Experts Weigh in on Considering Bariatric Surgery for Patients with Diabetes

Chevy Chase, MD— The Endocrine Society released a statement [1] today emphasizing that while bariatric surgery may help obese patients lose weight and can lead to diabetes remission, it may not be the best option for every diabetic patient with obesity. The statement was written in response to two recent studies published in the New England Journal of Medicine (NEJM) that found surgical treatment of obese patients with type 2 diabetes was superior to medical treatment.

Observational studies have suggested that weight loss surgery can rapidly improve glycemic control and even produce remission of diabetes in severely obese patients with type 2 diabetes. Until now, however, there have been few randomized controlled trials showing greater efficacy of surgical versus medical therapy in treating this patient population.

The two studies published in NEJM are single center, randomized, non-blinded, controlled trials evaluating surgery versus medical treatment in obese patients with type 2 diabetes. Mingrone et al. randomized 60 patients to medical therapy or either gastric bypass or biliopancreatic diversion with two year follow-up. They found complete remission of diabetes at two years had occurred in none of the medically treated group versus 75 percent in the gastric bypass group and 95 percent in the biliopancreatic diversion group.

Schauer et al. randomized 150 patients to medical therapy alone or medical therapy plus Roux-en-Y gastric bypass or sleeve gastrectomy. After one year, complete remission of diabetes was seen in 12 percent of the medically treated group versus 42 percent in the gastric bypass group and 37 percent in the sleeve gastrectomy group.

“Weight loss surgery is not a cure for all obese patients with diabetes and The Endocrine Society recommends that practitioners consider several factors before recommending surgery for this patient group,” said Janet E. Hall, MD, president of The Endocrine Society. “These include the patient’s BMI and age, the number of years of diabetes and an assessment of the ability to comply with the long-term lifestyle changes that are required to maximize the success of surgery and minimize complications.”

Bariatric surgery is not a guarantee of successful weight loss and maintenance and can lead to short- and long-term surgical, nutritional and metabolic complications. These include but are not limited to marginal ulcers, internal hernias, iron deficiency, anemia and metabolic bone disease. The Society statement emphasizes further studies will be needed to determine the effects of surgery on long-term

quality of life and mortality in type 2 diabetes.

“The success of weight loss surgery in obese patients with diabetes ultimately depends on the partnership of patient, endocrinologist and surgeon, and a support team in the continuum of long-term care of the patient,” said Hall. “Shared decision-making is critical when considering bariatric surgery.”

The Hormone Foundation, the patient education affiliate of The Endocrine Society, has published a statement for patients that explains the results in the NEJM studies and provides recommendations for individuals with diabetes who are considering weight loss surgery. The patient statement is online at: http://www.hormone.org/Resources/upload/Weight-loss-Surgery-and-Diabetes.pdf [2].

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http://www.mdtmag.com/news/2012/04/experts-weigh-considering-bariatric-surgery-patients-diabetes?qt-video_of_the_day=0

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