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). Now, the researchers present longer-term outcomes.

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 compared with the medical-therapy group. Diet therapy was recommended for patients in all groups, and no significant difference in calorie restriction and adherence was observed between groups. There were no significant differences in weight loss between groups. No patients in the surgical groups suffered postoperative mortality. Occurrences of postoperative complications were infrequent and declined over time. Most complications were managed without the need for additional surgical interventions to address complications within the first year, but no patients required additional surgery thereafter.

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 considerably better in the surgical groups than in the medical-therapy group. The authors did not evaluate factors that might contribute to weight loss, including increased energy expenditure or physical activity triggered by surgery. Identification of factors that contribute to weight loss and an improvement in glycemic control will be important to track. Further studies should evaluate interventions to address complications within the first year, but no patients required additional surgery thereafter.

Citation(s):


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