

# Longer-term follow-up shows greater type 2 diabetes remission for bariatric surgery compared to life

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Among obese participants with type 2 diabetes mellitus, bariatric surgery with 2 years of a low-level lifestyle intervention resulted in more disease remission than did lifestyle intervention alone, according to a study published online by *JAMA Surgery*.

It remains to be established whether [bariatric surgery](#) is a durable and effective treatment for type 2 diabetes (T2DM) and how bariatric surgery compares with intensive [lifestyle modification](#) and medication management with respect to T2DM-related outcomes. As demonstrated in observational studies and several small [randomized clinical trials](#) of short duration, T2DM is greatly improved after bariatric surgery. However, more information is needed about the longer-term effectiveness and risks of all types of bariatric surgical procedures compared with lifestyle and medical management for those with T2DM and obesity, according to background information in the article.

Anita P. Courcoulas, M.D., M.P.H., of the University of Pittsburgh Medical Center, Pittsburgh, and colleagues assessed outcomes 3 years after 61 obese [participants](#) with T2DM who were randomly assigned to either an intensive lifestyle [weight loss](#) intervention for 1 year followed by a low-level [lifestyle intervention](#) for 2 years or surgical treatments (Roux-en-Y gastric bypass [RYGB] or laparoscopic adjustable gastric banding [LAGB]) followed by low-level lifestyle intervention in years 2 and 3. Fifty participants (82 percent) were women, and 13 (21 percent)

were African American.

At 3 years, any T2DM remission (partial or complete) was achieved in 40 percent (n = 8) of RYGB, 29 percent (n = 6) of LAGB, and no intensive lifestyle weight loss intervention participants, while complete remission was achieved in 15 percent of RYGB, 5 percent of LAGB, and no intensive lifestyle weight loss intervention group participants.

The use of diabetes medications was reduced more in the surgical groups than the lifestyle intervention-alone group, with 65 percent of RYGB, 33 percent of LAGB, and none of the intensive lifestyle weight loss intervention participants going from using insulin or oral medication at baseline to no medication at year 3. Average reductions in percentage of body weight at 3 years were the greatest after RYGB at 25 percent (2 percent), followed by LAGB at 15 percent (2 percent) and lifestyle treatment at 5.7 percent (2.4 percent).

The authors note that one important aspect of this study was that more than 40 percent of the sample were individuals with class I obesity (BMI of 30 to

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