

Greater reduction seen in mortality with bariatric surgery than GLP-1 RAs

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Bariatric metabolic surgery (BMS) is associated with a greater reduction in mortality than glucagon-like peptide-1 receptor agonist (GLP-1 RA) treatment among adults with a diabetes duration of 10 years or less, according to a study [published](#) online June 7 in *JAMA Network Open*.

Dror Dicker, M.D., from Rabin Medical Center in Petah Tikva, Israel, and colleagues compared all-cause mortality and nonfatal major adverse cardiovascular events associated with BMS versus GLP-1 RAs for adults with obesity and diabetes and without known [cardiovascular disease](#) in an observational retrospective cohort study. Data were included for 6,070 participants, aged 24 years or older. The study included 3,035 matched pairs of patients who underwent BMS or received GLP-1 RAs, followed for a median of 6.8 years.

The researchers found that mortality was lower for those who underwent BMS versus those who received GLP-1 RA treatment (hazard ratio, 0.38) among the 2,371 pairs of patients with a diabetes duration of 10 years or less. When [weight loss](#) during the follow-up period was also included in the model, the association became nonsignificant.

No survival advantage was demonstrated for BMS over GLP-1 RAs among 664 patients with a duration of diabetes longer than 10 years. There was no significant difference noted between the groups in the risk for nonfatal major adverse cardiovascular events.

"The [survival advantage](#) associated with BMS compared with treatment with GLP-1 RAs may be explained by the greater relative decrease in [body mass index](#) observed among patients who underwent BMS (−31.4%) compared with that achieved among patients treated with GLP-1 RAs (−12.8%)," the authors write.

One author disclosed ties to Novo Nordisk, Eli Lilly, and Boehringer Ingelheim.

More information: Dror Dicker et al, Bariatric Metabolic Surgery vs Glucagon-Like Peptide-1 Receptor Agonists and Mortality, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.15392](https://doi.org/10.1001/jamanetworkopen.2024.15392)

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