

# AGA recommends intragastric balloons as an additional weight loss strategy for obese patients

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Obesity is a global pandemic, affecting about 40% of adults in the United States. There is an enormous unmet need for an effective weight-loss solution. After a detailed review of available literature, the American Gastroenterological Association (AGA) has released new clinical guidelines recommending the use of intragastric balloons (IGB) for patients with obesity who have not been able to lose weight with traditional weight-loss strategies. This treatment is most successful with accompanying therapy, such as lifestyle modifications and pharmacological agents, and can be used in a sequential manner or along with bariatric surgery. These guidelines are published in *Gastroenterology*.

"Endoscopic bariatric therapies have evolved as an attractive tool for [weight](#) loss, however, less than 5% of patients with obesity seeking a weight loss therapy are aware of endoscopic weight loss options," said lead author Thiruvengadam Muniraj, MD, MRCP, from Yale University School of

Medicine, New Haven, Connecticut. "Our hope is that this new guideline can lead to shared decision making between patients and providers to determine if intragastric balloons are the best weight loss option for that individual patient."

With the exception of acknowledgement that fluid-filled balloons may be associated with higher efficacy but lower tolerability than air-filled balloons, the guideline makes no recommendations on specific devices.

Key guideline recommendations:

1. Patients with obesity seeking a [weight loss](#) intervention should consider using intragastric balloon therapy to augment the effect of moderate to high intensity lifestyle modifications.
2. To minimize gastrointestinal bleeding risk, treat patients undergoing IGB therapy with proton pump inhibitors (PPIs).
3. To avoid nausea, sedate [patients](#) for the IGB placement with anesthetics associated with low incidence of nausea, and continue anti-nausea medication for two weeks.
4. While screening for [nutritional deficiencies](#) isn't needed, providing 1-2 multivitamins after IGB placement is suggested.
5. To keep weight off after IGB removal, AGA recommends dietary interventions, pharmacotherapy, repeat IGB or [bariatric surgery](#). The choice of this maintenance strategy should be determined based on a shared decision-making approach.

"Shared decision making is a critical component of obesity therapy—for everything from selecting the right IGB device to what concomitant lifestyle modifications, pharmacotherapy or sequential procedures a patient should pursue. This shared [decision making](#) should consider the patient's

values and preferences, balance benefits and harms within the patient's clinical and behavioral context, and consider cost and availability," added Dr. Muniraj.

**More information:** Thiruvengadam Muniraj et al, AGA Clinical Practice Guidelines on Intra-gastric Balloons in the Management of Obesity, *Gastroenterology* (2021). [DOI: 10.1053/j.gastro.2021.03.003](https://doi.org/10.1053/j.gastro.2021.03.003)

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