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FOR IMMEDIATE RELEASE

**NEW STUDY FINDS THOSE DENIED INSURANCE FOR BARIATRIC SURGERY
DEVELOPED HYPERTENSION, TYPE 2 DIABETES, AND SLEEP APNEA**

Weight Stayed the Same Over Three Years, But New Diseases Developed at Rapid Pace

LAS VEGAS, NV – JUNE 24, 2010 – Patients who were denied bariatric surgery for insurance reasons developed a slew of new obesity-related diseases and conditions within three years of follow-up, according to a new study presented here at the 27th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

Researchers at Gunderson Lutheran Health System in La Crosse, Wisconsin, compared the medical records of 587 patients who had laparoscopic gastric bypass (LGB) with 189 patients who were medically eligible, but denied bariatric surgery by their insurance provider during the period 2001 to 2007. At the time of initial medical evaluation, patients in both groups had an average body mass index (BMI) of about 48. The goal of the research was to track the development of five obesity-related conditions in patients who were denied treatment and in patients who had bariatric surgery.

After three years, the average BMI in the surgical group had dropped to 30.5 and less than 1 percent of patients developed new obesity-related conditions, while a large number of patients in the denial group grew unhealthier. Though BMIs remained relatively unchanged in the denial group, more than 40 percent developed hypertension, 34 percent developed obstructive sleep apnea and nearly 20 percent developed gastroesophageal reflux disease (GERD). Type 2 diabetes and lipid disorders developed in 9 percent and more than 11 percent, respectively.

“It is well known that bariatric surgery treats obesity-related diseases, our study now shows that it can prevent new diseases from occurring,” said Shanu N. Kothari, MD, senior author of the study and a bariatric surgeon at the Gunderson Lutheran Health System. “Health insurers should take this data into consideration when making decisions about whether or not to cover bariatric surgery. It is not only about the patient’s current health status, but what is likely to happen to them in a relatively short period of time without access to weight loss surgery.”

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Previous studies have documented the beneficial effects of bariatric surgery. A 2004 study published in the *Journal of the American Medical Association (JAMA)* showed bariatric surgery patients lost between 62 and 75 percent of their excess weight and resolved or improved a number of obesity-related conditions including Type 2 diabetes (remission in 76.8% and significant improvement in 86%); hypertension (eliminated in 61.7% and significantly improvement in 78.5%); high cholesterol (reduced in more than 70%); and sleep apnea (eliminated in more than 85%).

Other studies show that obese individuals spend 36% more on health care costs and 77% more on medications per year than individuals of normal weight¹, and that annual obesity-related health spending reached \$147 billion in 2008, double what it was a decade ago².

People who are considered eligible for surgery are morbidly obese, which is generally 75 to 100 or more pounds overweight, have a BMI of 40 or more, or a BMI of 35 or more with an obesity-related disease, such as Type 2 diabetes, heart disease or sleep apnea.

According to the ASMBS, more than 15 million Americans have morbid obesity and in 2009 an estimated 220,000 people had some form of bariatric surgery. Only 1% of the clinically eligible population is being treated for morbid obesity through bariatric surgery³. The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB).

In addition to Dr. Kothari, co-authors of the study were Ayman Al Harakeh, MD; Kyle J. Burkhamer; Kara J. Kallies, BA; Michelle A. Mathiason, MS; Shanu N. Kothari; MD; Department of Medical Education, Gunderson Lutheran Medical Foundation, La Crosse, WI; Department of Research, Gunderson Lutheran Medical Foundation, La Crosse, WI; Department of Surgery, Gunderson Lutheran Health System, La Crosse, WI

About the ASMBS

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 about the ASMBS, visit www.asmb.org.

PL-103: The Natural History And Metabolic Consequences Of Morbid Obesity For Patients Denied Coverage For Bariatric Surgery.

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¹ R Sturm. "The Effects of Obesity, Smoking, and Drinking on Medical Problems and Costs." *Health Affairs*. Mar/Apr 2002: 245–253.

² EA Finkelstein. "Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates." *Health Affairs*. July 2009; 28(5):w822-w831.

³ JB Dixon. "Adjustable Gastric Banding and Conventional Therapy for Type 2 Diabetes. *Journal of the American Medical Association*. 2008;299(3):316-323.

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