Treating obesity: There are (somewhat) effective options

By ACSH Staff — November 15, 2013

It’s an undeniable fact that obesity, especially extreme obesity, comes with a number of serious health risks, such as an increased likelihood of osteoarthritis, hypertension, and type 2 diabetes. It’s also well-known that once obese, people have great difficulty regaining a normal body status. Two recent reports, however, raise hope that both bariatric surgery and drug treatments can be effective in helping obese individuals cope with the rigors of weight loss.

In a systematic review, Drs. Susan and Jack Yanovski of the NIH summarized the results of randomized trials of drugs currently approved or used for weight loss. The trials they reviewed lasted for at least one year and included interventions for lifestyle modifications. Drugs that have been approved for long-term weight loss included Orlistat, Lorcaserin, and Qsymia. All these pharmaceuticals produced more weight loss than did placebo treatments from 3 percent of initial body weight with Orlistat and Lorcaserin to 9 percent for the highest dose of Qsymia. Further, in the various studies, anywhere from 37 to 73 percent of patients on active drug treatments lost at least 5 percent of their initial body weight clinically meaningful results.

Another effective means of achieving significant weight loss is bariatric surgery. In a preliminary presentation, Dr. Lena Carlsson and colleagues of the Institute of Internal Medicine in Helsinki, Finland, reported that various forms of bariatric surgery resulted in remission of diabetes for at least 2 years post-surgery in over 70 percent of operated patients, compared with only 16 percent of control patients. These researchers concentrated on a subset of extremely obese individuals (BMI > 40) who took part in the long-running Swedish Obese Subjects Study, which began in 1987; all study subjects had type 2 diabetes at the beginning of the study.

Participants in that study had one of three types of bariatric surgery: 68 percent had vertical banded gastroplasty; 19 percent had gastric banding; 13 percent had gastric bypass. Remission of diabetes was linked to the duration of diabetes at the time of surgery, with a high rate of success for those with diabetes of less than one year’s duration, but a much lower success rate for those whose disease duration was three years or more. Those patients with a diabetes duration of less
than one year at surgery had a 53 percent reduction in risk of diabetes complications. Overall, of
the more than 2,000 patients undergoing some form of bariatric surgery, 30 percent had diabetes
remission as long as 15 years after surgery.

ACSH’s Dr. Ruth Kava thinks that the results of these two studies certainly support the concept
that treating even extreme obesity can ameliorate the negative health consequences of the
condition. In particular, it seems that in the case of type 2 diabetes the earlier in the course of the
disease surgical treatment is considered, the better the results are likely to be.

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