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# 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 dürtü kontrol bozukluğu olarak değerlendirilen kumar oynama bozukluğu DSM-5 ile birlikte bağımlılık davranışları kategorisi altında değerlendirilmektedir. Bu vaka bildiriminde bariatrik cerrahi ameliyatı sonrasında 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 functionality. The prevalence of gambling disorder is approximately 0.1-2.7% for adults. Socio-demographic characteristics such as male gender, young age, low socioeconomic status, early onset gambling activities, psychiatric comorbidity, 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 limited number of reports of PK disorder after bariatric surgery. Mitchel et al. reported only 2 cases of 201 patients followed-up for 3 year revealed post-operative gambling disorder. We In our case, gambling disorder developed after bariatric surgery.

## CASE PRESENTATION

B.D., 58 years old, female patient, university graduate, 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 alcohol or substance use, and had no other medical illness except 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 reported that some patients stop over-eating and that alcohol 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 surgery 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 development 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 impulsivity. 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 bariatric surgery. Therefore, it is recommended that bariatric surgery candidate cases should be carefully monitored for both alcohol/substance and behavioral addictions.

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