

Roux-en-Y gastric bypass tied to risk for alcohol use disorder hospitalization

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Roux-en-Y gastric bypass (RYGB) is associated with an increased risk

for alcohol use disorder (AUD)-related hospitalizations versus both sleeve gastrectomy and weight management programs, according to a study published online Dec. 14 in *JAMA Surgery*.

Nadim Mahmud, M.D., from the University of Pennsylvania in Philadelphia, and colleagues evaluated the effect of RYGB, sleeve gastrectomy, or gastric banding on subsequent AUD-related hospitalization and all-cause mortality versus referral to the MOVE! weight management program alone. The analysis included 1,854 patients ([body mass index](#) ≥ 30 kg/m²) treated at 127 Veterans Health Administration health centers.

The researchers found that accounting for time-updating alcohol use and body mass index, RYGB was associated with an increased risk for AUD-related hospitalization versus MOVE! (hazard ratio [HR], 1.70; 95 percent confidence interval [CI], 1.20 to 2.41; P = 0.003) and versus sleeve gastrectomy (HR, 1.98; 95 percent CI, 1.55 to 2.53; P sleeve gastrectomy and MOVE! (HR, 0.76; 95 percent CI, 0.56 to 1.03; P = 0.08). While RYGB was associated with a lower mortality risk compared with MOVE! (HR, 0.63; 95 percent CI, 0.49 to 0.81; P

"The mortality benefit associated with RYGB was diminished by increased alcohol use, highlighting the importance of careful patient selection and alcohol-related counseling for patients undergoing this procedure," the authors write.

More information: Nadim Mahmud et al, Association Between Bariatric Surgery and Alcohol Use–Related Hospitalization and All-Cause Mortality in a Veterans Affairs Cohort, *JAMA Surgery* (2022). [DOI: 10.1001/jamasurg.2022.6410](https://doi.org/10.1001/jamasurg.2022.6410)

Jon C. Gould, Alcohol Use Following Bariatric Surgery—A Cause for Concern and Call to Action, *JAMA Surgery* (2022). [DOI:](#)

[10.1001/jamasurg.2022.6526](https://doi.org/10.1001/jamasurg.2022.6526)

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