



American Society for Metabolic & Bariatric Surgery

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**NEW RECOGNITION OF OBESITY AS A DISEASE BY A.M.A.  
MAY BE TIPPING POINT FOR BOTH PREVENTION AND TREATMENT**

***American Society for Metabolic and Bariatric Surgery (ASMBS) Issues Statement  
On Implications for Patients, Health Care Professionals, Government and Insurers***

**GAINESVILLE, FL -- May 10, 2013** -- The American Society for Metabolic and Bariatric Surgery (ASMBS) believes the decision by the American Medical Association (A.M.A.) the nation's largest physician group, to officially recognize obesity as a disease is a watershed moment that will help improve access to medically necessary and scientifically proven prevention and treatment strategies and remove the societal stigma attached to obesity.

"Many private health insurers, employers and state health plans specifically exclude the treatment of obesity and severe obesity from their coverage policies," said Jaime Ponce, MD, President of the ASMBS, the largest organization for bariatric and metabolic surgeons and integrated health professionals in the world. "Recognition of obesity as a disease by the A.M.A. sends a powerful message that access to evidence-based treatments across the spectrum of the disease are medically necessary and should be treated in similar fashion to treatments for type 2 diabetes, heart disease or high blood pressure."

Obesity is one of the greatest public health and economic threats facing the United States. The Centers for Disease Control and Prevention (CDC) reports more than 72 million Americans have obesity and, according to the ASMBS, about 24 million have morbid obesity. Individuals with a body mass index (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 30 obesity-related diseases and conditions including Type 2 diabetes, heart disease and certain cancers.<sup>i,ii</sup>

The ASMBS officially recognized obesity as a disease when it endorsed a 2008 position statement from The Obesity Society (TOS) declaring obesity a disease.<sup>iii</sup> Other organizations classifying obesity as a disease include the National Institutes of Health (1998), the Social Security Administration (1999), the Centers for Medicare and Medicaid Services (2004), and the American Association for Clinical Endocrinology (2012), the organization that sponsored the A.M.A. resolution on obesity.

"I do believe we are at a tipping point. The scientific consensus that has been built around the disease of obesity and its treatment cannot be ignored," said John Morton, MD, ASMBS Secretary-Treasurer, Access Chair and Associate Professor of Surgery at Stanford University. "Now coverage policy must catch up to that consensus."

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## About Metabolic and Bariatric Surgery

Metabolic and bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions including type 2 diabetes, and results in significant weight loss.<sup>iv,v,vi</sup> The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of metabolic and bariatric surgery due in large part to improved laparoscopic techniques.<sup>vii</sup> The ASMBS reports the benefits of metabolic and bariatric surgery outweigh the risks for many individuals with severe obesity. The risk of death from metabolic and bariatric surgery is equivalent to that associated with hip replacement surgery<sup>viii</sup> and the overall likelihood of major complications is about four percent.<sup>ix</sup>

## About the ASMBS

The ASMBS is the largest organization for bariatric and metabolic surgeons and integrated health professionals 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).

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<sup>i</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>ii</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%20regulation%20and%20obesity.pdf>

<sup>iii</sup>[http://www.obesity.org/images/pdf/Publications/TOS%20OBY\\_disease\\_05\\_19\\_08.pdf](http://www.obesity.org/images/pdf/Publications/TOS%20OBY_disease_05_19_08.pdf)

<sup>iv</sup>RA Weiner. "Indications and Principles of Metabolic Surgery." U.S. National Library of Medicine. 2010; 81(4):379-94

<sup>v</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>vi</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>vii</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>viii</sup>Agency for Healthcare Research and Quality (AHRQ). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Jan. 2007.

<sup>ix</sup>DR Flum et al. "Perioperative Safety in the Longitudinal Assessment of Bariatric Surgery." *New England Journal of Medicine*. 2009. 361:445-454. <http://content.nejm.org/cgi/content/full/361/5/445>