

Weight loss surgery may be associated with increased substance use following surgery

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Patients who undergo bariatric weight loss surgery months following surgery. In particular, the authors may be at increased risk for substance use (drug use, alcohol use and cigarette smoking) following surgery, particularly among patients who undergo laparoscopic Roux-en-Y gastric bypass surgery who appear to be at increased risk for alcohol use following surgery, according to a report published Online First by Archives of Surgery.

"Studies have shown that drugs, alcohol, and food trigger similar responses in the brain and that bariatric surgery candidates whose condition has been diagnosed as binge-eating disorder (BED) display addictive personalities similar to individuals addicted to substances," the authors write as background in the study. "Therefore, alcohol and drugs (including nicotine) are likely to substitute for overeating following WLS [weight loss surgery.]"

Alexis Conason, Psy.D., of New York Obesity Nutrition Research Center, and colleagues, assessed questionnaire responses from 155 patients (132 women) who underwent weight loss surgery (WLS) and were recruited from an information session at a bariatric surgery center. Patients underwent laparoscopic Roux-en-Y gastric bypass surgery (n=100) or laparoscopic adjustable gastric band surgery (n=55). Each patient completed questionnaires to assess eating behaviors and <u>substance use</u> prior to the operation and at one, three, six, 12 and 24 months after surgery.

Overall, the authors found that patients reported an immediate decrease in frequency of substance use following WLS, but these improvements were not maintained by 3-month follow-up, and there was a significant increase in the frequency of substance use from the time of surgery to the 24-month followup.

Participants reported significant increases in the frequency of substance use (a composite of drug use, alcohol use, and cigarette smoking) 24

found that patients reported a significant increase in the frequency of substance use from the time of surgery to 24 months after surgery, as well as significant increases from one, three, and six months to 24 months after surgery.

Additionally, patients who underwent laparoscopic Roux-en-Y gastric bypass surgery (LRYGB) reported a significant increase in the frequency of alcohol use from the time before surgery to 24 months after surgery.

"Based on the present study, undergoing RYGB surgery appears to increase the risk for alcohol use following WLS," the authors conclude. "Risks and benefits should be weighted when recommending LRYGB surgery to patients who may be at increased risk of developing problems with alcohol after WLS, such as those with a personal or family history of alcohol abuse or dependence."

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