

Greater weight loss with RYGB in obese with T2DM at three years

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(HealthDay)—For obese adults with type 2 diabetes, Roux-en-Y gastric

bypass (RYGB) surgery is associated with greater weight loss, lower hemoglobin A1c (HbA1c), and reduced cardiovascular risk compared with intensive medical diabetes and weight management (IMWM), according to a study published online Feb. 6 in *Diabetes Care*.

Donald C. Simonson, M.D., M.P.H., Sc.D., from Brigham and Women's Hospital in Boston, and colleagues randomized 38 obese patients with type 2 diabetes to laparoscopic RYGB (19 patients) or IMWM (19 patients). The authors examined changes in weight, HbA1c, [cardiovascular risk factors](#), and self-reported health status.

The researchers found that, compared with the IMWM group, the RYGB group had greater weight loss (mean, –24.9 versus –5.2 kg) and lowering of HbA1c (–1.79 versus –0.39 percent) after three years. The RYGB group had more favorable changes in cardiometabolic risk for [coronary heart disease](#) and stroke than the IMWM group. After RYGB there was more improvement in the Impact of Weight on Quality of Life (IWQOL) instrument, mainly due to subscales of physical function, self-esteem, and work performance. In both groups there was improvement in the 36-Item Short Form (SF-36) survey and the Problem Areas in Diabetes (PAID) questionnaire scores, with no difference between treatments. Improvement in overall quality of life was more strongly associated with [weight](#) loss than improved HbA1c and was manifest by greater improvements in IWQOL than with PAID or SF-36.

"Our study adds to a growing body of work showing metabolic and cardiovascular benefits of RYGB," the authors write.

Several authors disclosed financial ties to the pharmaceutical, medical device, and nutrition industries, which also provided funding for the study.

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