

Research

Bariatric Surgery and Long-term Weight Loss

The 2 most commonly performed operations for obesity are laparoscopic Roux-en-Y gastric bypass and laparoscopic sleeve gastrectomy. In a randomized trial of 240 patients with morbid obesity, Salminen and colleagues found that laparoscopic Roux-en-Y gastric bypass resulted in greater weight loss than laparoscopic sleeve gastrectomy at 5 years, but the difference was not clinically significant. In an Editorial for this theme issue on treatments for severe obesity, Arterburn and Gupta note that shared decisions about obesity management are challenging because they require patients and physicians to consider complications and comorbidities as well as weight loss goals.

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Long-term Efficacy of Sleeve Gastrectomy

The sleeve gastrectomy procedure is technically easier, faster to perform, and potentially safer than Roux-en-Y gastric bypass, but there is insufficient evidence for its long-term efficacy. In a randomized trial of 217 patients with severe obesity who were randomly assigned to sleeve gastrectomy or Roux-en-Y gastric bypass with a 5-year follow-up period, Peterli and colleagues found no significant difference in excess weight loss.

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Gastric Bypass Surgery for the Treatment of Type 2 Diabetes 2

Preventing the microvascular complications of type 2 diabetes requires management of blood pressure and lipids as well as glycemic control. In a 5-year follow-up study by lkramuddin and colleagues of 120 patients with obesity and type 2 diabetes who received a lifestyle-intensive medical management intervention, participants who also had Rouxen-Y gastric bypass were more likely to achieve a composite end point of hemoglobin $A_{\rm lc}$ level less than 7.0%, low-density lipoprotein cholesterol level less than 100 mg/dL, and systolic blood pressure less than 130 mm Hg.

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Bariatric Surgery and All-Cause Mortality

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Obesity is a chronic disease with life-threatening complications. In a retrospective cohort study by Reges and colleagues of 33540 patients with obesity, bariatric surgery was associated with lower all-cause mortality than nonsurgical obesity management over a median follow-up of approximately 4.5 years.

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Treatment Options for Severe Obesity

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Shared decisions about treatments for severe obesity must balance the risks of bariatric surgery against the adverse effects of the underlying disease. In a cohort study by Jakobsen and colleagues of 1888 patients with severe obesity followed up for a median of 6.5 years, bariatric surgery compared with medical treatment was associated with higher risks of complications and lower risks of obesity-related comorbidities.

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Long-term Outcomes of Bariatric Surgery

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A recent article in *JAMA Surgery* assessed the long-term efficacy and safety of bariatric surgical procedures. In this From the JAMA Network article, Shubeck and colleagues discuss societal and cultural barriers to the surgical treatment of obesity.

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Edward H. Livingston, MD. summarizes and comments on this week's issue.

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