BMJ

BMJ 2013; 2013;346s:f3710:f3710 doi: 10.1136/bmj.f3710 (Published 12 June 2013)

RESEARCH NEWS

Treating diabetes with bariatric surgery

JAMA 2013;309:2240-9

A randomised trial has confirmed that bariatric surgery can improve glycaemic control for adults with type 2 diabetes and moderate obesity, at least in the short term. Among 120 participants on an intensive and widely accepted weight loss programme, the 60 people who also had a laparoscopic Roux en Y bypass lost more weight. They were also more likely to achieve a treatment target combining glycated haemoglobin less than 7% (53 mmol/mol) with good control of lipids and blood pressure (49% *v* 19%; odds ratio 4.8, 95% CI 1.9 to 11.7). Surgery made the biggest difference to glycaemic control (75% *v* 32% achieved target). All outcomes were measured after one year.

So surgery worked for these individuals who had longstanding, poorly controlled diabetes and a body mass index of 30-40, but adverse events were common. These included iron deficiency, symptoms of hypoglycaemia, anastomotic stricture (2), bowel obstruction (2), and anastomotic leak (2). One patient's leak led directly to anoxic brain injury, lower limb amputation, and permanent disability.

The trial was carefully done, says a linked editorial (p 2274). It tells us that there are serious trade-offs to be made when considering surgery as a treatment for diabetes, even when the surgery is done by highly experienced teams in a well controlled environment. The balance of long term risks and benefits remains unknown, along with costs. Roughly 4% of the US population has diabetes and moderate obesity.

Cite this as: *BMJ* 2013;346s:f3710