

Gastric bypass surgery at ages older than 35 years associated with improved survival

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Lance E. Davidson, Ph.D., of Brigham Young University, Provo, Utah, and colleagues examined whether gastric bypass surgery is equally effective in reducing mortality in groups undergoing surgery at different ages. The study was published online by *JAMA Surgery*.

Bariatric [surgery](#) is effective in reducing all-cause and cause-specific long-term [mortality](#). Whether the long-term mortality benefit of surgery applies to all ages at which surgery is performed is not known. For this study, all-cause and cause-specific mortality rates were estimated from a cohort within 4 categories defined by age at surgery; younger than 35 years, 35 through 44 years, 45 through 54 years, and 55 through 74 years. A cohort of 7,925 patients undergoing gastric bypass surgery and 7,925 group-matched, severely obese individuals who did not undergo surgery were identified through driver license records.

The authors found that gastric bypass surgery was associated with improved long-term survival for all patients undergoing surgery at ages older than 35 years. The lack of mortality benefit for those younger than 35 years was primarily derived from a significantly higher number of externally caused deaths, particularly among women. "Importantly, this study implies that [gastric bypass surgery](#) is protective against mortality even for patients who undergo surgery at an older age. Gastric bypass surgery also reduces the age-related increase in [mortality risk](#) compared with severely obese individuals who do not undergo surgery."

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