The Sooner the Better for Bariatric Surgery to Get T2D Remission

By Ruth Kava — October 19, 2016

Type 2 Diabetes (T2D) used to be called "adult-onset" diabetes because it was typically seen in people aged 40 and up, as opposed to Type 1 which is frequently seen in younger folks — even children. Over the last few decades, with the increased prevalence of overweight and obesity, which are linked to T2D, we’ve seen it occurring at much earlier ages. Bariatric surgery that bypasses part of the gastrointestinal (GI) tract has been shown to induce substantial weight loss and often to cause remission of T2D in the obese. Many of the studies that have demonstrated this efficacy included people whose diabetes began later in life. Some researchers have questioned whether it would also be as effective in people whose T2D was diagnosed at younger ages — their disease is less amenable to treatment by pharmaceutical means. The issue was studied by Dr. Lwin Aung and colleagues from Singapore and Taiwan, and their report was published in JAMA Surgery.

The study included about 340 Taiwanese patients with early-onset (below the age of 40) T2D, and about 220 with late-onset disease. All had BMIs above 25, and had bariatric surgery to ameliorate their T2DM. One year post-surgery, about 57 percent of the early-onset individuals had achieved remission of their disease (and lost more weight) compared to about 50 percent of the late-onset patients. By 5 years post surgery, the early-onset folks maintained a greater rate of weight loss (which was statistically significant), and also a significantly greater rate of remission of their T2D. In their statistical analyses the investigators found that both the duration of T2D and age at which surgery was performed were independent predictors of disease remission. And that remission rate was significantly associated with the degree of weight loss.

It's important to point out that these patients were Asian, and thus the results of the present study...
might not generalize to other ethnic groups, thus this study should certainly be replicated in other groups. However, if these results also apply to other groups, those whose T2D begins early, they shouldn't delay bariatric surgery when other treatment modalities aren't successful. Doing so would likely help prevent some of the worst complications of diabetes such as eye, kidney, and cardiac issues.

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