

Dimensional Investigation of Food Addiction in Individuals Who Have Undergone Bariatric Surgery

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Emerged in the 1990s

- ✓ as a possible contributor to the increasing prevalence of obesity and overweight
- ✓ in conjunction with changing food environments and mental health conditions.

- ✓ However, FA is not yet listed as one of the disorders in the DSM-5 and/or the ICD-11
- ✓ Although there are controversies and debates in the literature about the classification and construct of FA
- ✓ research tool - the Yale Food Addiction Scale (YFAS)

Yale Food Addiction Scale (YFAS) - which approximates the concept of FA to the concept diagnosis of dependence on psychoactive substances.

There is a need to explore the dimensional phenotypes accessed by YFAS in different population groups for a better understanding and scientific support of FA diagnoses.

- Investigate the construct validity of the food addiction concept by mYFAS 2.0 in individuals who have undergone bariatric surgery.
- 100 Subjects (n = 100) at the Hospital Estadual Mário Covas since 2011.

Modified Yale Food Addiction Scale Version 2.0

This survey asks about your eating habits in the past year. People sometimes have difficulty controlling how much they eat of certain foods such as:

- Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy
- Starches like white bread, rolls, pasta, and rice
- Salty snacks like chips, pretzels, and crackers
- Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries
- Sugary drinks like soda pop, lemonade, sports drinks, and energy drinks

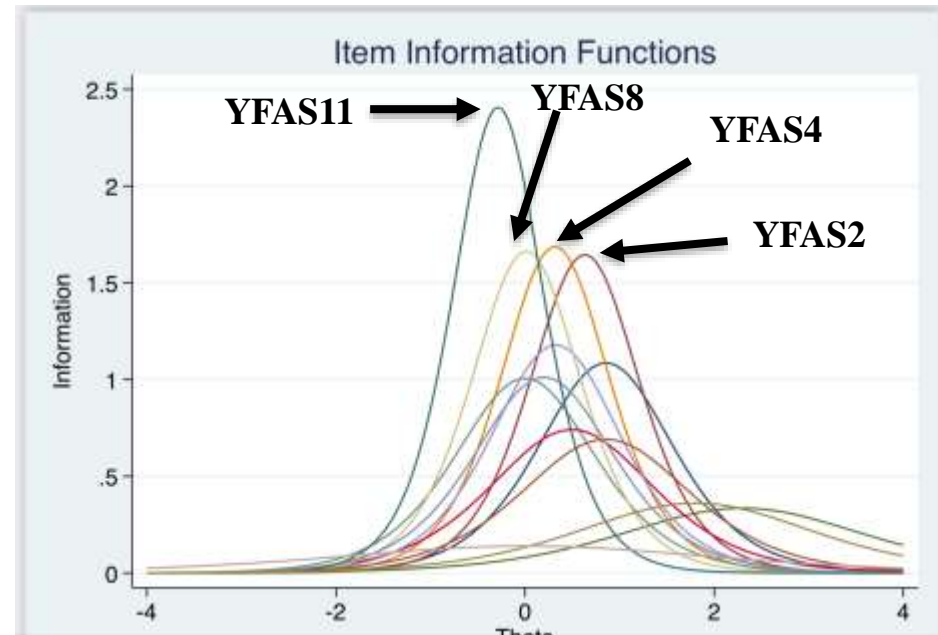
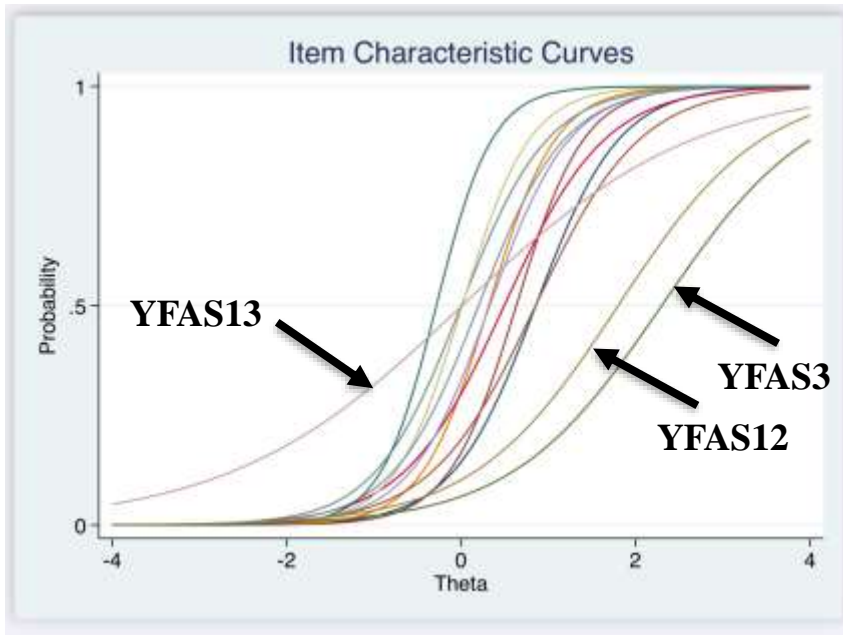
When the following questions ask about "CERTAIN FOODS" please think of ANY foods or beverages similar to those listed in the food or beverage groups above or ANY OTHER foods you have had difficulty with in the past year

IN THE PAST 12 MONTHS:		Never	Less than monthly	Once a month	2-3 times a month	Once a week	2-3 times a week	4-6 times a week	Every Day
1.	I ate to the point where I felt physically ill	0	1	2	3	4	5	6	7
2.	I spent a lot of time feeling sluggish or tired from overeating.	0	1	2	3	4	5	6	7
3.	I avoided work, school or social activities because I was afraid I would overeat there.	0	1	2	3	4	5	6	7
4.	If I had emotional problems because I hadn't eaten certain foods, I would eat those foods to feel better.	0	1	2	3	4	5	6	7
5.	My eating behavior caused me a lot of distress.	0	1	2	3	4	5	6	7
6.	I had significant problems in my life because of food and eating. These may have been problems with my daily routine, work, school, friends, family, or health.	0	1	2	3	4	5	6	7
7.	My overeating got in the way of me taking care of my family or doing household chores.	0	1	2	3	4	5	6	7
8.	I kept eating in the same way even though my eating caused emotional problems.	0	1	2	3	4	5	6	7
9.	Eating the same amount of food did not give me as much enjoyment as it used to.	0	1	2	3	4	5	6	7
10.	I had such strong urges to eat certain foods that I couldn't think of anything else.	0	1	2	3	4	5	6	7
11.	I tried and failed to cut down on or stop eating certain foods.	0	1	2	3	4	5	6	7
12.	I was so distracted by eating that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	0	1	2	3	4	5	6	7
13.	My friends or family were worried about how much I overate.	0	1	2	3	4	5	6	7

- Statistical analyzes were conducted using the STATA software.
- Structural or factor validity was the type of construct validity investigated using exploratory factor analysis (EFA) and item response theory (IRT) techniques.

- Exploratory factor analysis (EFA) showed that the one-dimensional model was the most parsimonious.
- The IRT showed that all criteria contributed to the latent structure, presenting discrimination values greater than 0.5, with most presenting values greater than 2.

Item Response Theory (Characteristic and Information Curves)



- This study reinforces a FA dimension in patients who underwent bariatric surgery.
- Within this dimension, we identified the most severe and discriminating criteria for the diagnosis of FA.

THANKS

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