

Study examines health-care expenditures after bariatric surgery

July 16 2012

A study suggests bariatric surgery to treat obesity was not associated with reduced health care expenditures three years after the procedure in a group of predominantly older men, according to a report in the July issue of *Archives of Surgery*.

Bariatric surgery is the most effective way to induce weight loss in the severely obese. As demand for the procedure has increased, the numbers of nonwhite, older and [male patients](#) with a greater [prevalence of obesity](#)-related diseases have increased, although the related health care expenditure trends have not been studied extensively, according to the study background.

Matthew L. Maciejewski, Ph.D., of the Center for Health Services Research in Primary Care, Durham VA Medical Center, North Carolina, and colleagues compared [health care expenditures](#) three years before and after bariatric procedures in a group of 847 veterans who underwent surgery with 847 veterans who did not.

"In a propensity-matched cohort of obese, high-risk, primarily male patients, bariatric surgery was not significantly associated with lower health expenditures three years after the procedure," the authors conclude.

Study results indicate that trends in adjusted total expenditures "mirrored the trends of outpatient and inpatient expenditures." In the presurgical 36 to 31 months, adjusted total expenditures were \$595 lower for surgical

patients but increased to \$28,400 higher in the six months leading up to and including the procedure. Adjusted total expenditures in the three years after the operation, went from \$4,397 higher in the first six months postsurgery to similar expenditures in the 31 to 36 months postsurgery, according to study results.

"These results are notable because they contrast with results from several prior [observational studies](#) that found expenditures among postsurgical cases to be lower than those of nonsurgical controls two to four years after the procedures, which can be explained by important differences in the populations examined and the methods of analysis," the authors comment.

For example, researchers note that the proportion of women was lower in their study and the average age of [surgical patients](#) was higher than in previous work (49.5 vs. 44-45 years). The researchers also suggest their results may not generalize to nonveteran, female or healthier patients because they focused on a group of older, predominantly male, sicker patients.

"Although bariatric surgery was not associated with reduced expenditures in this cohort of older predominantly male patients, many patients may still choose to undergo bariatric surgery given the strong evidence of significant reductions in body weight and comorbidities and improved quality of life," researchers conclude. "Expenditures may decline further for surgical cases in the longer term, but there were no differences in [health expenditures](#) between the surgical and nonsurgical cases during three years of follow-up."

More information: *Arch Surg.* 2012;147[7]:633-640.

Provided by JAMA and Archives Journals

Citation: Study examines health-care expenditures after bariatric surgery (2012, July 16)
retrieved 23 June 2024 from <https://medicalxpress.com/news/2012-07-health-care-expenditures-bariatric-surgery.html>

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