

Substantial weight loss for severely obese individuals three years after bariatric surgery

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In 3-year follow-up after bariatric surgery, substantial weight loss was observed among individuals who were severely obese, with most of the change occurring during the first year; however, there was variability in the amount of weight loss, as well as in diabetes, blood pressure, and lipid outcomes, according to a study published online by *JAMA*.

"Bariatric <u>surgery</u> results in large, sustained weight loss in <u>severely obese</u> [body mass index (BMI)? 35] populations. Although generally accepted as the most effective means for inducing weight loss in very heavy patients, few studies exist reporting outcomes longer than 2 years after the surgery was performed," according to background information in the article.

Anita P. Courcoulas, M.D., M.P.H., of the University of Pittsburgh Medical Center, and colleagues used Longitudinal Assessment of Bariatric Surgery (LABS) Consortium data to study change in weight and selected health parameters after common bariatric surgical procedures. The Longitudinal Assessment of Bariatric Surgery (LABS) Consortium is a multicenter observational cohort study at 10 hospitals in 6 clinical centers in the United States. Their study included adults undergoing a first-time bariatric surgical procedure as part of routine clinical care by participating surgeons between 2006 and 2009 and followed until September 2012. Participants (n = 2,458) completed research assessments using standardized and detailed data collection prior to surgery and at 6 months, 12 months, and annually after surgery. At baseline, 774 participants (33 percent) had diabetes, 1,252 (63 percent) dyslipidemia, and 1,601 (68 percent) hypertension.

Three years after Roux-en-Y gastric bypass (RYGB) or laparoscopic adjustable gastric banding

(LAGB), the researchers assessed percent weight change from baseline and the percentage of patients with diabetes who achieved certain measures without pharmacologic therapy.

Dyslipidemia or hypertension resolution at 3 years was also assessed.

At the beginning of the study, median (midpoint) BMI was 45.9, and median baseline weight was 284 lbs.; 1,738 participants underwent RYGB, 610 LAGB, and 110 other procedures. Three years after surgery, median percent weight loss was 31.5% of baseline (90 lbs.) for participants who underwent RYGB and 15.9 percent (44 lbs.) for LAGB. As a group, participants experienced most of their total weight change the first year after surgery.

The authors write that variability in weight change "indicates a potential opportunity to improve patient selection and education prior to operation as well as enhance support for continued adherence to lifestyle adjustments in the postoperative years."

Three years after surgery, the percentages of participants experiencing at least partial diabetes remission were 67.5 percent for RYGB and 28.6 percent for LAGB. Dyslipidemia was in remission for 61.9 percent of RYGB participants and 27.1 percent of LAGB participants at 3 years. Changes in hyperlipidemia were similar. Hypertension was in remission at 3 years in 38.2 percent of RYGB and 17.4 percent of LAGB participants.

"Longer-term follow-up of this cohort will determine the durability of these improvements over time and factors associated with variability in effect."

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