

Why it Makes Sense to Provide Treatment for Obesity through Bariatric Surgery



Reason

Evidence/Details

Obesity is widespread, deadly and expensive.

- 34% of Americans are affected by obesity¹ with 5.7% affected by severe obesity (more than 100 pounds overweight).²
- Approximately 75% of those affected by severe obesity have at least one co-morbid condition (diabetes, hypertension, sleep apnea, etc.), which significantly increases the risk of premature death.³
- Life expectancy for a 20-year-old male affected by severe obesity is 13 years shorter than a normal weight male of the same age.⁴
- Annual direct medical expenditures attributable to obesity are \$147 billion.⁵

Obesity disproportionately affects minority and poor populations.

- African-Americans are disproportionately affected by obesity. Caucasians make up 75% of the U.S. population, but only 64% of the population affected by severe obesity. In contrast, African-Americans make up 12% of the population but 23% of the population is affected by severe obesity.⁶
- Poor populations (those making less than \$20,000 annually) show a similar increase in likelihood of being affected by severe obesity.⁵

Bariatric surgery is a life-saving procedure as it is proven to increase life expectancy.

- Christou study compared those affected by severe obesity who were treated with surgery versus those who were not. It found an 89% reduction in the risk of death throughout five years in the surgery group. **In other words, those who received surgery were nine times less likely to die over the next five years.**⁷
- New England Journal of Medicine study comparing 15,000 plus individuals affected by severe obesity found a 40% lower risk of death over 7 years in surgery patients for all causes. The study found a 52% lower risk of death from obesity related illnesses including a 92% lower risk of death from diabetes.⁸

Bariatric surgery resolves potentially fatal co-morbid conditions.

- A meta-analysis study including more than 22,000 patients showed the following effects of surgery on co-morbidities:
 - ◊ Diabetes was completely resolved in 76.8% of patients.
 - ◊ High cholesterol was resolved or improved in more than 70% of patients.
 - ◊ High blood pressure was resolved in 61.7% of patients.
- Sleep apnea was resolved in 85.7% of patients.⁹
- Other studies have shown even higher (82%) resolution of diabetes¹⁰ and "profound improvement in obstructive sleep apnea."¹¹

Weight-loss post-surgery is extensive and durable.

- A long term study following patients for up to 14 years after surgery found that 89% of weight-loss was maintained.¹²

The risk-benefit tradeoff for bariatric surgery is favorable.

- The mortality rate for bariatric surgery varies by surgeon. Experienced surgeons have mortality rates ranging from .02%-.5% (averaging the rate for all types of procedures).^{13,14} The risks of not receiving surgery is far higher as demonstrated by the Christou study where those who did not receive surgery were almost nine times more likely to die.¹⁵

Coverage for bariatric surgery makes economic sense.

- Downstream savings associated with bariatric surgery are estimated to offset the costs in 2 years (laparoscopic procedure) to 4 years (open procedure).¹⁶
- Post-surgery drug costs for diabetic and anti-hypertensive medications decrease dramatically. Potteiger study found a 77.3% savings.¹⁷

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Contact the OAC

If you have any questions regarding the above information or would like to interview an OAC representative, please contact James Zervios, OAC Director of Communications, at jzervios@obesityaction.org.