At 3 years, glycemic control and quality of life were better with surgery than with medical management.

In a previously published report from a randomized Cleveland Clinic trial, Roux-en-Y gastric bypass and sleeve gastrectomy were more likely than medical therapy (42% and 37% vs. 12%) to lower glycosylated hemoglobin (HbA1c) levels to ≤6% in 150 obese diabetic patients (mean age at baseline, 48; mean body-mass index at baseline, 36 kg/m²) at 1 year (NEJM JW Gen Med Mar 26 2012).

At 3 years, the proportions of patients whose HbA1c levels were ≤6% and who no longer were taking diabetes medications remained significantly higher in the gastric-bypass and sleeve-gastrectomy groups than in the medical-therapy group. There were no differences in long-term weight loss among the groups. Among patients who underwent Roux-en-Y gastric bypass, 96% of those who were appropriately counseled by nutritionists and followed up at the surgical center had lost 50% or more of their excess weight, compared with 73% of those who did not have nutrition counseling.

Comment

The key findings here are that the improved glycemic control reported after 1 year persisted at 3 years and that quality of life was better.

Citation(s):


Allan S. Brett, MD Reviewing Schauer PR et al., 2014 Mar 31;