Background/Significance

- Current literature asserts that there is a higher prevalence of alcohol use disorders (AUD) after bariatric surgery, and that those with a history of heavy drinking are at higher risk.
- The incidence of AUD is also high, with 20.8% of patients developing an alcohol use disorder in the 5 years after surgery.¹
- Before surgery, alcohol use is assessed during the psychiatric evaluation; however, patients may underreport drinking due to motivation for surgical clearance.
- Phosphatidylethanol (PEth) testing is used as an objective measure of alcohol use in other surgical populations (e.g., liver transplant candidates) but has not been utilized prior to bariatric surgery.

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Cases

- Ms. X is a Black female in her late 20s, body mass index (BMI) of 43.61. At her pre-surgical psychiatric evaluation, diagnoses included an adjustment disorder, psychological factors affecting morbid obesity, and alcohol use disorder, moderate severity. She had reportedly quit drinking three weeks prior to her evaluation.
- Ms. Y is a Black female in her early 40s, BMI of 45.77. She was diagnosed with an alcohol use disorder, severe, in early remission at her pre-surgical evaluation. She reported abstinence for approximately three months prior to her psychiatric evaluation.

Results at Follow-up

- Ms. X’s PEth results revealed heavy alcohol use in the prior 2-4 weeks (PEth 16:0/18.1 = 580 ng/mL).
- Ms. Y’s PEth results were also positive (quantitative results not available).

Discussion

- Two bariatric candidates were identified as having AUD at their pre-surgical psychiatric evaluation.
- After completing treatment for substance use relapse prevention and reporting abstinence for over 6 months, both patients tested positive for continued alcohol use. One patient was still drinking heavily.
- Without objective alcohol use testing, these patients would have been cleared for bariatric surgery.

Conclusion/Implications

- Existing literature may overestimate the incidence of AUD related to bariatric surgery, as some patients underreport their drinking prior to surgery.
- Further research should explore whether PEth testing would be beneficial as a standard part of the pre-surgical work up for all bariatric surgery patients or if it is most useful for confirming abstinence among those with a history of heavy drinking.
- Accurately identifying AUD before bariatric surgery may help ensure proper treatment to prevent relapse post-surgery.

References

2. Images from: 123rf.com