

## Alcohol and substance abuse, depression and suicide attempts after Roux-en-Y gastric bypass surgery

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The American Society for Metabolic and Bariatric Surgery (ASMBS) estimates that nearly 200,000 people undergo bariatric weight loss surgery each year in the United States. Nearly a quarter of those surgeries are Roux-en-Y gastric bypass (RYGB) surgery, a procedure that involves cutting the stomach to create a small pouch and rerouting a portion of the intestines. It is the second most popular weight loss surgery because, despite being more invasive than some others, it results in the most weight lost (out of the 3 most commonly performed procedures). "Success" when we talk about bariatric surgery is usually defined by the number of pounds lost, changes in body mass index (BMI), or changes in clothing sizes. Unfortunately, psychological aspects of success are often neglected in the enthusiasm surrounding weight loss. More and more research has been emerging about some of the psychological risks of weight loss surgery, in particular RYGB.

A recent study by Backman et al (2016) investigated the incidence of alcohol and substance abuse, depression, and suicide attempts following RYGB. This study examined Swedish registry data for all patients who underwent primary RYGB between 2001 and 2010. Each surgery patient was matched with age and sex-matched controls selected randomly from the general population registry.

Results of this study indicated that after RYGB surgery, there was an increased risk of inpatient care for alcohol and substance use disorders for men. For men and women, there was an increased rate of inpatient treatment for depression and suicide attempts. Patients who underwent RYGB were nearly 2.85 times more likely to make a suicide attempt than the general population reference group. In the 4 years following RYGB, patients were more likely to have drugs prescribed for alcohol use disorders. There was also a slight increase in the proportion of patients receiving medication treatment for depression, as well as prescriptions for anti-anxiety medications.

This study had a few limitations. Unfortunately, participants were not matched by BMI and the reference group was not obese, which is a weakness since some of the variables examined in the study are associated with BMI. Another limitation is that, since the registries are only capturing people who were hospitalized or received prescription drug treatment, there were likely far more people struggling with depression, alcohol abuse, substance abuse, and/or suicidal thoughts and behaviors who did not seek treatment and thus were not captured in this study.

As eating disorder professionals, we may find ourselves working with patients who are considering weight loss surgery, preparing to undergo surgery, or who have already had surgery. It is important to be aware of some of the risks of the

procedures so we can inform our patients, assess for symptoms, and ensure the best treatment for each individual.

Reference: Backman O, Stockeld D, Rasmussen F, Naslund E, & Marsk R. Alcohol and substance abuse, depression and suicide attempts after Roux-en-Y gastric bypass surgery. *BJS* 2016; 103: 1336-1342