

Twelve Step Food Addictions Support Group: Utilization with Women after Bariatric Surgery


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Background

- ▶ **Based on the original Twelve Step Alcoholics Anonymous Program**
 - ▶ **Highlights the spiritual journey of recovery**
 - ▶ **Works through the 12 steps to maintain strength and discipline in daily practice and interrelationships with others**
 - ▶ **Focused toward meeting the emotional needs of the post-surgery bariatric population**
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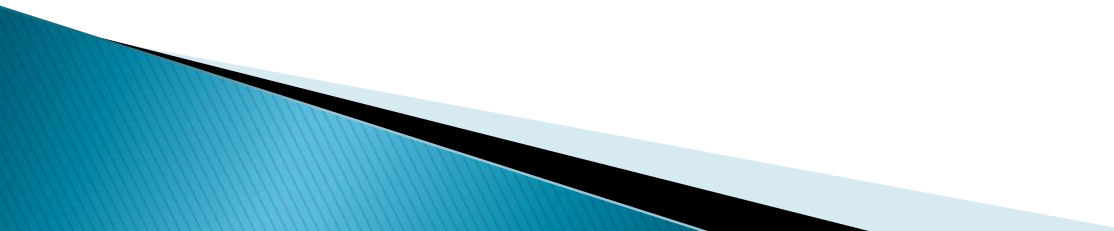
THE TWELVE STEPS

- 1. Admit powerlessness over food**
 - 2. Believe that a Power greater than ourselves can restore us to sanity.**
 - 3. Decide to turn our will and our lives over to the care of God *as we understand Him*.**
 - 4. Make a searching and fearless moral inventory of ourselves.**
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THE TWELVE STEPS

- 5. Admit to a higher being, to ourselves, and to another human being the exact nature of our wrongs.**
 - 6. Are entirely ready to have a higher being remove all these defects of character.**
 - 7. Humbly ask a higher being to remove our shortcomings.**
 - 8. Make a list of all persons we have harmed, and become willing to make amends to them all.**
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THE TWELVE STEPS

- 9. Make direct amends to such people whenever possible.**
 - 10. Continue to take personal inventory and promptly admit when wrong.**
 - 11. Seek through prayer and meditation to improve our conscious contact with a higher being to carry out his wishes.**
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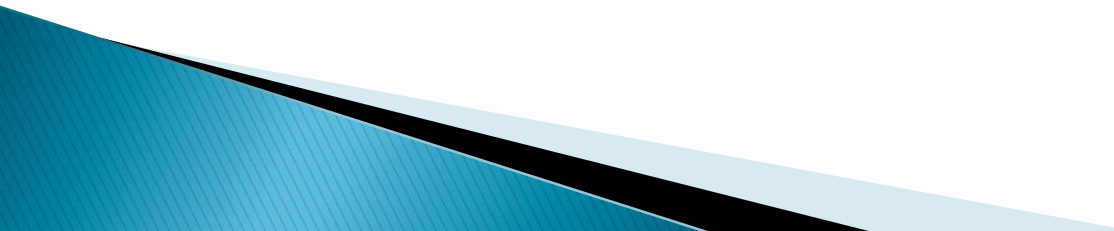
The Twelve Steps

- 12. Having had a spiritual awakening, try to carry this message to others and continue practicing in all affairs.**

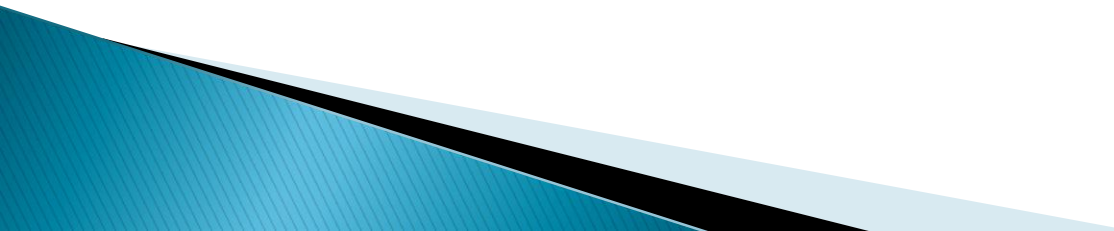
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Rationale

- ▶ **There are current established “Twelve Step” Programs on Food Addictions in the general population.**
 - ▶ **No known Twelve Step Food Addiction program has been extended to the bariatric patient population.**
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Rationale

- ▶ **Previous research with this population indicates the need for support groups.**
 - ▶ **There is limited research evaluating emotional and eating behavior changes of patients participating in this type of program.**
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Specific Aim

- ▶ **To evaluate the difference in food addiction, quality of life, and depression at baseline and at one year in women who participate in a 12-step food addiction support group program after undergoing bariatric surgery.**

Inclusion Criteria

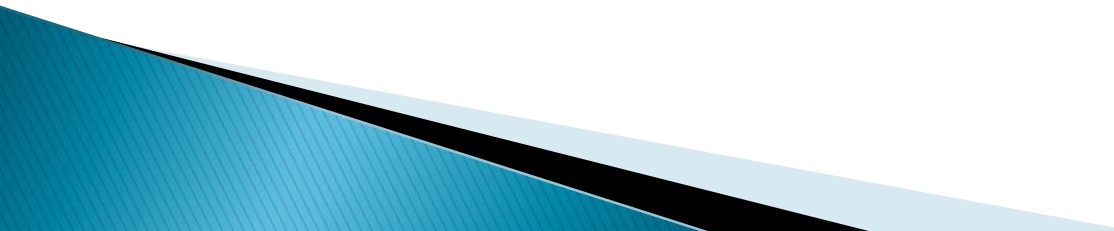
- 1. Post-bariatric surgery patients**
- 2. Ages 18 and older**

Most of the clinic patients are women.

No children are seen in the clinic.




Research Designs and Methods

- ▶ **Group met once a month led by a counselor and dietitian.**
 - ▶ **Participants completed the surveys (EAT-26, QOL, BDI-II) at baseline and Step 12.**
 - ▶ **The study was explained by a third person other than the group leaders.**
 - ▶ **Participants were consented.**
 - ▶ **Questionnaires were given to participants to be completed at that time.**
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Instruments

- ▶ **Demographic Data Form**
- ▶ **Eating Attitudes Test (EAT-26)**
 - **26 item instrument 6-point Likert-type scale from always to Never**
- ▶ **Beck Depression Inventory II**
 - **21 item instrument with a 0-3 Likert-type scale indicating absence to varying degrees of presence for 21 aspects of depression**
- ▶ **Quality of Life Inventory**
 - **32 item (16 topic) 6-point (Very Dissatisfied to Very Satisfied) Likert type scale with a 3-point importance scale (Not Important to Extremely Important)**

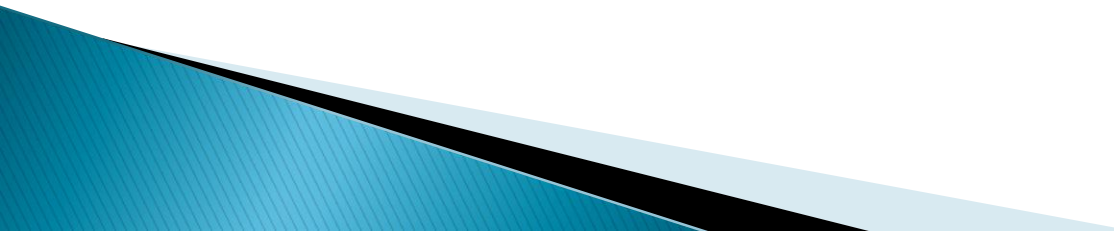
Sample

- ▶ **Sixteen women enrolled and seven completed all measurements.**
 - ▶ **The ages varied from 31 to 67 with a mean of 48.**
 - ▶ **Initial weights varied from 175 to 330.**
 - ▶ **Final weights varied from 148.6 to 262.**
 - ▶ **Five of the seven (71.4%) lost weight.**
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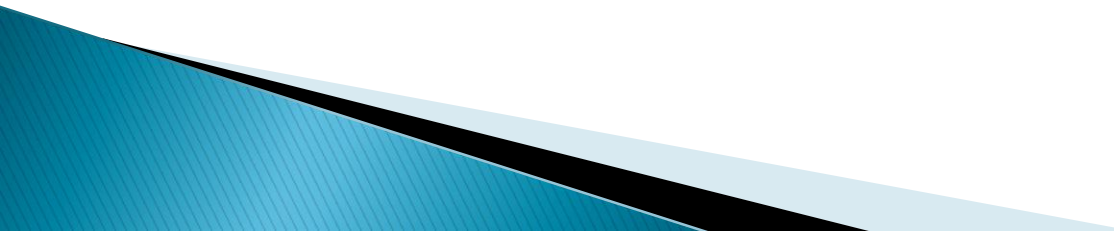
Analysis

- ▶ **Friedman's ANOVA was used to analyze differences between baseline and completion measurements.**

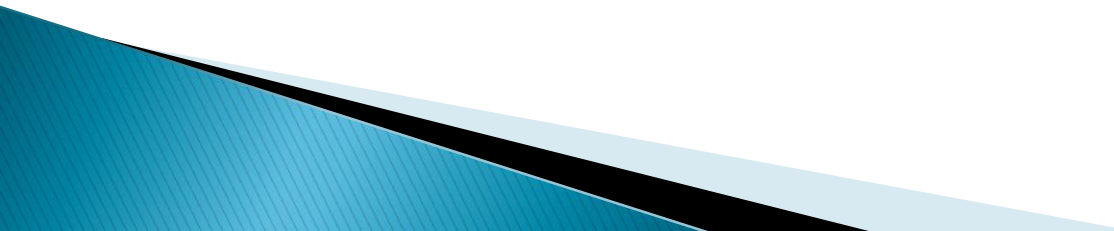
Results

- ▶ **Beck Depression Scores at baseline varied from minimal (3; 42.8%), to mild (1; 14.3%), to moderate (2; 28.6%), to severe (1; 14.3%).**
 - ▶ **Final scores varied from minimal (6; 85.7%) to mild (1; 14.3%).**
 - ▶ **The differences were not statistically significant ($p=.446$).**
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Results

- ▶ **Eating scale scores varied from 4 to 30 at baseline. Five (71.4%) women scored at or above 20.**
 - ▶ **Scores above 20 indicate concerns about body weight, body shape, and eating pathology.**
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Results

- ▶ **At time three, eating scores varied from 3 to 31 with 3 (42.8) scoring above 20.**
 - ▶ **There were no significant differences in the Eating Inventory scores from baseline to points two and three ($p=.446$).**
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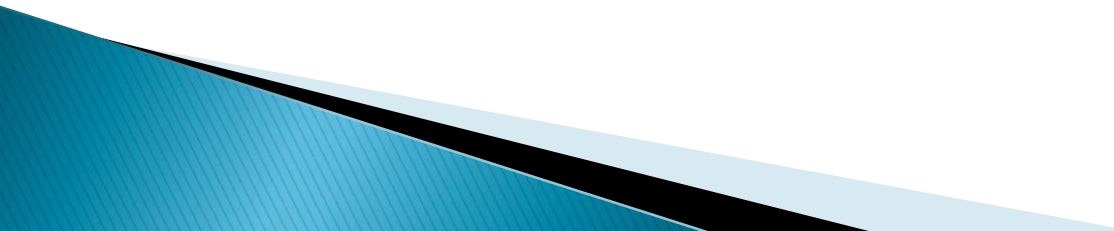
Results

Quality of life scale for point one:

**two scored 0 (Very low quality of life),
two scored 1 (Low quality of life), and
three scored 2 (Average quality of life).**

**At point three, two scored 1 (Low),
three scored 2 (Average), and
two scored 3 (High quality of life).**

Results

- ▶ **An increase of 1 point is considered clinically significant.**
 - ▶ **However there were no statistically significant differences in these scores (p=.200).**
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Discussion

This was a small pilot study.

Although the participants' scores for depression, eating attitudes, and quality of life improved, there were no statistically significant differences.

A larger study is proposed that may yield more statistically significant results.



Implications for Practice

The women in this group were empowered to be more assertive and to form their own support group at the end of this process.

Their understanding, empathy and support of each other was verbalized in the meetings.

It was clear from the women's comments that this type of support was needed and valued.

