

Pre-op factors predict post-gastric op glycemic response

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John B. Dixon, Ph.D., from the Baker IDI Heart & Diabetes Institute in Melbourne, Australia, and colleagues analyzed preoperative details of 154 Chinese patients with type 2 diabetes to identify clinically meaningful predictors of diabetes remission after gastric bypass surgery. A hemoglobin A1c level of ≤6 percent was used to define remission.

The researchers found that, at 12 months, 69.5 percent of participants achieved remission. The three independent preoperative predictors were:



diabetes duration of less than four years, body mass index above 35 kg/m², and fasting C-peptide concentration of more than 2.9 ng/mL. Using two or three of these predictors allowed a sensitivity of 82 percent and specificity of 87 percent for remission. Those cases in which hemoglobin A1c \leq 7 percent was not achieved were predicted by duration of diabetes and C-peptide. Remission and less satisfactory outcomes were also predicted by percentage of weight loss after surgery.

"The glycemic response to gastric bypass is related to body mass index, duration of diabetes, fasting C-peptide (influenced by insulin resistance and residual β -cell function), and weight loss," the authors write. "These data support and refine previous findings in non-Asian populations. Specific ethnic and procedural regression equations and cutoff points may vary."

Several authors or their institutions disclosed financial ties to the pharmaceutical and medical device industries.

More information: Abstract

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