

Long-term medication usage after bariatric surgeries compared

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Patients who have gastric bypass may be slightly more likely to remain

free of obesity-related medications versus those undergoing sleeve gastrectomy, according to a study published online Jan. 12 in *JAMA Surgery*.

Ryan Howard, M.D., from the University of Michigan in Ann Arbor, and colleagues compared the incidence of medication discontinuation and restart of diabetes, hypertension, and hyperlipidemia medications up to five years after sleeve gastrectomy or [gastric bypass](#). The analysis included 95,405 Medicare claims data for beneficiaries who underwent laparoscopic sleeve gastrectomy or Roux-en-Y gastric bypass (2012 through 2018) and had been using a diabetes, hypertension, or hyperlipidemia medication in the six months before the procedure.

The researchers found that gastric bypass was associated with a slightly higher five-year cumulative incidence of medication discontinuation among 30,588 [patients](#) with diabetes medication use and diagnosis at the time of surgery (74.7 versus 72.0 percent), 52,081 patients with antihypertensive medication use and diagnosis at the time of surgery (53.3 versus 49.4 percent), and 35,055 patients with lipid-lowering medication use and diagnosis at the time of [surgery](#) (64.6 versus 61.2 percent) compared with [sleeve gastrectomy](#). Gastric bypass was also associated with a slightly lower incidence of medication restart up to five years after discontinuation for each of the three [medication](#) classes.

"The measures used in this study may not be perfect surrogates [for comorbid health change], but the findings do help to inform prospective patients and their physicians about what they can relatively expect after undergoing either of the two most common bariatric surgical procedures," write the authors of an accompanying editorial.

One author disclosed financial ties to the health care analytics technology industry.

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