



Increasing Support Group Attendance for Metabolic and Bariatric Surgery Patients with Online Groups

Wesley VR ^{1,2*} and Seitz C ²

¹Department of Surgery, Harvard Medical School, Boston, Massachusetts, United States

²Department of Surgery, Mount Auburn Hospital, Cambridge, Massachusetts, United States

*Corresponding author: Wesley VR, Department of Surgery, Harvard Medical School, Boston, Massachusetts, Mount Auburn Hospital, Cambridge, Massachusetts, United States, E-mail: rvosburg@mah.harvard.edu

Received: December 30, 2021, Manuscript No. JOT-21-50857 (PQ)

Editor assigned: January 03, 2022, Pre QC No. JOT-21-50857(PQ);

Reviewed: January 17, 2022, QC No. JOT-21-50857; 113

Revised: January 23, 2022, Manuscript No: JOT-21-50857(R);

Published: January 31, 2022, DOI: 10.4172/jot.1000113

Abstract

Introduction: Support group attendance for patients undergoing metabolic and bariatric surgery has been shown to improve outcomes. Finding meaningful ways to engage as many patients as possible with these group sessions is important.

Methods: Attendance records of 120 in-person and 48 virtual support groups that took place over 6-years were reviewed and compared from a MBS program in the USA.

Results: No significant difference in attendance for in-person groups or the first year of virtual support groups was found. The second consecutive year of virtual support groups were found to have a significant increase in patient attendance when compared to in-person groups and also the first year of virtual groups.

Discussion: Support groups for MBS patients are valuable experiences. Offering these virtually can help increase the number of patients that attend groups after the first year.

Keywords: Metabolic and bariatric surgery; Support group; Online; Virtual

Key Points

- In-person support groups were found to have consistent attendance over the years offered.
- The first year our MBS program offered virtual support groups no difference in attendance was noted.
- The second year of offering virtual support groups lead to a significant increase in patient attendance compared to in-person and the first year of virtual support groups.

Introduction

Prevalence rates for obesity continue to increase. In the US adult population from 2017–2018 it reached 42.4%, up from 30.5% in

1999–2000. Obesity related comorbidities are leading causes of morbidity and mortality [1]. Metabolic and Bariatric Surgery (MBS) is the most effective and durable treatment for clinically significant and severe obesity and case numbers have risen over time [2]. MBS itself is not a cure for obesity but rather a tool for patients to use to help manage it. Due to the multifactorial etiology and chronicity of obesity long-term and engaging support is helpful for patients. Support groups have proven to be a meaningful resource for patients after MBS. They have been shown to increase both short-term and long-term weight loss after surgery [3-5]. Practice guidelines supported by multiple societies encourage all patients to participate in support groups after MBS [6]. Keeping patients engaged in support groups can be challenging for providers. Maintaining an interesting schedule of topics, having meetings for patients in different stages of their weight loss journey and using technology to increase access have all been suggested as ways to help [7].

During the COVID-19 pandemic many healthcare services were transitioned to telehealth in order to help maintain social distancing to keep patients and providers safe and to decrease the spread of the disease. Patients enrolled in a comprehensive weight management program have been found to have high satisfaction levels with telehealth visits with individual providers for some visit types.

The same technology used for telemedicine visits for patients and providers can also be used for virtual support group offerings. Our practice utilized the Zoom™ platform for both telemedicine visits and virtual support groups starting in 2020.

The objective of this study was to see how virtual support group offerings effected attendance by patients. We feel that utilizing novel approaches to these important sessions would only be worthwhile if patients are benefiting from them.

Case Study

This project was reviewed by the Beth Israel deaconess medical center IRB and did not meet criteria for human subject research. For this type of study informed consent was not required. Support group attendance was prospectively collected for each session that occurred from 3/2016 to 10/2021. No identifiable data was recorded, only the total number of patients in attendance of each session. In-person groups were tracked by a sign in sheet and online groups were monitored by participant names in the online platform Zoom™. Groups were all free of charge for patients. Groups were advertised with fliers posted in our clinic and on our practice facebook page. Email reminders were also sent out about upcoming groups several weeks in advance to patients who volunteered their email addresses for this purpose. In-person groups were held in our clinic space in a conference room. Online groups were held *via* Zoom™.

Support group attendance data was exported into STATA 17 for statistical analysis. Descriptive statistics and proportions were used to demonstrate data. Two sample t-tests were used to compare the means between 2 groups with continuous outcomes. One-way ANOVA was used to compare means between 3 or more groups with continuous outcomes. P-values <0.05 were considered statistically significant.

Results

Records for 120 in-person support groups over 4 years (2016-2019) revealed a mean attendance of 14.2 patients per session with a range

of 3 to 30 participants. Forty-eight online support groups over a 2-year period (2020-2021) had a mean attendance of 20.8 patients per session. Attendance ranged from 4 to 37 patients for online groups (Figure 1).

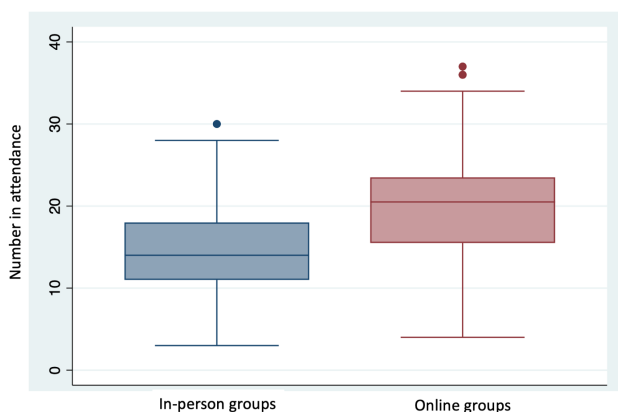


Figure 1: Box plot of attendance for in person vs. online support groups.

There was a significant difference for attendance between the 120 in-person support groups (M=14.2, SD=4.8) vs. 48 online support groups (M=20.8, SD=7.2), $t(166)=-6.9$, $p=0.00$. There was also a significant difference in the attendance for online support groups from 2020 (M=15.3, SD=5.0) vs. 2021 (M=24.9, SD=5.6), $t(46)$, -6.15 , $p=0.00$. Further comparison showed that attendance for in-person groups (M=14.2, SD=4.8) was not statistically different from online groups for 2020 (M=15.3, SD=5.1), $t(139)$, -1.0 , $p=0.32$. In person groups (M=14.2, SD=4.8) showed significantly less attendance than the second year of online groups in 2021 (M=24.9, SD=5.6), $t(145)$, -10.2 , $p=0.00$. A one-way ANOVA was used to compare in-person support group attendance during the years they were offered (2016–2019). There was no statistically significant difference between attendance in these groups ($F(3, 114)=1.4$, $p=0.25$).

Discussion

Support groups in our MBS program are offered weekly. Sessions are led by a behavioral health provider (psychologist or LICSW) or a registered dietitian. Patients who are enrolled in our surgical weight loss program are required to attend 3 support groups of their choice prior to surgery. After patients undergo MBS they are welcome to join any of the support groups offered for life.

Due to the COVID-19 pandemic our practice changed from in-person support groups to only online groups in early 2020 in order to help with social distancing. There was a short period of time where no groups were offered while transitioning to a virtual platform. In the beginning, virtual support groups required some time to work through technical difficulties. We also found that not all support group topics worked as well in a virtual setting. Historically support groups were offered on weekday evenings so patients working during the day could attend. Offering virtual groups gave us the flexibility to offer times earlier in the day and we found them to be well attended.

Over time, as providers and patients both became more comfortable with the technology and knowledge required to make the most out of these interactive sessions we were able to see that attendance rates significantly increased by offering virtual groups to MBS patients. It

stands to reason that other practices who offer virtual support groups may see unchanged attendance rates early on. After working through the transition period and initial adaptations to the technology, attendance can increase in the long term. Virtual groups can help make the most of patients' time spent on their health and wellbeing by reducing commutes to and from a clinic. They also allow groups to be offered at different times of the day.

It is possible that a combination of in-person and virtual support groups may offer the best of both worlds and could accommodate even more participating patients. We have found that some patients are limited in the ability to participate in virtual groups by access or unfamiliarity with required technology. Virtual support groups add the benefit of decreased transit times traveling to and from sessions. It may also offer patients with transportation-related constraints an easier way to participate. In the future we would like to assess how patient factors and satisfaction levels correlate with in-person vs. virtual support groups and if a hybrid approach is preferred by patients.

Conclusion

In-person support groups for MBS patients were found to have no significant difference in attendance rates from 2016 to 2019. In the first year of offering virtual support groups, we found no significant difference in attendance compared to in-person groups. Starting with the second year of virtual support groups, we found a significant increase in attendance compared to 4 years of in-person and also the first year of virtual groups. This has allowed a greater number of patients to engage in these meaningful experiences within our practice.

References

1. Livhits M, Mercado C, Yermilov I, Parikh JA, Dutson E (2011) Is social support associated with greater weight loss after bariatric surgery? A systematic review. *Obesity Reviews* 12: 142-148.
2. Andreu A, Jimenez A, Vidal J, Ibarzabal A, Hollanda AD, et al. (2020) Bariatric support groups predicts long-term weight loss. *Obes Surg* 30: 2118-2123.
3. Beck N, Johannsen M, Støving R, Mehlsen M, Zachariae R (2012) Do postoperative psychotherapeutic interventions and support groups influence weight loss following bariatric surgery? a systematic review and meta-analysis of randomized and nonrandomized trials. *Obes Surg* 22: 1790-1797.
4. Jeffrey IM, Apovian C, Brethauer S, Garvey WT, Aaron MJ (2019) Clinical Practice guidelines for the perioperative nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures-2019 update: Cosponsored By American association of clinical endocrinologists/american college of endocrinology, the obesity society, american society for metabolic & bariatric surgery, obesity medicine association, and american society of anesthesiologists. *Endocr Pract* 25: S1-S27.
5. Hameed S, Salem V, Tan T, Collins A, Shah K, et al. (2018) beyond weight loss: establishing a postbariatric surgery patient support group-what do patients want? *J Obes* 84: 19120-19127.
6. Athanasiadis D, Roper A, Hilgendorf W, Voss A, Zike T, et al. (2020) Facebook groups provide effective social support to patients after bariatric surgery. *Surgical endoscopy* 35: 4595-4601.

7. Vosburg R, Robinson K, Gao C, Kim J (2021) Patient and provider satisfaction with telemedicine in a comprehensive weight management program. *Telemed J E Health* 77.