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XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

TORONTO2026

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

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EVOLUTION OF EMOTIONAL EATING AND CRAVINGS ACROSS THE MBS JOURNEY

Beyond labels: food noise, loss of control, and changing clinical targets

Sylvain Iceta, MD, PhD | IFSO 2026

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ASSISTED BY AI

Conflicts of interest

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Any direct financial relationship, including honorarium income:	**Santé Bausch, Canada Inc.** (Contrave®) **Novo Nordisk Canada Inc** (Saxenda®, Wegovy®) **Abbott** (FreeStyle Libre®) **Takeda Canada** (Vyvanse®)
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Any other investment or relationship:	**N/A**

I have not received any honorarium for this presentation.

All recommendations and interpretations presented are my own.

When pharmacological treatments are discussed, they will be presented in a balanced and evidence-based manner.

Emotional eating or emotional OVEReating

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Emotional eating: a change in desire to eat or food intake associated with an emotional state.

NEGATIVE EMOTION	POSITIVE EMOTION
Eat more Stress, sadness, anger—or the urge to eat in those states.	**Eat more** Celebration, reward, excitement, or social connection.
Eat less Anxiety, grief, disgust—or another individual pattern.	**Eat less** A possible response that broad measures capture less.

Is this really pathological ?

Meule et al., 2018; Ruiz et al., 2023; Hooper et al., 2025.

One complaint, three pathways

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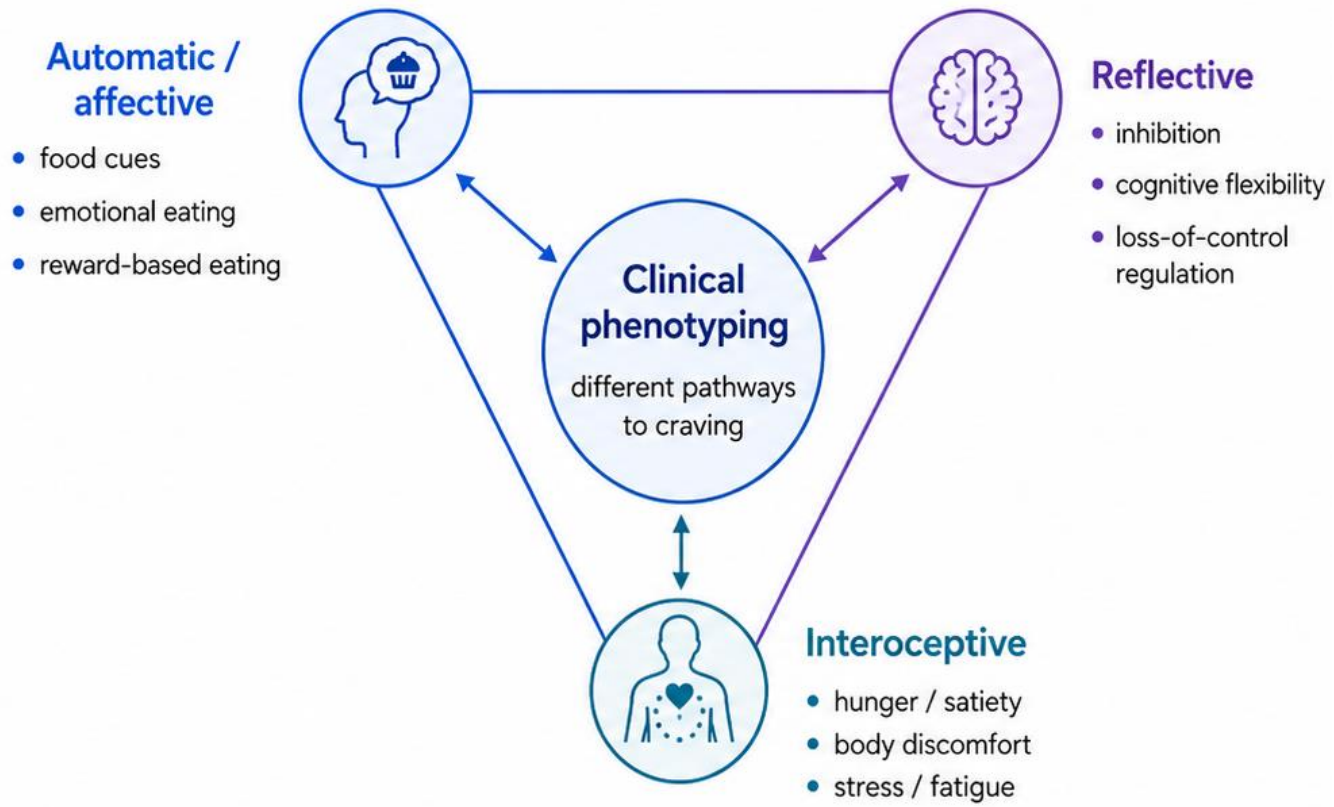

The same complaint may reflect different mechanisms—and different clinical targets.

Flaudias V, et al. 2019;27(5):326–331. Cornil A, Lakritz C, Iceta S, Flaudias V. Craving in eating disorders: mapping the concept through a systematic review. *Neurosci Biobehav Rev*. 2026;181:106515.

Measure the chain—not just the label

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Emotion
Valence, intensity, context, and timing

→

Urge
Craving, food noise, or desire to eat

→

Intake
More, less, unchanged or only perceived as more

→

Control
Loss of control, binge episode, or neither

→

Impact
Distress, nutritional impact, weight

Emotional overeating ≠ craving ≠ loss of control—but they can cluster.

Bongers & Jansen, 2016; Schnepper et al., 2023; Hooper et al., 2025.

Preoperative markers are not verdicts

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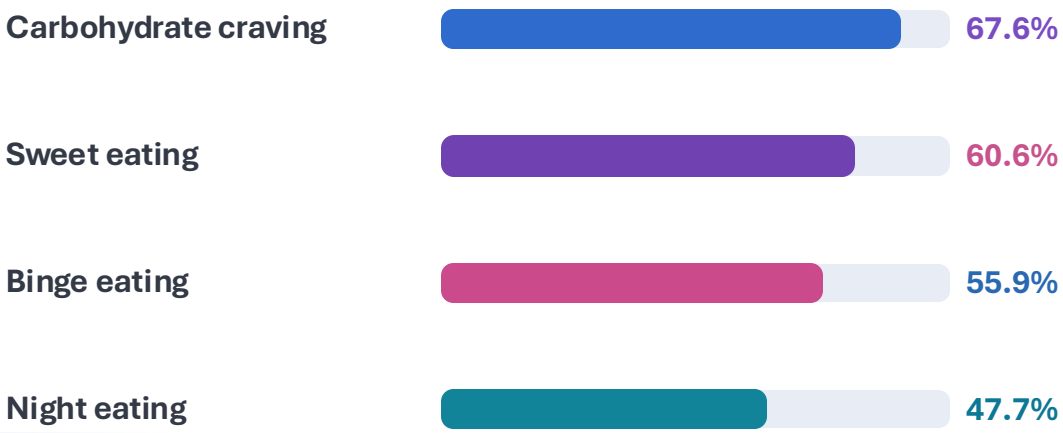
426	197	229	24 mo	88.7%
patients	sleeve gastrectomy	RYGB	mean follow-up	optimal response %TWL ≥ 20

Preoperative eating habits were frequent

Proportion of patients with each habit



These were habits reported/assessed preoperatively, not necessarily formal eating-disorder diagnoses.

But they did not predict optimal clinical response

Outcome: % total weight loss ≥ 20%

Binge eating	No significant association	p = 0.955
Carbohydrate craving	No significant association	p = 0.612
Night eating	No significant association	p = 0.730
Sweet eating	No significant association	p = 0.982

Same null pattern in SG and RYGB subgroup analyses.

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Ergenç Met al. The Impact of Preoperative Eating Habits on Weight Loss After Metabolic Bariatric Surgery. Obes Surg. 2025;35(4):1407-1414. doi:10.1007/s11695-025-07766-z

MBS creates an early low-noise window

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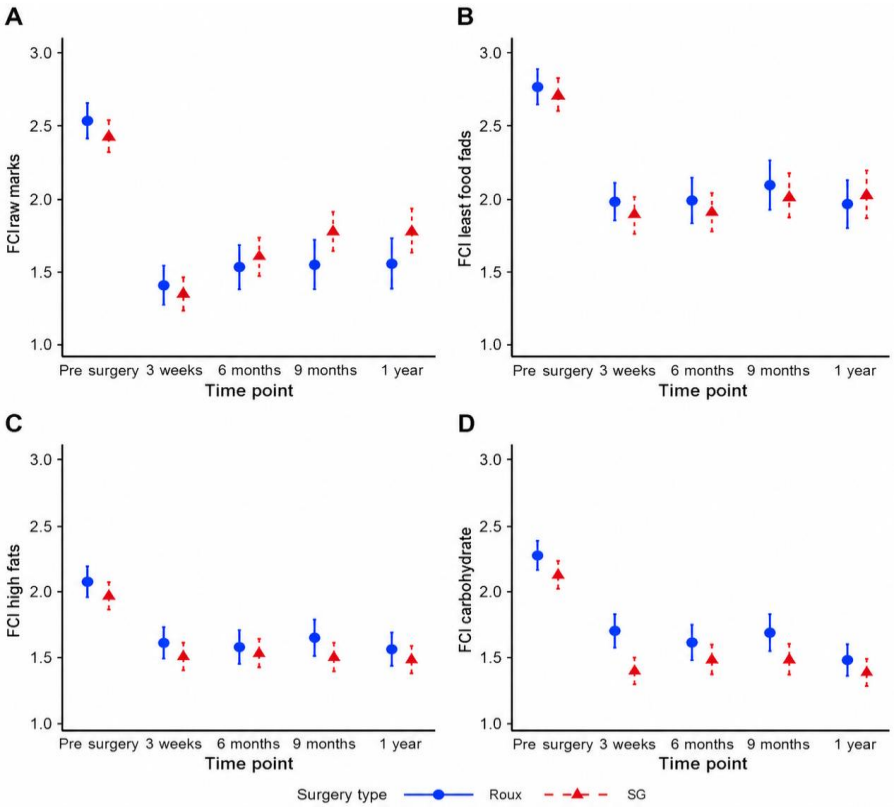
Study population

Prospective cohort - Food Craving Inventory before surgery and at 3, 6, 9 and 12 months.

N = 187	84%	46 ± 12 y	SG 93 RYGB 94	Attrition
included at baseline	women	mean age		187 → 84 at 12 months



Key results

1. **Cravings quiet early**
   All craving subscales were lower through 12 months.
2. **Emotional eating also declines**
   Across studies, emotional eating generally decreased during the first postoperative year.
3. **The nadir may not last**
   Emotional eating and LOC can partially return after 1–3 years; de novo LOC also occurs.
4. **Measures—and people—differ**
   Constructs and trajectories vary; evidence for procedure-specific effects remains uncertain.

- Koball AM, et al. Food cravings after bariatric surgery: comparing laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass. Eat Weight Disord. 2024;29:7. doi:10.1007/s40519-023-01636-2.

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Postoperative trajectories matter more

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Before surgery

Preoperative emotional eating or loss of control did not consistently predict postoperative weight or psychosocial outcomes.

Use baseline symptoms to plan support—not to forecast failure.

After surgery

Postoperative emotional eating and loss of control were more consistently associated with concurrent weight, distress, eating psychopathology, and follow-up.

Associations but not causality.

What emerges, persists, or returns may matter more than what was present before surgery.

White et al., 2010; Smith et al., 2019; Nasirzadeh et al., 2018.

When signals return

Signal returns

Hunger, cravings, food noise, or loss of control re-emerges.

Meaning

"The surgery is failing."
"I am failing again."

Emotional response

Self-blame, shame, discouragement, and hopelessness.

Care consequence

Avoidance of follow-up, delayed support, and greater distress.

When these signals return, what is the lived experience?

Tolvanen et al., 2021, 2022.

Follow the trajectory, not the label

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1 What is the experience?
A thought, an urge, actual intake, or loss of control?

2 When does it occur?
With emotions, cues, hunger, reduced satiation, stress, or fatigue?

3 How has it changed?
Improved, persisted, returned, or appeared de novo?

4 What is its impact?
Distress, nutrition, functioning, follow-up, and weight trajectory?

Screen before surgery to prepare.
Reassess after surgery to intervene.

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White et al., 2010; Nasirzadeh et al., 2018; Smith et al., 2019; Ben-Porat et al., 2026.

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