



The Heartache of TRANSFER ADDICTION

Barbara Thompson compiles evidence on transfer addiction,
a growing trend and concern for WLS patients

by Barbara Thompson

I t started with a random e-mail that went something like. "Dear Barbara, I am having problems with drinking alcohol when I never had problems before my surgery. I can't seem to control it and it is ruining my life. I have talked to my surgeon about this and he has never heard of it. Are other people having this problem?"

The e-mails started in the Fall of 2005. By March of 2006, I started to suspect a trend. So I put a note in my April 1st, 2006 e-newsletter www.wlscenter.com/E-Newsletter.htm, to see if any of the other 10,000 subscribers of my newsletter was having a new addiction problem. I received a barrage of stories; some expressed desperation because they were still unable to control their addiction, others with messages of triumph. But most e-mails expressed the same message – "I thought I was the only one!" These patients were experiencing transfer addiction

Transfer addiction occurs when an addict transfers their addiction from one substance to another. Psychologists have long observed a common result of substance abuse treatment when patients swap one compulsive behavior for another. This is not unexpected. What was not expected was that weight loss surgery patients would be susceptible.

It is difficult to think of the obese as being addicted to food in somewhat the same way as one would be addicted to alcohol, drugs or other substances. A new wave of research suggests that compulsive eating has similarity with several self-destructive addictions including alcohol addiction. It is known that alcohol and food stimulate the same area of the brain. Transfer addiction occurs in a minority of cases and the percentage of those affected is not known.

"I rarely drank alcohol before my gastric bypass surgery in March of 2000. I would have the occasional mixed drink, but could only remember once that I had been tipsy. I lost 123 pounds after my bypass and started an entirely new life. I got divorced, met a wonderful man, with whom I went out with a lot. We drank and had a great time! We eventually moved in together, married, had a child and after that, I started drinking every night. Mostly wine...Jager shots...vodka..."

"I have a position in upper management and twice I have made a fool of myself at company functions. I drink until I black out nearly every night that I'm not on call... and some nights that I am, and I don't even drink that much before blacking out! My marriage is suffering, my child has seen me in a drunken stupor more than once, which I am ashamed of. Only my husband knows I have a problem. I am scared to seek help, because if it was found out at work, I would be asked to leave my position. I am an agnostic... so I don't want to go to AA and pray. I just don't know what to do. When I abstain from alcohol, I feel great... but I want it. My husband drinks, but understands moderation. My life is spiraling out of control and I need to fix it, I just don't know how." – JG

The physicians and staff at the Bariatric Institute of Wisconsin (BIW) started noticing patient problems with transfer addiction. Recognizing the seriousness of the problem, they invited the staff at Rogers Memorial Hospital, a local mental health provider, to partner with them. The staff at the Bariatric Institute of Wisconsin, taking a proactive approach, collaborated with Roger's Chemical Dependency Program so that they could recognize the signs and encourage patients to seek care with an experienced Alcohol and Other Drug Abuse (AODA) provider. This partnership also extended to increasing awareness at patient support group meetings as well as staff training at Elmbrook Memorial Hospital.

Megan O'Driscoll, RN, Manager of Bariatric Services at the Bariatric Institute of Wisconsin said, "The transfer of addiction is not unique to weight loss surgery patients. Literature shows 25% of alcoholics who relapse switch to a new drug." Megan feels it is important for weight loss surgery patients to stay connected to their surgeon's office or support group because they are a great resource for continuing education and peer-to-peer learning. In addition, she encourages patients to seek help early from an AODA counselor and most importantly be aware that addictions can transfer.

Rogers Memorial Hospital suggests the following screening for alcoholism, any of these criteria can be signs of trouble:

CAGE

- Cut down on drinking – Have tried repeatedly
- Annoyed by criticism about drinking habits
- Guilty feelings about drinking
- Eyeopener drink needed in the morning

"I am almost four years post-op and I am having a problem with red wine. I was a social drinker before my gastric bypass, and did not drink any alcohol for one year post-op, being compliant with doctor's orders. The last two years, I have a desire to drink a glass or so of red wine. I do seem to get a buzz from just one glass. There have been occasions when two drinks led to four or more and I have become inebriated. I enjoy the quick feeling of getting a buzz, which is not a good thing, as I have had a close call with a DUI. I have been very fortunate and am frightened this may lead to a disaster. My husband has threatened to take my vehicle away. Why do we get such a good feeling from alcohol so fast? I am frightened that this could lead to big problems, but I still have a problem controlling this from time to time." – Ann

A 2002 article in the *British Journal of Clinical Pharmacology* found that when pre-op patients drank alcohol, they absorbed less of the alcohol and their blood alcohol level peaked in 30 minutes. After surgery patients have a 50% higher blood alcohol level and their alcohol level peaked in 10 minutes.

Transfer addiction is not limited to alcohol, patients have turned to shopping, sex and gambling among other addictions.

"As I was losing weight after my gastric bypass surgery, I kept changing sizes, so I would go shopping to find something that fit. Then it started to be fun shopping. For the first time in my life, I could find clothes that fit, and looked pretty good on me.

"Sitting in my living room in the evenings, watching TV, I would want to eat something, and I knew I couldn't, so I would think about shopping. Once I started doing that, and found nice, cute, clothes, I went more and more often. I would just charge everything. I never really looked at the price, because I had the plastic to take care of it. I would try on clothes, and try on more, and I would come out with hundreds of dollars worth of clothes. The next month they wouldn't fit, and I would do it all over again. I charged my way into financial ruins.

"I had a very nice Honda CRV that was paid for. When I couldn't pay my bills any longer, I had to sell it and get a smaller, much older car and use the money to pay some bills. I took out a second mortgage on my home to pay my bills and will be filing bankruptcy in two weeks. I wish I had known about transfer addiction before my surgery, I would have been more knowledgeable and possibly saved myself all the heartache and embarrassment that I am going through now." – Rita

It is important to understand that it is not the surgery itself that leads us to this destructive behavior, and not all cases of transfer addiction are as severe as these cases. "Addictive behavior may be hereditary. In some cases, the brain of an obese person and the brain of a cocaine user look very much the same," says Jennifer Sawyer, MA, LPC of Southeast Bariatrics of Charlotte. "If a patient has a void, or a metaphorical hole in her heart, she may look for something to bypass the pain, whether it is food, cocaine, shopping or alcohol. If the patient feels she is doing this, she needs to be brave enough to seek help."


"Surgery was the best thing I ever did for myself. But we need to continue to grow beyond the physical changes so we don't look for something else to fill the void." – Tricia

HERE ARE SOME TIPS TO REMEMBER

- Recognize that transfer addiction can occur
- Watch for signs of this in your own behavior
- Alert your family and trusted friends to the possibility of an addiction showing up so that they can look for signs and intervene if needed
- Get counseling with an abuse counselor
- Don't feel you are alone



Barbara Thompson is the author of *Weight Loss Surgery; Finding the Thin Person Hiding Inside You*, and co-author of *Weight Loss Surgery for Dummies* which can be found at her patient website, www.WLScenter.com. Her free newsletter is available at www.wlscenter.com/E-Newsletter.htm



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