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EVALUATION OF KNOWLEDGE AND ATTITUDE REGARDING MORBID OBESITY AND BARIATRIC SURGERY PRACTICE: AN OBSERVATIONAL ANALYTICAL STUDY IN A NATIONALLY REPRESENTATIVE SAMPLE OF ARMENIAN POPULATION

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ABSTRACT

The study evaluated the level of knowledge regarding morbid obesity (including its risk factors, signs, and symptoms as well as associated comorbidity) and bariatric surgery. The study has targeted also the attitude of participants toward bariatric surgery and barriers to surgical treatment of morbid obesity in cohorts with BMI higher than 40 kg/m².

A total of 600 questionnaires were distributed. The final number of participants who met the inclusion criteria was 570 patients.

The adopted questionnaire consisted of three parts. The first part was to verify the social-demographic and clinical characteristics of the cohort. The second part was consisted of questions revealing the level of awareness to morbid obesity. The third part was directed to revealing the barriers to bariatric surgery (psychological, physician related, financial issue related as well as the barriers related to the lack of awareness of bariatric surgery, its safety, availability, etc.)

The study demonstrated that the overwhelming majority of the survey respondents demonstrated moderate to good awareness about the inquired topics concerning morbid obesity. The poorest knowledge (with incorrect answer or answer "Don't know") regarding morbid obesity was observed in rural area residents as well as in secondary school and Secondary Vocational Education level having respondents. The level of awareness regarding morbid obesity was strongly associated with data categories of BMI, comorbidity burden index, history of another operation and positive family history of morbid obesity. Strong relationship was revealed in data categories regarding history of operation and smoking with barrier types as well as BMI and comorbidity data categories. The data obtained are also discovering the dominant association of BMI higher than 55 kg/m² with doctors-related issues, association of Comorbidity Burden Index 21-30 with the financial issue related barriers.

The association of psychological barriers was dominantly revealed with rural residence and with university diploma while the urban residents mainly stated physician related barriers. The knowledge related barriers were mostly demonstrated by respondents with positive family history of morbid obesity and positive history of another operation

KEYWORDS: morbid obesity, bariatric surgery, barrier, knowledge, comorbidity

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