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BARIATRIC SURGERY SLASHES SPENDING ON DIABETES AND HYPERTENSION MEDICATIONS

CHICAGO – June 20, 2019 – Patients with severe obesity who get weight-loss surgery cut their spending on diabetes medications by nearly 65 percent and spending on high blood pressure medications by more than a third three to six months after the operation, according to new research from Rush Medical College in Chicago presented here at an American Society for Metabolic and Bariatric Surgery ([ASMBS](#)) national clinical symposium on obesity prevention, treatment and research. The significant reduction in spending after surgery in such a short time led researchers to conclude that costs savings after bariatric surgery are not dependent on weight loss alone.

Researchers retrospectively examined data from 210 patients and found patients prior to surgery spent an average of \$225 per month on diabetes drugs and \$71 on hypertensive medications. Between three to six months after bariatric surgery, spending on diabetes medications dropped to between \$70 and \$80. Costs for hypertensive medications were reduced to between \$47 and \$54. Prices attributed to each medication was based on the standardized pricing guide provided by [Drugs.com](#).

“The safety and effectiveness of bariatric surgery is well-established and while health improvement is clearly the most important goal, the significant reduction in prescription drug costs due to disease remission or improvement is an added bonus,” said Naomi Parrella, MD, study co-author and assistant professor in the department of family medicine and the department of surgery at Rush Medical College. “While medications play an important role in disease management, patients, physicians, and insurers can agree on the further benefit from the potential financial impact of bariatric surgery along with the myriad of clinical benefits.”

Studies have shown bariatric surgery helps improve or resolve more than 40 obesity-related diseases and conditions. According to the ASMBS, surgery improves diabetes in nearly 90 percent of patients and causes it to go into remission in 78 percent of patients.¹ Bariatric surgery also has been shown to be an effective strategy for blood pressure control in a broad population of patients with obesity and hypertension.²

“This new study adds to the mounting evidence that bariatric surgery is a cost effective treatment option that results in the improvement or resolution of diseases including obesity, diabetes and high blood pressure,” said Eric J. DeMaria, MD, president of the ASMBS and professor and chief, Division of General/Bariatric Surgery, Brody School of Medicine at East Carolina University in Greenville, NC, who was not involved in the study.

Diabetes has become the most expensive chronic disease in America, according to the American Diabetes Association (ADA).³ In 2017, the cost was \$327 billion. Spending on diabetes accounts for 1 in 4 healthcare dollars in the U.S with people with diabetes incurring average medical expenditures of about \$9,600 per year.⁴ The Centers for Disease Control and Prevention (CDC) estimates more than 100 million U.S. adults are now living with diabetes or prediabetes.⁵

According to a [2018 study published in the *Journal of the American Heart Association*](#), those with hypertension incur almost \$2,000 more in annual healthcare costs. People with hypertension had two-and-a-half times the inpatient costs, nearly double the outpatient costs, and nearly triple the prescription medication costs compared to those without high blood pressure. The AHA estimates 103 million Americans have high blood pressure, which puts them at greater risk for heart attacks and strokes.⁶

Metabolic/bariatric surgery has been shown to be the most effective and long-lasting treatment for severe obesity and many related conditions and results in significant weight loss.⁷ The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of metabolic/bariatric surgery due in large part to improved laparoscopic techniques.⁸ The risk of death is about 0.1 percent⁹ and the overall likelihood of major complications is about 4 percent.¹⁰ According to a study from the Cleveland Clinic's Bariatric and Metabolic Institute, laparoscopic bariatric surgery has complication and mortality rates comparable to some of the safest and most commonly performed surgeries in the U.S., including gallbladder surgery, appendectomy and knee replacement.¹¹

Obesity is associated with increased risk of developing more than 40 other diseases and health conditions including type 2 diabetes and coronary heart disease.¹² The CDC reports that in 2015-2016, the prevalence of obesity in the U.S. was 39.8 percent in adults and 18.5 percent in youths, the highest in American history.¹³ The ASMBS estimates about 24 million have severe obesity, which for adults means a body mass index (BMI) of 35 or more with an obesity-related condition like diabetes or a BMI of 40 or more. In 2017, 228,000 bariatric procedures were performed in the U.S., which is about 1 percent of the population eligible for surgery based on BMI.

About the ASMBS

The ASMBS is the largest organization for bariatric surgeons in the nation. 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 severe 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 patients with severe obesity. For more information, visit www.asmb.org.

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¹ <https://asmbs.org/patients/surgery-for-diabetes>

² <https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.117.032130>

³ <http://care.diabetesjournals.org/content/41/5/917>

⁴ <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>

⁵ <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

⁶ <https://www.heart.org/en/news/2018/05/01/more-than-100-million-americans-have-high-blood-pressure-aha-says>

⁷ Weiner, R. A., et al. (2010). Indications and principles of metabolic surgery. *U.S. National Library of Medicine*. 81(4) pp.379-394. Accessed October 2018 from <https://www.ncbi.nlm.nih.gov/pubmed/20361370>

⁸ Encinosa, W. E., et al. (2009). Recent improvements in bariatric surgery outcomes. *Medical Care*. 47(5) pp. 531-535. Accessed October 2018 from <http://www.ncbi.nlm.nih.gov/pubmed/19318997>

⁹ Agency for Healthcare Research and Quality (AHRQ). (2007). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Accessed October 2018 from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb23.jsp>

¹⁰ Flum, D. R., et al. (2009). Perioperative safety in the longitudinal assessment of bariatric surgery. *New England Journal of Medicine*. 361 pp.445-454. Accessed October 2018 from <http://content.nejm.org/cgi/content/full/361/5/445>

¹¹ Gastric Bypass is as Safe as Commonly Performed Surgeries. *Health Essentials*. Cleveland Clinic. Nov. 6, 2014. Accessed October 2018 from <https://health.clevelandclinic.org/2014/11/gastric-bypass-is-as-safe-as-commonly-performed-surgeries/>

¹² 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.

¹³ <https://www.cdc.gov/obesity/data/adult.html>