



**FOR IMMEDIATE RELEASE**

**CONTACT:** Keith Taylor  
212-527-7537

Amber Hamilton  
212-527-7534

**NEW STUDY SUGGESTS RACE AND GENDER MAY AFFECT  
WEIGHT LOSS AFTER BARIATRIC SURGERY**

**SAN DIEGO, CA – JUNE 20, 2012** – African-Americans and males lost significant weight after gastric bypass surgery, but not as much as their white and female counterparts, according to a new study\* presented here at the 29<sup>th</sup> Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

The study found African-Americans lost about 10 percent less of their excess weight than whites, while men of all races lost 10 percent less than women. Increasing age and higher initial weight were also identified as significant factors in predicting weight loss. Researchers from Einstein Healthcare Network in Philadelphia followed 1,096 gastric bypass patients with at least one-year follow-up. Patients were on average 45-years-old, and had an average body mass index (BMI) of 47.6.

Excess weight loss was 63.2 percent in African-Americans and 71.9 percent in whites, and 63 percent in males, compared to 71 percent in females. Resolution or improvement of obesity-related conditions, including Type 2 diabetes, hypertension and sleep apnea, were similar across all groups.

“The improvements in health status are consistent among all groups, however, for some reason, weight loss itself is variable,” said Ramsey M. Dallal, MD, Chief of Bariatric/Minimally Invasive Surgery at Einstein Healthcare Network. “Further study is needed to determine what makes some groups more resistant to weight loss than others. It is likely there are many factors, from genetics to environment.”

According to the Centers for Disease Control and Prevention, African-American adults have the highest rates of obesity (44.1%) in the United States compared to Hispanics (37.9%) and whites (32.6%).<sup>1</sup> About one-third of men and one-third of women are classified as obese.<sup>2</sup>

Gastric bypass surgery restricts food intake and limits the body’s absorption of calories and nutrients by creating a smaller stomach pouch and bypassing a section of the small intestine.

Alfred Trang, MD from Einstein Healthcare Network was Dr. Dallal’s co-author.

### **About Obesity and Metabolic and Bariatric Surgery**

Obesity is one of the greatest public health and economic threats facing the United States.<sup>3</sup> Approximately 72 million Americans are obese<sup>4</sup> and, according to the ASMBS, about 18 million have morbid obesity. Obese individuals with a BMI greater than 30 have a 50 to 100 percent increased risk of premature death compared to healthy weight individuals, as well as an increased risk of developing more than 40 obesity-related diseases and conditions including Type 2 diabetes, heart disease and cancer.<sup>5,6</sup> The federal government estimated that in 2008, annual obesity-related health spending reached \$147 billion,<sup>7</sup> double what it was a decade ago, and projects spending to rise to \$344 billion each year by 2018.<sup>8</sup>

Metabolic/bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions and results in significant weight loss.<sup>9,10,11</sup> In the United States, about 200,000 adults have metabolic/bariatric surgery each year.<sup>12</sup> The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of metabolic/bariatric surgery due in large part to improved laparoscopic techniques.<sup>13</sup> The risk of death is about 0.1 percent<sup>14</sup> and the overall likelihood of major complications is about 4 percent.<sup>15</sup>

### **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, visit [www.asmbs.org](http://www.asmbs.org).

###

### **\*PL-130: Predictors of Weight Loss Failure After Gastric Bypass Surgery**

*Dr. Ramsey M. Dallal; Alfred Trang, MD*

---

## REFERENCES

- <sup>1</sup>Overweight and Obesity – Centers for Disease Control and Prevention. (2012). Adult obesity. Accessed May 2011 from <http://www.cdc.gov/obesity/data/adult.html>
- <sup>2</sup>Flegal, K. M., Carroll, M. D., Kit, B. K., et al. (2012). Prevalence of obesity and trends in the distribution of body mass index among U.S. adults, 1999-2010. *Journal of the American Medical Association*. 307(8) pp 749-874. Accessed February 2012 from <http://yourlife.usatoday.com/fitness-food/diet-nutrition/story/2012-01-17/Obesity-epidemic-in-USA-shows-signs-of-leveling-off/52613442/1>
- <sup>3</sup>Flegal, K. M., Carroll, M. D., Ogden, C. L., et al. (2002). Prevalence and trends in obesity among US adults, 1999-2000. *Journal of the American Medical Association*. 288(14) pp. 1723-1727. Accessed March 2012 from <http://aspe.hhs.gov/health/prevention/>
- <sup>4</sup>Chronic Disease Prevention and Health Promotion – Centers for Disease Control and Prevention. (2011). Obesity; halting the epidemic by making health easier at a glance 2011. Accessed February 2012 from <http://www.cdc.gov/chronicdisease/resources/publications/AAG/obesity.htm>
- <sup>5</sup>Office of the Surgeon General – U.S. Department of Health and Human Services. Overweight and obesity: health consequences. Accessed March 2012 from [http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_consequences.html](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.html)
- <sup>6</sup>Kaplan, L. M. (2003). Body weight regulation and obesity. *Journal of Gastrointestinal Surgery*. 7(4) pp. 443-51. Doi:10.1016/S1091-255X(03)00047-7. Accessed March 2012 from <http://edulife.com.br/dados%5CArtigos%5CNutricao%5CObesidade%20e%20Sindrome%20Metabolica%5CBody%20weight%20regulatio n%20and%20obesity.pdf>
- <sup>7</sup>Finkelstein, E. A., Trogdon, J. G., Cohen, J. W., et al. (2009). Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Affairs*. 28(5) pp. w822-w831. Accessed February 2012 from <http://www.cdc.gov/obesity/causes/economics.html>
- <sup>8</sup>Thorpe, K (2009). The future costs of obesity: national and state estimates of the impact of obesity on direct health care expenses. *America's Health Rankings*. Accessed June 2012 from <http://www.fightchronicdisease.org/sites/fightchronicdisease.org/files/docs/CostofObesityReport-FINAL.pdf>
- <sup>9</sup>Weiner, R. A. (2010). Indications and principles of metabolic surgery. *U.S. National Library of Medicine*. 81(4) pp.379-394.
- <sup>10</sup>Chikunguw, S., Patricia, W., Dodson, J. G., et al. (2009). Durable resolution of diabetes after roux-en-y gastric bypass associated with maintenance of weight loss. *Surgery for Obesity and Related Diseases*. 5(3) p. S1
- <sup>11</sup>Torquati, A., Wright, K., Melvin, W., et al. (2007). Effect of gastric bypass operation on framingham and actual risk of cardiovascular events in class II to III obesity. *Journal of the American College of Surgeons*. 204(5) pp. 776-782. Accessed March 2012 from <http://www.ncbi.nlm.nih.gov/pubmed/17481482>
- <sup>12</sup>American Society for Metabolic & Bariatric Surgery. (2009). All estimates are based on surveys with ASMBS membership and bariatric surgery industry reports.
- <sup>13</sup>Poirier, P., Cornier, M. A., Mazzone, T., et al. (2011). Bariatric surgery and cardiovascular risk factors. *Circulation: Journal of the American Heart Association*. 123 pp. 1-19. Accessed March 2012 from <http://circ.ahajournals.org/content/123/15/1683.full.pdf>
- <sup>14</sup>Agency for Healthcare Research and Quality (AHRQ). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Jan. 2007.
- <sup>15</sup>Flum, D. R. et al. (2009). Perioperative safety in the longitudinal assessment of bariatric surgery. *New England Journal of Medicine*. 361 pp.445-454. Accessed June 2012 from <http://content.nejm.org/cgi/content/full/361/5/445>