



XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

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TORONTO2026

**The Future of Obesity Management:
From Weight Loss to Health Gain**



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	No, nothing to disclose
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Novonordisk	X	X						



Transfer of Addiction **After Surgery** and **Other Therapies** after Obesity: **Real or Myth? - Myth argument**

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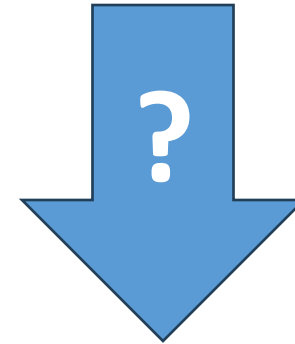
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Addictive behaviors after MBS

- Alcohol and Substance Use Disorders (AUD/SUD)
- Gambling disorder and Compulsive buying-shopping disorder, internet use and hypersexual behavior.
- “Food addiction”

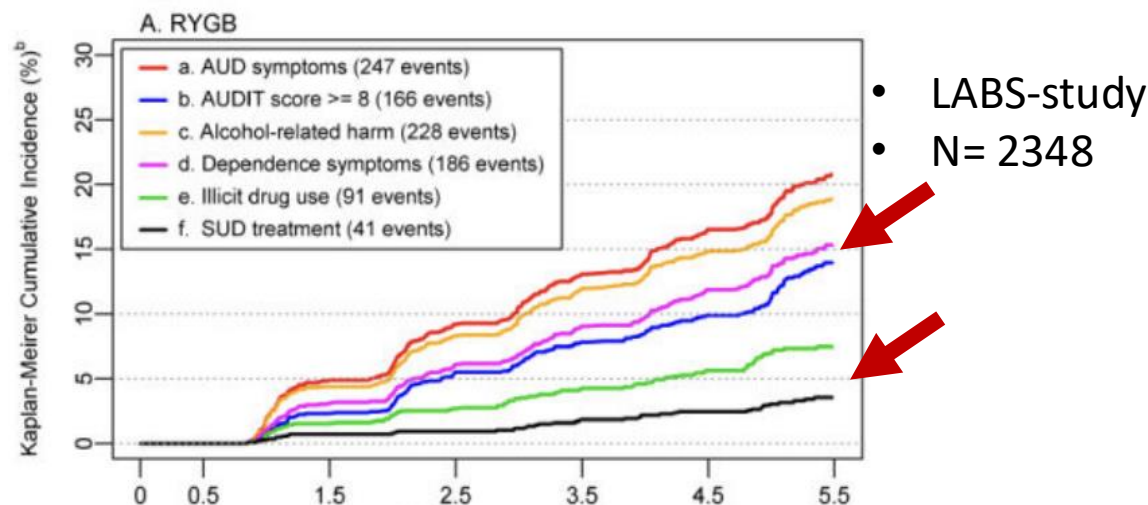
1. Prevalent after MBS



2. Transfer addiction?



Alcohol/Substance Use Disorders



Surg Obes Relat Dis. 2017 August ; 13(8): 1392–1402. doi:10.1016/j.soard.2017.03.021.

Year-5 cumulative incidence:

20.8% - AUD

7.5% - illicit drug use

SUBSTANCE USE DISORDER AFTER BARIATRIC SURGERY

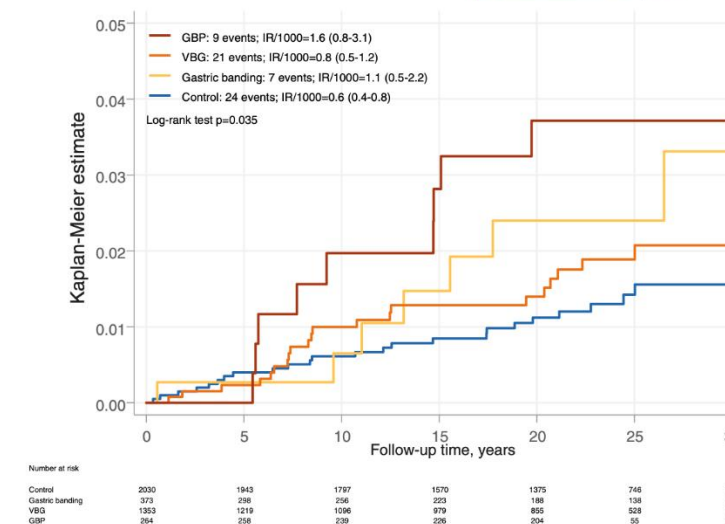


FIGURE 2 Cumulative incidence of non-alcohol SUD in the SOS study. SUD events were identified in the National Patient Register using ICD codes. The x-axis is truncated at 30 years but all observations were included in the analyses. GBP, gastric bypass; IR/1000, incidence rate/1000 person-years; SOS, Swedish Obese Subjects; SUD, substance use disorder; VBG, vertical banded gastroplasty

Svensson et al (2023)

Only Gastric bypass was associated with increased incidence of non-alcohol SUD (2.54 [95% CI: 1.14-5.65], $p = 0.022$) compared with control participants.



Gambling Disorder

 **frontiers** | Frontiers in Public Health
TYPE Perspective
PUBLISHED 22 June 2023
DOI 10.3389/fpubh.2023.1206938


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Development of gambling disorder after bariatric surgery: a call for research

Yassir Abdul Rahim^{1,2,3*}, Fernando Fernandez-Aranda^{4,5,6,7},
Susana Jimenez-Murcia^{4,5,6,7} and Anders Håkansson^{2,3}

- Data retrieved from the Swedish National Board of Health and Welfare.
- N=10 766; and 3 592 had GD.
- The presence of MBS was higher among participants with gambling disorders (1.89%, $n = 68$ vs. 0.65%, $n = 47$; $p < 0.001$).
- 63.24% of people with GD and MBS were diagnosed post-surgery.



Food Addiction

Prevalence of food addiction among patients undergoing metabolic/bariatric surgery: A systematic review and meta-analysis

Dafiny R. Praxedes, André E. Silva-Júnior, Mateus L. Macena, Ashley N. Gearhardt, Nassib B. Bueno ✉

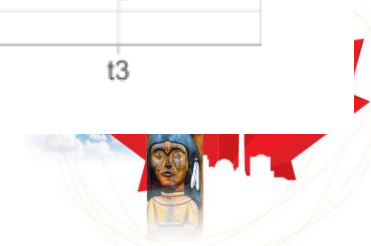
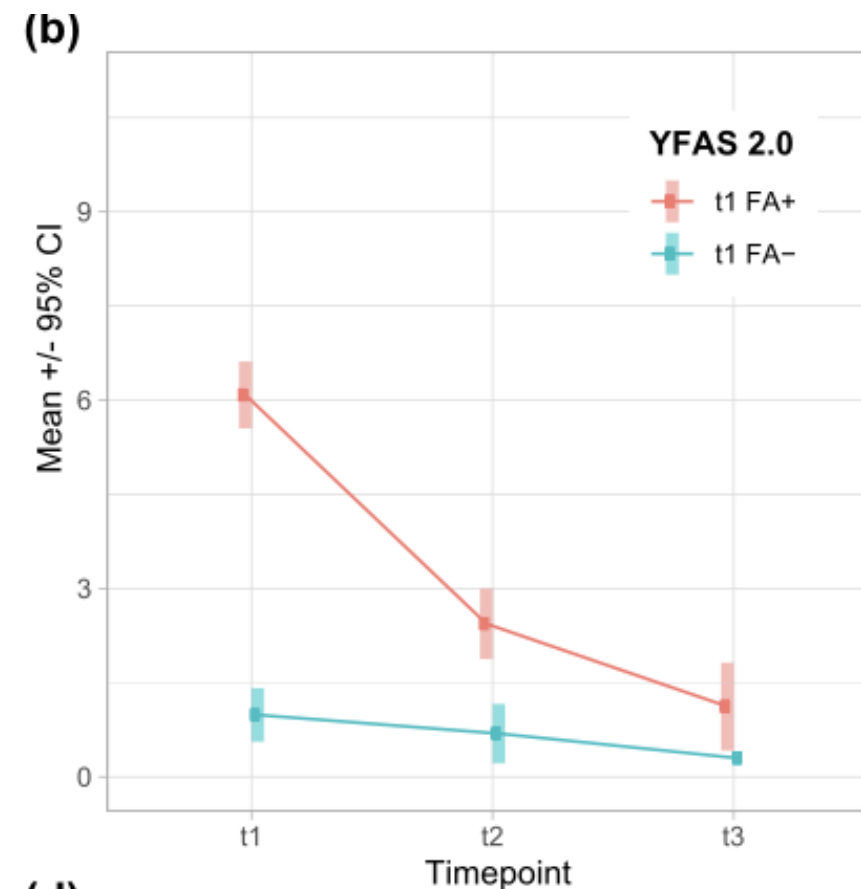
- N= 1754 – n=272 positives for FA postoperatively.
- Pooled FA **prevalence was 15%** post-surgery (based on YFAS).

(Obesity Reviews, 2023)

Eur Eat Disorders Rev. 2021;29:924–936.

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Clemens Dickhut^{1,2}  | Carolin Hase¹ | Kerstin Gruner-Labitzke³ |
Julian W. Mall⁴ | Hinrich Köhler³ | Martina de Zwaan¹  | Astrid Müller¹ 



Addiction transfer theory: Myth or fact?

It proposes that individuals who had a 'food addiction' before surgery 'traded one addiction for another' in the postoperative period due to the limitation on food intake, developing other addictive behaviors.



OR



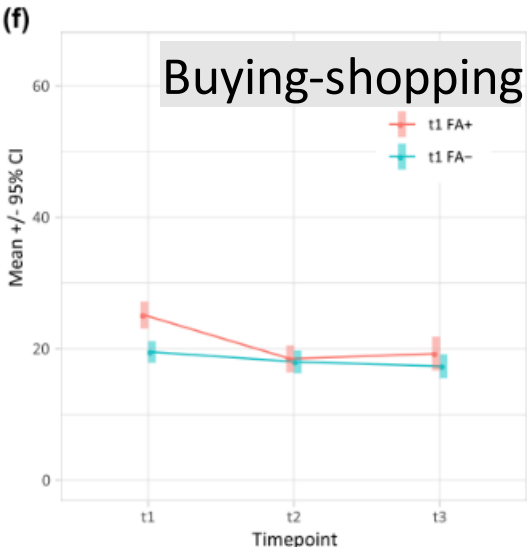
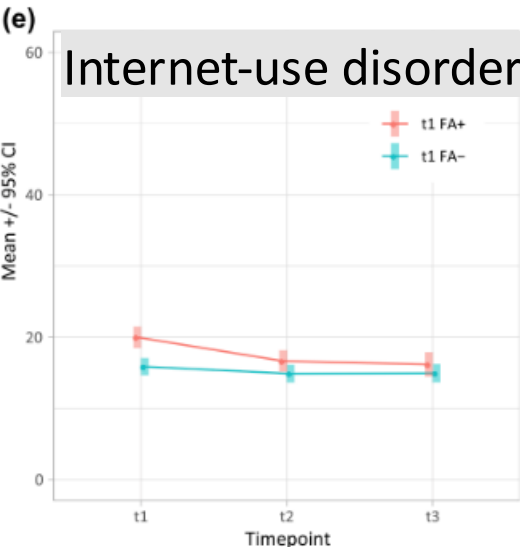
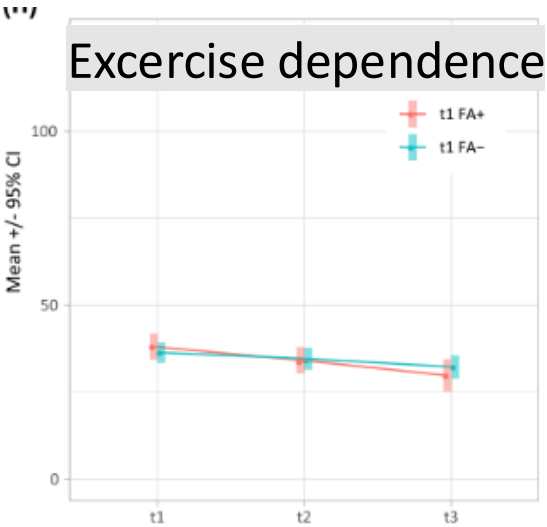
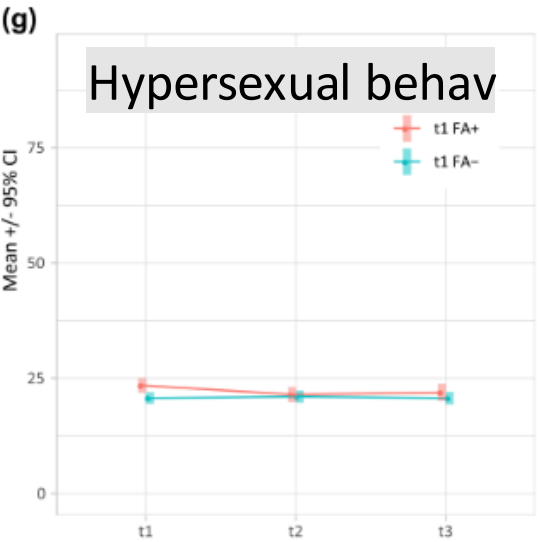
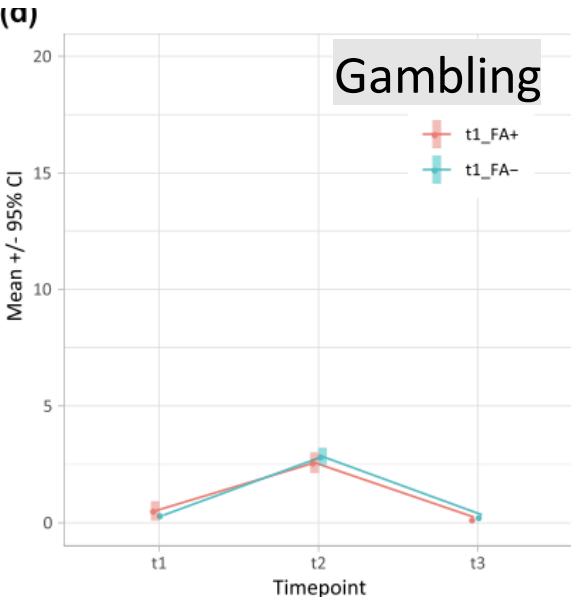
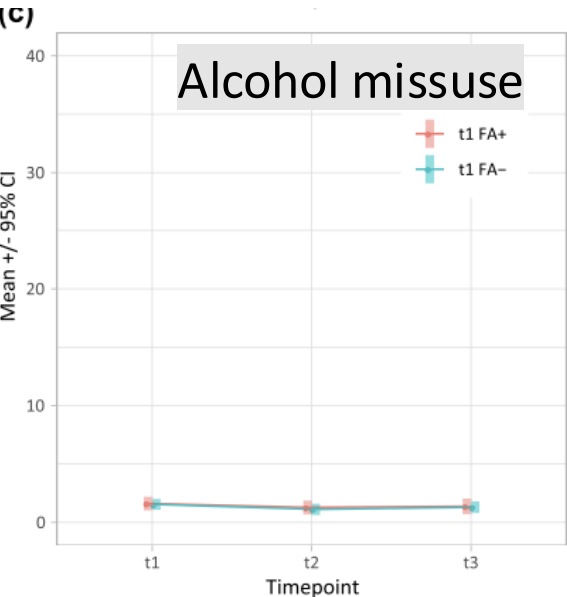
Addiction transfer theory: Myth or fact?

Preoperative food addiction status was not associated with postoperative increases or new onset of other addictions.

No addiction transfer from preoperative food addiction to other addictive behaviors during the first year after bariatric surgery

Clemens Dickhut^{1,2} | Carolin Hase¹ | Kerstin Gruner-Labitzke³ | Julian W. Mall⁴ | Hinrich Köhler³ | Martina de Zwaan¹ | Astrid Müller¹

924 | Eur Eat Disorders Rev. 2021;29:924–936.



Addiction transfer theory: Myth or fact?

Obesity Facts

Obes Facts 2020;13:307–320

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Research Article

Remission of Food Addiction Does Not Induce Cross-Addiction after Sleeve Gastrectomy and Gastric Bypass: A Prospective Cohort Study

Sonja Chiappetta^{a,b} Christine Stier^{b,c} Mohamed Ajan Hadid^b
Nina Malo^b Sophia Theodoridou^b Rudolf Weiner^b Sylvia Weiner^d

Food addiction and other addictive behaviours in bariatric surgery candidates

Astrid Müller¹  | Crispin Leukefeld¹ | Carolin Hase¹ | Kerstin Gruner-Labitzke² | Julian W. Mall³ | Hinrich Köhler² | Martina de Zwaan¹

Eur Eat Disorders Rev. 2018;**26**:585–596.

First, a link between FA, LOC eating, or binge eating and problems with alcohol or other substances after surgery has not been established;

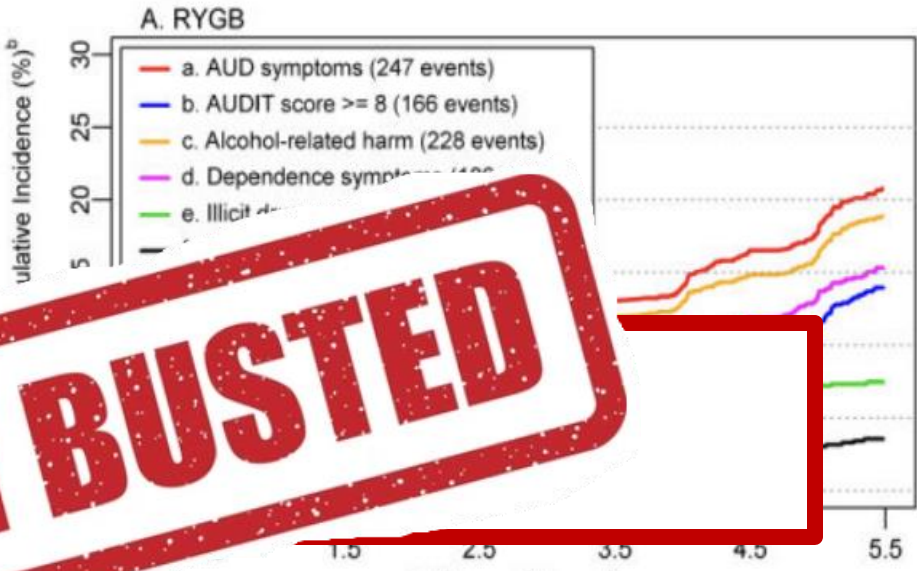
Second, problematic alcohol use tends to develop beyond the 1 to 2 years after surgery; if addiction transfer were truly occurring, one would expect that patients would begin to struggle with nonfood addictions nearly immediately.

Third, there is clear evidence for addiction development to vary by surgery type, suggesting physiologic and metabolic factors (rather than addiction transfer) as the primary driver for postsurgery problems with addiction.



TABLE 3 Characteristics of the included longitudinal prospective studies that evaluated the prevalence of FA u: bariatric surgery (n = 7)

Author, year	Country	Duration (months)	Type of surgery	Preoperative sample size (%Fem)	FA prevalence preoperative period, n (%)	Postoperative sample size, n	FA prevalence postoperative period, n (%)
Ben-Porat et al., 2022 ⁶⁴	Israel	24	SG	45 (100)	18 (40)	45	4 (14.2)
Chiappetta et al., 2020 ⁶⁵	Germany	24	SG/GB	113 (68)	78 (69.0)	50	5 (10.0)
Dong et al., 2020 ⁶⁶	USA	6	SG	18 (100)	3 (16.6)	18	0 (0.0)



Conclusion:

MYTH BUSTED

Note: All studies used the original YFAS version of the scale.
Abbreviations: APR, absolute prevalence reduction; BMI, body mass index; CI, confidence interval; FA, food addiction; SG, sleeve gastrectomy; UK, United Kingdom; USA, United States; YFAS, Yale Food Addiction Scale.

Praxedes, et al, 2023

There is an overall low frequency of addictive behaviors IN GENERAL (including food addiction) imediatly after surgery, followed by na INCREASE of these behaviors in general in the long-term and **NOT** a transfer of addictions.

OBRIGADA!

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