



American Society for Metabolic & Bariatric Surgery

**CONTACT:** Keith Taylor  
(212) 527-7537

Jennifer Dorr  
(212) 527-7541

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**20 to 50% EXCESS WEIGHT LOSS TRIGGERS RESOLUTION OR IMPROVEMENT  
OF OBESITY-RELATED CONDITIONS**

**New Study Shows Gastric Band Patients Get Results Before All the Excess Weight is Gone**

**WASHINGTON, DC -- JUNE 18, 2008** – Losing less than half of their excess weight within a year was enough to resolve or dramatically improve type 2 diabetes, hypertension, high cholesterol, and sleep apnea, according to a new study of gastric band patients presented here today at the American Society of Metabolic and Bariatric Surgery (ASMBS) Annual meeting.

Researchers from the New York University (NYU) School of Medicine followed 50 gastric band patients over two years to determine the minimum excess weight loss required to trigger resolution or maximum improvement of obesity-related conditions. The likely time of resolution or improvement in obesity-related diseases was determined using a dynamic Bayesian Analysis, a probability analysis.

Patients in the study had a body mass index (BMI) of between 30 and 40 before surgery. Resolution was defined as the discontinuation of doctor-prescribed medications and improvement was defined as a decreased dosage of medications. All patients suffered from at least one obesity-related condition.

While patients on average lost more than 60 percent of their excess weight after two years, 20 to 30 percent excess weight loss in less than a year was enough to significantly improve or resolve type 2 diabetes in 87.5 percent of patients. Losing about 50 percent of excess weight produced maximum improvement or resolution of obstructive sleep apnea in 87.5 percent of patients. Forty to 50 percent excess weight loss was enough for hypertension in 81.8 percent of patients and 30 to 40 percent was enough to produce maximum improvement or resolution of dyslipidemia or high cholesterol in 72.7 percent of patients.

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“Our study shows that if someone is 80 pounds overweight and they lose about 30 of those pounds, they can still achieve a comparable health benefit as someone who has lost all 80 pounds,” said Christine Ren, MD, co-author of the study and associate professor of surgery at the NYU School of Medicine. “The problem is most people cannot maintain that weight loss over the long-term without surgery and if the weight returns so do the health problems.”

In 2007, the ASMBS reported that an estimated 205,000 people in the U.S. had bariatric surgery. According to guidelines issued by the National Institutes of Health (NIH), bariatric surgery is indicated for people with a body mass index (BMI) of 35 or more with an obesity-related condition or a BMI of 40 or more. People who are morbidly obese are generally 100 or more pounds overweight.

The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB). In gastric bypass, the stomach is reduced from the size of a football to the size of a golf ball and food is made to bypass part of the small intestine. In LAGB, a silicone band is wrapped around the upper part of the stomach to restrict the amount of food the stomach can hold. The amount of restriction is adjusted by adding or removing saline from the band.

Two landmark studies, published in the *New England Journal of Medicine* in August 2007, showed patients with morbid obesity who have bariatric surgery (including gastric banding, gastric bypass, and vertical banded gastroplasty) lost significant weight over the long-term and are significantly less likely to die from heart disease, diabetes and cancer seven to 10 years following the procedure than those who did not have surgery<sup>1,2</sup>. A 2004 study in the *Journal of the American Medical Association* showed that bariatric surgery resolved or improved type 2 diabetes in 86 percent of patients and resolved sleep apnea in more than 85 percent of patients<sup>3</sup>.

The Agency for Healthcare Research and Quality (AHRQ) recently reported that bariatric surgery is safer than ever. The risk of death from bariatric surgery has declined from 0.89 percent in 1998, to 0.19 percent in 2004.<sup>4</sup>

About 64 million or 32 percent of adults in the U.S. are considered obese, which is associated with many other diseases and conditions including type 2 diabetes, heart disease, sleep apnea, hypertension, asthma, cancer, joint problems and infertility. The direct and indirect costs to the healthcare system associated with obesity are about \$117 billion annually.

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 on the ASMBS, visit [www.asmb.org](http://www.asmb.org).

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<sup>1</sup> Sjöström L, Narbro K, Sjöström CD, et al. Effects of bariatric surgery on mortality in Swedish obese subjects. *N Engl J Med* 2007; 357:741-52.

<sup>2</sup> Adams TD, Gress RE, Smith SC, et al. Long-term mortality after gastric bypass surgery. *N Engl J Med* 2007;357:753-61.

<sup>3</sup> Buchwald Henry, et al. Bariatric Surgery: A Systematic Review and Meta-Analysis. *JAMA*. 2004; 292: 1724-1737.

<sup>4</sup> Zhao, Y. (Social and Scientific Systems, Inc.), and Encinosa, W. (AHRQ). Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Statistical Brief #23. January 2007. Agency for Healthcare and Research Quality, Rockville, Md. <http://www.hcup-us.ahrq.gov/reports/statbriefs.sb23.pdf>.