

The relationship between a history of childhood trauma and trajectories of weight loss and depressive symptoms following bariatric surgery

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Aim: Given the limited research on the association between childhood trauma history and bariatric surgery (BS) outcomes, the present study aimed to examine the role of childhood trauma on changes in weight loss and depressive symptoms following BS.

Methods: Childhood trauma history was assessed at baseline using the Childhood Trauma Questionnaire (CTQ), while symptoms of depression (Beck Depression Inventory-II) and anthropometric measurements were evaluated at baseline, 6M, and 12M post-surgery.

Results: This study included 111 participants (85% females) with a mean age of 45.1 (SD=11.7) years and a median Body Mass Index (BMI) of 46.7 (IQR=42.4-51.9) kg/m². Childhood trauma history as measured by at least one form of emotional abuse (EA), physical abuse (PA), sexual abuse (SA), emotional neglect (EN), or physical neglect (PN) was reported in 78.4% of participants. Exposure to any type of childhood trauma did not impact the trajectories of weight (time x group; $p=.105 - .858$) and depressive symptoms (time x group; $p=.083 - .956$) following BS; however, depressive symptoms, but not weight (group; $p=.083 - .969$) were higher at all time points for participants that experienced any type of childhood trauma (EA, $p=.018$; PA, $p=.025$; SA, $p=.049$; EN, $p=.009$), except for PN.

Conclusion: Childhood trauma was not associated with changes in weight loss or depressive symptoms at 6M and 12M post-BS. However, the extremely high rates of childhood trauma history and higher depressive symptoms among participants with such a history after BS emphasizes the need for extensive psychological assessments, monitoring, and support.

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