

History of childhood maltreatment and its association with weight, depression and eating behaviour among patients with severe obesity prior to bariatric surgery

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Aims: This study aimed to assess the prevalence of different types of childhood maltreatment within a bariatric population and their associations with weight, depressive symptoms, and eating behaviour before surgery.

Methods: History of childhood maltreatment, [Childhood Trauma Questionnaire (CTQ)], anthropometrics, depressive symptoms [Beck Depression Inventory-II (BDI-II)], and eating behaviours [Dutch Eating Behavior Questionnaire (DEBQ)], were assessed pre-surgery.

Results: Participants (n=111, 85% females) had a mean (SD) age and median (IQR) BMI of 45.1 (11.7) years and 46.7 (42.4-51.9) kg/m². History of emotional (EA), physical (PA), and sexual abuse (SA), and emotional (EN) and physical (PN) neglect were reported by 47.7%, 25.2%, 39.6%, 51.4%, and 40.5% of patients, respectively, and about 80% reported at least one form of abuse or neglect. Patients with a history of EA had higher baseline median BMI (48.8 vs. 45.2, $p=.023$) and depressive symptoms (17.0 vs. 11.0, $p=.012$) compared to those without a history of EA. Higher median baseline depressive symptoms scores were also observed among patients with a history of EN (18.0 vs. 10.0, $p=.002$) compared to those without a history. Patients with a history of SA and EN had higher scores on the emotional eating ($p=.004$) and external eating ($p=.036$) subscales of the DEBQ, respectively.

Conclusion: These findings indicate the need for future studies to disentangle the mechanisms linking childhood maltreatment to obesity and the how these are impacted by bariatric surgery, and underline the importance of implementing broad psychological assessment before surgery.

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