

Type 2 diabetes may increase the risk of Barrett's Esophagus

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Patients with Type 2 Diabetes may face an increased risk for Barrett's Esophagus (BE), regardless of other risk factors including smoking, alcohol consumption, obesity and gastroesophageal reflux disease (GERD), according to research unveiled today at the American College of Gastroenterology's (ACG) 77th Annual Scientific meeting in Las Vegas.

The study, "[Diabetes Mellitus](#) Increases the Risk of Barrett's [Esophagus](#): Results from A Large Population Based Control Case Study," suggests that, "if you have [diabetes](#), your risk for Barrett's esophagus (BE) may be almost doubled," said co-investigator, Prasad G. Iyer, M.D., of the [Mayo Clinic](#) College of Medicine. He said this risk may be higher in men with diabetes likely because men tend to carry more fat in the abdomen compared to women who tend to carry weight around the hips and thighs.

[Type 2 diabetes](#) is the most is the most form of diabetes, with millions of Americans living with the disease. Barrett's esophagus is a condition in which the tissue lining the esophagus is replaced by tissue that is similar to the lining of the intestine. No signs or symptoms are associated with Barrett's esophagus but it is commonly found in people with GERD. About 5 to 10 percent of patients with chronic GERD will develop Barrett's esophagus.

Performing a population-based control study using the United Kingdom's General Practice Research Database (GPRD) (a primary care database

containing more than 8 million patients), the researchers identified 14,245 Barrett's esophagus cases and 70,361 controls without Barrett's esophagus. Cases were more likely than controls to have ever smoked and consumed alcohol; and the prevalence of Type 2 diabetes before Barrett's esophagus diagnosis was higher in cases than controls. The mean BMI was also higher in cases than in controls both at baseline and over the study period.

Obesity is associated with an increased risk of Barrett's esophagus and [esophageal cancer](#), but it is "unclear" if this is caused from a mechanical and/or metabolic effects such as hyperinsulinemia, according to investigators, who aimed to determine if there is an epidemiologic link between Type 2 diabetes and Barrett's esophagus after adjusting for known [risk factors](#) including obesity, smoking, alcohol use and GERD.

"Interestingly, we found that among the study cohort, if you had diabetes there was a twofold increase in your risk for Barrett's esophagus," explained Dr. Iyer. "When we stratified the results by gender, the association of Type 2 diabetes with Barrett's esophagus was stronger in males compared to females, which may reflect the different fat distributions in men and women."

Dr. Iyer said that while this study is retrospective—and further prospective studies are needed to better understand the link between Barrett's Esophagus and Type 2 Diabetes—the results do offer valuable and potentially life-saving insight to patients and health care providers: "if you lose weight your risk for Barrett's esophagus and esophageal cancer may decrease." Dr. Iyer suggested patients who are overweight, particularly if they carry their excess weight in their belly, talk to their physicians about their risk for Barrett's Esophagus and whether they should undergo screening through an upper endoscopy.

Provided by American College of Gastroenterology

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