Food addiction, weight stigma and social perception in bariatric surgery: a pilot study

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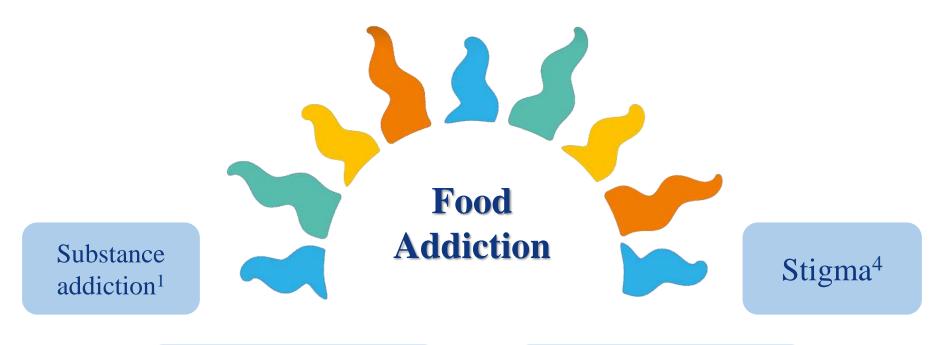
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Emotional, social and cognitive impairment²

Eating disorders, psychiatric disorders, quality of life³

- **1.** Florio L et al. Food Addiction: A Comprehensive Review. J Nerv Ment Dis. 2022 Nov 1;210(11):874-879;
- **2.** Lacroix E et al. Prevalence of social, cognitive, and emotional impairment among individuals with food addiction. Eat Weight Disord. 2021 May;26(4):1253-1258



- **3.** Ivezaj V et al. Food addiction and bariatric surgery: a systematic review of the literature. Obes Rev. 2017 Dec;18(12):1386-1397;
- **4.** Cassin SE et al. Ethical, Stigma, and Policy Implications of Food Addiction: A Scoping Review. Nutrients. 2019 Mar 27;11(4):710.

This study aims to investigate:

- 1. How patients with obesity live stigmatizing experiences according to their levels of food addiction in order to unveil a possible influence between these two phenomena;
- 2. Potential impairments in social perception that might be relevant in patients with food addiction.



49 patients with obesity seeking bariatric-metabolic surgery (mean age 38.15 ± 9.3 years; 30 females 61,2 %, BMI $39,50 \pm 0,71$):

- Pre-operative psychiatric assessment;
- Semistructured-interview for eating behaviour;
- Psychometric evaluation.



Psychometric evaluation:

- Stigmatizing Situations Inventory (SSI) for externalized stigma;
- Weight Bias Internalization Scale (WBIS) for internalized stigma;
- Body Dissatisfaction subscale (**BD**) of EDI-2 for body dissatisfaction;
- Yale Food Addiction Scale (YFAS2.0) for food addiction;
- The Awareness of Social Inference Test (TASIT-A) for the degree of social inference.

1. Weight stigma and body dissatisfaction in patients with/without FA

Stigma and Body Dissatisfaction scales	With FA mean (ds) N = 19	Without FA mean (ds) N = 30	p
Stigmatizing Situations Inventory (SSI)	65,37 (27,36)	30,13 (21,30)	< 0.001*
Weight Bias Internalization Scale (WBIS)	59,37 (13,20)	37,13 (11,83)	< 0.001*
Body Dissatisfaction (BD)	51,16 (5,31)	44,63 (8,59)	< 0.01*

^{*}significant difference between With-Food-Addiction and Without-Food-Addiction groups according to independent sample t-test



2. Food addiction is related to lower scores at TASIT-A

TASIT sections	With FA mean (ds) N = 12	Without FA mean (ds) $N = 20$	p
Emotion evaluation test (EET)	21,67 (3,11)	22,70 (3,95)	0.45
Social Inference- Minimal test (SI-M)	41,25 (6,02)	46,5 (5,96)	< 0.05*
Social Inference- Enriched test (SI-E)	45,33 (5,91)	49,05 (3,63)	< 0.05*

^{*}significant difference between With-Food-Addiction and Without-Food-Addiction groups according to independent sample t-test



Other results

- FA was also related to maladaptive eating behaviours (nocturnal eating, grazing, binge and sweet eating);
- FA wasn't significantly more frequent in subjects with a higher BMI or with a history of childhood obesity.

Conclusions

- The correlation among food addiction, stigmatizing experiences and internalized stigma might suggest a mutual role of these dimensions in these patients' quality of life;
- ➤ Poorer social perception skills in patients with food addiction.

What's next? Expand the sample Treatment strategies



