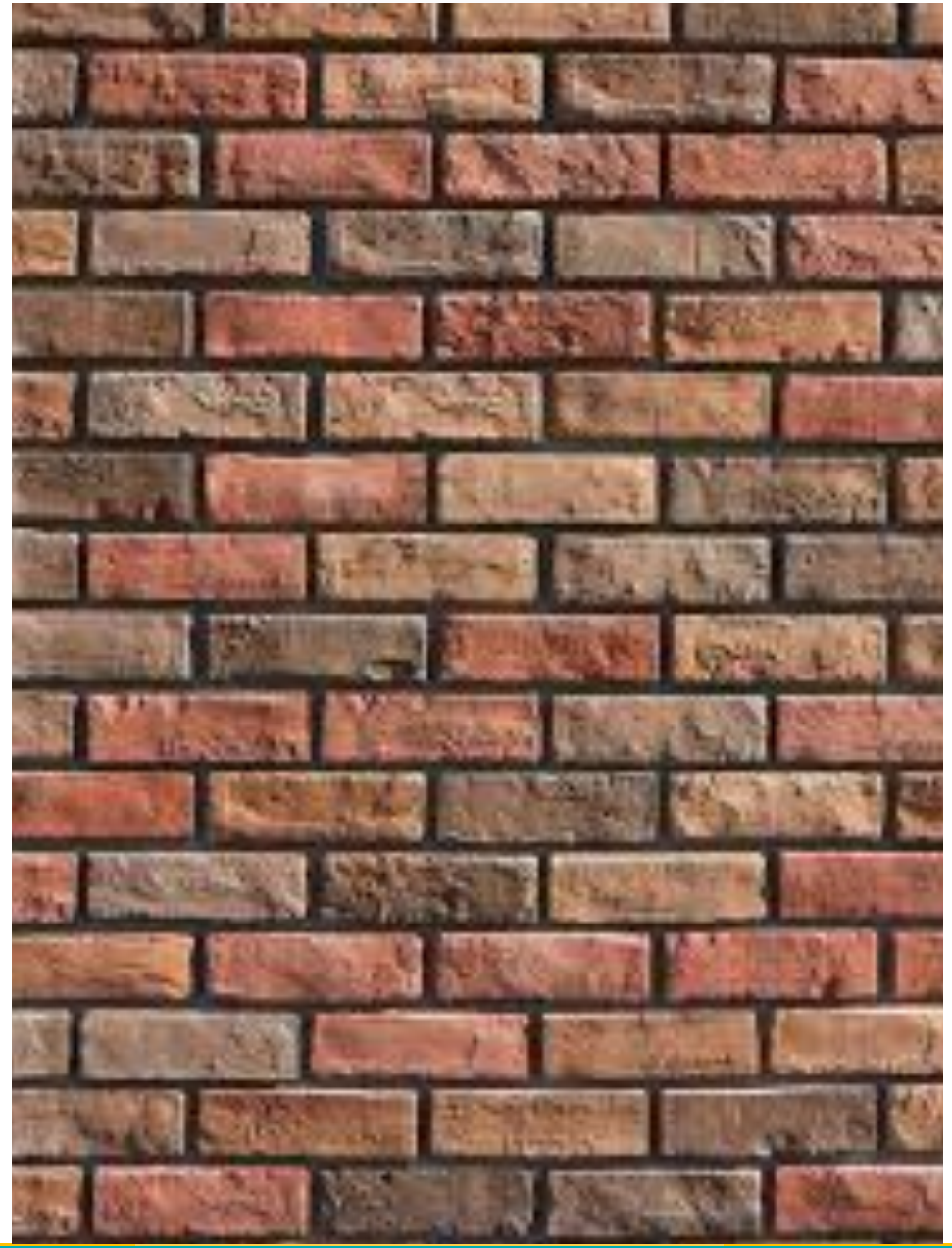

# POST

Quali sono le condizioni della persona?

Sono emersi aspetti psicopatologici ostativi all’intervento fatto?

Cosa limita l’obiettivo di salute?

Quali le aspettative sull’intervento fatto?

L’interrogativo sullo stato di salute,
sui pensieri che guidano il nostro agire diretto ad un’obiettivo di salute,
dovrebbe essere presente nella persona e
dovrebbe durare per tutto il corso della vita.

SUCCESSO
FALLIMENTO

SUCCESSO
FALLIMEN

SUCCESSO

10
9.55
7+
6 1/2
6
6.25
9.75
5.95
55

WR non come fallimento dell’intervento, ma come segnale della complessità
che governa la condizione di obesità, che richiede una continua analisi di dove siamo
all’interno del percorso di **cura** della nostra persona, che dura, per tutti, tutto l’arco di vita.

“To care”: mi importa, mi interessa

# Avete mai chiesto ai vostri pazienti se amano il loro corpo?

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# Grazie