

New report cites link between alcohol abuse and bariatric surgery

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An addiction to food may be replaced by an addiction to alcohol in certain bariatric patients. According to a new study in the Journal of the American Medical Association, having Roux-en-Y gastric bypass surgery, where the size of the stomach and the intestine are decreased to reduce food consumption, can increase the risk of alcohol-use disorders.

“Evaluation by a specially trained psychologist as well as a bariatric certified physician is critical to determining the eligibility of patients for bariatric surgery in the Loyola program,” said Bipan Chand, MD, FACS, FASMBS, FASGE, director of the Loyola Center for Metabolic Surgery and Bariatric Care at Loyola University Health System. “Obesity is a very complex disease and the research that identifies a link to [alcohol](#) abuse by certain bariatric patients underscores the need for special care before, during and after bariatric surgery on a lifelong basis.”

The American Society for Metabolic and Bariatric Surgery estimates that approximately 72 million people are obese in the United States and 200,000 people have bariatric surgery each year. [Gastric bypass](#) is the most commonly performed bariatric surgery in the United States and represented 70 percent of all surgeries performed during the study. Patients with laparoscopic gastric banding did not show an increase in alcohol use.

“Bariatric patients, like physicians, need to understand that they will have to commit together to lifelong medical monitoring to safeguard health,” said Chand, who works with nutritionists, exercise physiologists,

board-certified bariatric physicians as well as psychologists in an integrated team approach to weight loss.

“There have always been suppositions that some patients who are obese have addictive behaviors, but this is the first study that documents potential alcohol vulnerability and is important to our field,” Chand said. He added that due to the surgical adjustment to the digestive system, alcohol is absorbed faster in patients with Roux-en-Y procedures.

The study, conducted by the University of Pittsburgh Medical Center, followed almost 2,000 study participants who completed a survey before and then one and two years after surgery that was used to identify symptoms of [alcohol abuse](#) developed by the World Health Organization.

According to the findings, 7 percent of patients who had gastric bypass reported symptoms of alcohol-use disorders prior to surgery. After the second year, 10.7 percent of patients reported symptoms.

“At Loyola, we partner closely with the patient to carefully identify which weight-loss option is best for them based on their individual medical and psychological criteria,” Chand said. “We have patients who we feel are not good candidates for certain procedures and we explain our reasoning and partner with them on the best path for their success.”

Dr. Chand performs laparoscopic adjustable gastric banding, Roux-en-Y gastric bypass and also laparoscopic sleeve gastrectomy at the Loyola Center for Metabolic Surgery and Bariatric Care.

“Many patients respond well to our nonsurgical program that works one-on-one with patients to help them make lifelong changes in diet and behavior and establishes regular exercise as a behavior,” he said. “But in all programs, we take a team approach. Education and support groups

play an important role in all aspects of care."

Chand stands behind the documented benefits of gastric bypass [surgery](#).

“For most patients suffering from obesity, gastric bypass is truly a lifesaver. It adds years to their lives, eliminates or reduces many chronic conditions and improves quality of life,” he said. “It remains an excellent medical option for many, but we have many options in the weight-loss toolbox. Physicians and patients must together carefully choose the right path to take.”

Provided by Loyola University Health System

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