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**NEW STUDY CONFIRMS LONG-TERM EFFECTIVENESS OF
GASTRIC BANDING ON TYPE 2 DIABETES REMISSION AND IMPROVEMENT**

**Diabetes Remains Under Control for 83 Percent Five Years After
Laparoscopic Adjustable Gastric Banding Surgery**

DALLAS – JUNE 24, 2009 – Morbidly obese patients who have laparoscopic adjustable gastric banding surgery (LAGB) can expect sustained weight loss and an 83 percent improvement or remission of Type 2 diabetes, with a significant reduction in hemoglobin (HbA1c) five years after surgery, according to a new study presented here at the 26th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS). Researchers say this is the largest long-term study of the impact of gastric banding on diabetes.

“Our study contributes to mounting evidence that demonstrates gastric banding can have a sustained and meaningful effect on diabetes and morbid obesity and that the two diseases are interrelated,” said Christine Ren, MD, co-researcher and Associate Professor of Surgery at New York University School of Medicine. “It should also be noted though that those patients who lost and maintained significant weight loss saw the greatest remission of diabetes in a shorter period of time.”

Researchers from New York University (NYU) Medical Center analyzed 95 patients who had LAGB from January 2002 through January 2004. Prior to surgery, the patients ranged in age from 21 to 68 with an average BMI of 46. The average patient was diagnosed with diabetes 6.5 years before surgery. About 88 percent of the patients were taking oral medication and 15 percent were using insulin to control their diabetes.

Patients’ weight, medical history and blood work were collected as a part of routine follow up after surgery. Researchers followed each patient monthly through the first year, every three months for the second year, and then annually or more frequently as needed.

In 2008, the five-year follow-up data revealed that diabetes went into remission in about 40 percent of patients and improved in an additional 43 percent, for a combined improvement/remission rate of 83 percent. Patient mean BMI decreased to 35, yielding an average excess weight loss (EWL) of 48.3 percent. The average fasting glucose level decreased from 146 to 118.5 and the average HbA1c decreased from 7.53 to 6.58 percent.

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“We didn’t find a substantial difference in remission outcomes for patients who suffered with diabetes for more than six years compared to those who had the disease for a shorter period of time,” said Dr. Ren.

The American Diabetes Association (ADA) estimates for 2007 show nearly 24 million Americans have diabetes, including 5.7 million people who have not yet been diagnosed.¹ About 50 percent of men and 70 percent of women who have the disease are obese.² People who are morbidly obese are generally 100 or more pounds overweight, have a BMI of 40 or more, or a BMI of 35 with an obesity-related disease, such as Type 2 diabetes. In 2009, ADA recommended that bariatric surgery be considered for adults with a BMI of 35 and Type 2 diabetes, especially if the diabetes is difficult to control with lifestyle and pharmacologic therapy.³

As the incidence of diabetes and obesity continues to rise, several studies have proved that bariatric surgery is an effective method for sustained weight loss and for diabetes remission.^{4,5} A March 2009 study published in the *American Journal of Medicine* found that overall 86.6 percent of patients improved or resolved their Type 2 diabetes after bariatric surgery.⁴ In 2008, a *Journal of the American Medical Association* study found that 73 percent of patients resolved their Type 2 diabetes after gastric band surgery.⁵

The ASMBS is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information about the ASMBS, visit www.asmb.org.

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¹American Diabetes Association. Total Prevalence of Diabetes & Pre-diabetes, www.diabetes.org/diabetes-statistics/prevalence.jsp.

²American Heart Association. Type 2 Diabetes. Updated 18 February 2009. [Cited 27 April 2009] Available from: <http://www.americanheart.org/presenter.jhtml?identifier=3044759>.

³American Diabetes Association. Standards of Medical Care in Diabetes – 2009. *Diabetes Care*, Volume 32, Supplement 1. January 2009. [Cited 2009 April 27]

⁴Henry Buchwald, et al. Weight and Type 2 Diabetes after Bariatric Surgery: Systematic Review and Meta-Analysis. *The American Journal of Medicine*. March 2009. [Cited 2009 April 27].

⁵John B. Dixon; Paul E. O’Brien; Julie Playfair; Leon Chapman; Linda M. Schachter; Stewart Skinner; Joseph Proietto; Michael Bailey; Margaret Anderson Dixon JB. Adjustable Gastric Banding and Conventional Therapy for Type 2 Diabetes. *Journal of the American Medical Association*. 2008; 299(3):316-323.

PL-104. 5-YEAR OUTCOMES OF PATIENTS OF TYPE 2 DIABETES WHO UNDERWENT LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING

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