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SIGNIFICANT IMPROVEMENT IN ASTHMA AND OSTEOARTHRITIS

AFTER BARIATRIC SURGERY

Most No Longer Require Steroids within 18 Months

WASHINGTON, DC – JUNE 19, 2008 – Most patients with asthma and osteoarthritis were able to stop taking steroids within 18 months of bariatric surgery, according to a new study presented here at the 25th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

Researchers from The Western Pennsylvania Hospital, a teaching hospital of Temple University School of Medicine in Pittsburgh, studied 49 morbidly obese patients who were taking steroids and other immunosuppressive medications to treat chronic inflammatory diseases including asthma and osteoarthritis, and autoimmune diseases such as rheumatoid arthritis and myasthenia gravis. These patients, with an average body mass index (BMI) of 47, had bariatric surgery sometime between 1999 and 2008.

Eighteen months after bariatric surgery more than half of the patients had so much improvement in their inflammatory or autoimmune disease, they were able to stop taking or significantly reduce the use of oral steroids or immunosuppressive medications, powerful treatments that manage disease but also produce numerous adverse effects, particularly after prolonged use. Patients had an average excess weight loss of 65.2 percent and other obesity-related diseases including type 2 diabetes and obstructive sleep apnea were resolved or improved in more than 80 percent of patients. There were 8 early complications and no deaths.

“Patients with compromised immune systems or taking steroids for chronic inflammatory diseases may have been excluded from bariatric surgery because they are at higher risk for complications related to their disease or immunosuppressant medications,” said Daniel J. Gagné, MD, the study’s lead author and Director of Bariatric Surgery and Laparoscopic and Minimally Invasive Surgery at The Western Pennsylvania Hospital. “However, this study shows not only can these patients safely have bariatric surgery, but they can achieve significant improvements or elimination of many diseases.”

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Study Results -- Highlights

All nine patients with *asthma or chronic obstructive pulmonary disease* (COPD) were able to discontinue use of oral steroids after surgery. Seven more were able to discontinue use of inhaled steroids, one had reduced frequency and one was unchanged after 18 months.

Five patients with *osteoarthritis* were able to discontinue use of oral steroids and one was able to decrease dosage and two of the four patients with *rheumatoid arthritis* were able to stop taking oral steroids and two others required lower doses of other medications.

Of the six patients with *psoriasis*, two were able to discontinue the use of topical steroid cream and one discontinued the use of cyclosporine. Two others decreased dosages of other psoriasis medications and one remained unchanged.

The four patients with *Myasthenia Gravis* had improvement in their condition after bariatric surgery and were able to decrease the frequency of treatment or immunosuppressant dosage.

Researchers found that not all patients with immunosuppressive diseases saw changes. The patients with Lupus or Multiple Sclerosis had no change in their immunosuppressive diseases or medications.

Resolution or improvement of other obesity-related diseases was consistent with previous studies. *Type 2 diabetes* was improved or resolved in 95 percent of patients; *high blood pressure* in 80 percent; *obstructive sleep apnea* in 96 percent; and *GERD* in 85 percent.

Dr. Gagné says immunocompromised patients can present special challenges and surgeons must carefully evaluate individual patient risk factors, disease severity, and type of medication before surgery.

In 2007, the ASMBS reported that an estimated 205,000 people in the U.S. had bariatric surgery. According to guidelines issued by the National Institutes of Health (NIH), bariatric surgery is indicated for people with a body mass index (BMI) of 35 or more with an obesity-related condition or a BMI of 40 or more. People who are morbidly obese are generally 100 or more pounds overweight.

The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB). In gastric bypass, the stomach is reduced from the size of a football to the size of a golf ball and food is made to bypass part of the small intestine. In LAGB, a silicone band is wrapped around the upper part of the stomach to restrict the amount of food the stomach can hold. The amount of restriction is adjusted by adding or removing saline from the band.

Two landmark studies, published in the *New England Journal of Medicine* in August 2007, showed patients with morbid obesity who had bariatric surgery lost significant weight and are significantly less likely to die from heart disease, diabetes and cancer seven to 10 years following the procedure than those who did not have surgery.^{1,2} A 2004 study in the *Journal of the American Medical Association* showed that bariatric surgery resolved or improved type 2 diabetes in 86 percent of patients and resolved sleep apnea in more than 85 percent of patients³.

The Agency for Healthcare Research and Quality (AHRQ) recently reported that bariatric surgery is safer than ever. The risk of death from bariatric surgery has declined from 0.89 percent in 1998, to 0.19 percent in 2004.⁴

About 64 million or 32 percent of adults in the U.S. are considered obese, which is associated with many other diseases and conditions including type 2 diabetes, heart disease, sleep apnea, hypertension, asthma, cancer, joint problems and infertility. The direct and indirect costs to the healthcare system associated with obesity are about \$117 billion annually.

The ASMBS is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information on the ASMBS, visit www.asmb.org.

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¹Sjöström L, Narbro K, Sjöström CD, et al. Effects of bariatric surgery on mortality in Swedish obese subjects. *N Engl J Med* 2007; 357:741-52.

²Adams TD, Gress RE, Smith SC, et al. Long-term mortality after gastric bypass surgery. *N Engl J Med* 2007;357:753-61.

³Buchwald Henry, et al. Bariatric Surgery: A Systematic Review and Meta-Analysis. *JAMA*. 2004; 292: 1724-1737.

⁴Zhao, Y. (Social and Scientific Systems, Inc.), and Encinosa, W. (AHRQ). Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Statistical Brief #23. January 2007. Agency for Healthcare and Research Quality, Rockville, Md. <http://www.hcup-us.ahrq.gov/reports/statbriefs.sb23.pdf>.