GAMBLING DISORDER FOLLOWING BARIATRIC SURGERY

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ABSTRACT
Gambling Disorder Following Bariatric Surgery

Pathological gambling is defined as persistent and repetitive gambling behaviors, characterized by the inability to control the gambling behavior of the individual, family or professional functionality. It is stated that the possibility of occurrence of alcohol and substance use disorders is increased after obesity operations, which have been frequently applied in recent years. Until now, gambling disorder, which is considered as impulse control disorder, is evaluated under the category of addiction behaviors with DSM-5. In this case report, the case of gambling disorder following bariatric surgery will be discussed.

Keywords: Gambling disorder, bariatric surgery, addiction.

ÖZET
Bariyatrik Cerrahi Sonrası Ortaya Çıkan Kumar Oynama Bozukluğu

Patolojik kumar oynama, kişinin bireysel, ailevi veya mesleki işlevselliğinin bozacak şekilde kumar oynama davranışının kontrol edilememesi ile karakterize, kalıcı ve tekrar eden istenmeyen kumar davranışları olarak tanımlanmaktadır. Son yıllarda giderek sık uygulanmaya başlayan obezite ameliyatlarından sonra alkol ve madde kullanım bozukluklarının ortaya çıkabilme ihtimalinin arttığı belirtilmektedir. Şimdiye kadar dörtü kontrol bozukluğu olarak değerlendirilen kumar oynama bozukluğu DSM-5 ile birlikte başlıcalı davranışlarda kategorisi altında değerlendirilmektedir. Bu vaka bildiriminde bariyatrik cerrahi ameliyatı sırasında ortaya çıkan kumar oynama bozukluğu vakası tartışılacaktır.

Anahtar kelimeler: Kumar oynama bozukluğu, bariyatrik cerrahi, bağımlılık
INTRODUCTION

Pathological gambling or gambling disorder, is the first
non-substance behavioral addiction described in the
DSM-5. Gambling disorder is defined as persistent and
repetitive gambling behaviors characterized by inability to
control the gambling behavior of the individual in a way
that disrupts individual, family or occupational function-
ality. The prevalence of gambling disorder is approximate-
ly 0.1-2.7% for adults. Socio-demographic characteristics
such as male gender, young age, low socioeconomic sta-
tus, early onset gambling activities, psychiatric comor-
bidity, negative childhood experiences, family history of
gambling and substance were determined as risk factors
for gambling disorder (1). Nowadays, bariatric surgery
methods are used in an increasing number of obesity
treatments. Some psychiatric complications may be seen
after bariatric surgery (2). In the literature, there is a lim-
ited number of reports of PK disorder after bariatric sur-
gery. Mitchel et al. reported only 2 cases of 201 patients
followed-up for 3 year revealed post-operative gambling
derorder. We In our case, gambling disorder developed af-
fter bariatric surgery.

CASE PRESENTATION

B.D., 58 years old, female patient, university gradu-
ate, single, living with her family members. Three years
ago, she underwent bariatric surgery for morbid obesity.
One year after the operation, he started playing online
gambling. She was referred to the AMATEM polyclinic
of NPİstanbul Brain Hospital with complaints of losing
money, unstoppable desire to play gambling, high amount
of loss, and deterioration in family relations.

We evaluated mental status of the patient who had not
applied for any psychiatric evaluation and did not receive
psychiatric treatment before. She appeared her stated age.
Her grooming was adequate and she was cooperative with
the examination. Her mood was euthymic and affect was
consistent with her mood. Her speech speed and amount
was ordinary, there were no hallucinations and delusions,
and psychomotor activity was ordinary. Her insight and
judgment were good. The patient had no history of alco-
hol or substance use, and had no other medical illness ex-
cept for a hashimato thyroid. In her family history, it was
learned that her mother had a gambling disorder but never
had a physician’s evaluation since she did not thought she
has a gambling problem. The patient was consulted to the
neurology center of the hospital to investigate the organic
etiology and the patient was diagnosed with pathological
gambling disorder and was started on 50 mg of naltrexone
hydrochloride and individual psychotherapy sessions.

DISCUSSION

After successful weight-loss surgery, clinicians have re-
ported that some patients stop over-eating and that al-
cohol or behavioral addiction may develop instead. This
phenomenon is named as dependency transfer (3). In
the literature, alcohol use disorder case reports have been
increasingly reported after bariatric surgery (2). In these
cases, dependence on food dependence after surgical sur-
gery is thought to be transferred to another substance or
behavior (4). In the addiction literature, the development
of gambling dependence after bariatric surgery is limited.
Mitchel et al. reported that 2 cases presented with post-
operative gambling addiction in their 3-year screening
study in 201 post-op case (5). In our case, the presence of
genetic background may be a risk factor for the develop-
ment of gambling.

Impulse control disorders in obese patients are almost
equal to those in psychiatric patients. Studies on the post-
op course of impulse control disorder are limited and the
results are contradictory (6). Some studies have reported
that the preoperative status has not changed and some
studies have shown an increase in postoperative impulsiv-
ity. This variability in the results of the studies may be due
to the limited postoperative data and study.

As in this case, impulsive features may change after bar-
iatric surgery. Therefore, it is recommended that bariatric
surgery candidate cases should be carefully monitored for
both alcohol/substance and behavioral addictions.

REFERENCES

1- Blanco C, Hasin DS, Petry N, et al. Sex differences in
subclinical and DSM-IV pathological gambling: res-
ults from the National Epidemiologic Survey on Alcohol
and Related Conditions. Psychological medicine. 2006;
36:943-53
2-Li L, Wu LT. Substance use after bariatric surgery: A re-
view. Journal of psychiatric research. 2016 May 1;76:16-
29.
3-Blum K, Bailey J, Gonzalez AM, Oscar-Berman M, Liu
Y, Giordano J, Braverman E, Gold M. Neuro-genetics of
reward deficiency syndrome (RDS) as the root cause of
“addiction transfer”: A new phenomenon common after
therapy. 2011 Dec 23;2012(1).
4-Sogg S. Alcohol misuse after bariatric surgery: epiphe-
omenon or “Oprah” phenomenon?: Surgery for obesity
and related diseases. 2007 May 1;3(3):366-8.
5-Mitchell JE, Steffen K, Engel S, King WC, Chen JY,
Winters K, Sogg S, Sondag C, Kalarchian M, Elder K. Ad-
dictive disorders after Roux-en-Y gastric bypass. Surgery
for Obesity and Related Diseases. 2015 Jul 1;11(4):897-
905.
6-Müller HL, Gebhardt U, Maroske J, Hanisch E. Long-
term follow-up of morbidly obese patients with
childhood craniohypophyseal hypoplasia after laparoscopic adjustable gastric banding (LAGB). Klinische Pädiatrie. 2011
Nov;223(06):372-3.