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# **Nutrition, Taste, Reward and Bariatric Surgery**

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## **Message from the Guest Editors**

Bariatric surgery is the most effective and lasting treatment for severe obesity and associated metabolic disorders, but various procedures have differential outcomes with individual differences with respect to durability of weight loss, in addition to potentially conferring increased risk for substance use. The neural and hormonal mechanisms underlying decreased high calorie food intake and altered nutrient and taste preferences with the potential of reward transfer to non-food substances after bariatric surgery remain largely unexplored. Thus, we solicits original studies and reviews on the recent progress in the field in order to promote a better understanding of pre-surgical and post-surgical factors contributing to metabolic surgery's long-term success as well as individual differences in quality-of-life outcomes. We welcome studies in human and animal models with a broad area of focus including but not limited to nutrient preferences, individual taste and reward reactivity, metabolic, gut-andbrain hormonal and neural (e.g., vagal) mechanisms, as well as the contribution of changes in gut microbial-host metabolic crosstalk, and inflammatory processes.













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