

FACT SHEET – SURGERY AND WEIGHT-LOSS MEDICATIONS

OVERVIEW

- High demand for a class of diabetes drugs that also induces significant weight loss have brought increased attention to obesity and increasing interest in metabolic and bariatric surgery as people seek better ways to treat the disease than diet and exercise alone, which has proven an insufficient solution for a public health problem that is only getting worse.

METABOLIC AND BARIATRIC SURGERY COMPARED TO GLP-1s

- Patients who receive metabolic and bariatric surgery, generally a one-time procedure, typically lose between 60% and 77% of their excess weight in the first year.² The new weight loss drugs produce weight loss as high as 20% of excess weight and generally must be taken over a lifetime.
- The new anti-obesity drugs mimic the digestive hormone glucagon-like peptide-1 (GLP-1), which boosts insulin levels, increases the feeling of fullness, and slows the emptying of the stomach.
- Cost of metabolic and bariatric surgery may range from \$15,000 to \$25,000 and are typically covered by Medicare and private insurance while coverage for GLP-1s for weight loss is limited.
 - Uncovered patients pay between \$800 to \$1,400 a month.
 - A [recent study](#) found Ozempic (GLP-1) could be profitably produced for less than \$5 a month even as manufacturer charges almost \$1,000/month for it in the US. (*JAMA*, 2024)
 - Side effects may include nausea, vomiting, and diarrhea, which can for some people be persistent.

DATA AND EVIDENCE

- Metabolic and bariatric surgery has been one of the most extensively studied interventions for weight loss.
 - It has been in use since the 1950s and has since then undergone an unprecedented transformation from a high-risk surgery to one of the safest operations in the world since the first laparoscopic gastric bypass (RYGBP) was performed in 1994.
- Scientists have studied the safety of GLP-1 drugs for diabetes treatment for 18 years but not directly studied in patients with obesity, which is only recent.
 - GLP-1s appeared to be effective in reducing the risk of cardiovascular mortality, myocardial infarction, and stroke – [study found](#) it reduced the risk of composite major adverse cardiovascular event (MACE) outcomes by 12-14% when compared to placebo.
 - Metabolic and bariatric surgery was associated with a [40% reduction in death and major cardiovascular events](#) (MACE), including heart failure, heart attack, stroke, and atrial fibrillation in patients with moderate to severe obstructive sleep apnea.

Combining Surgery and Drug Treatment – Early Findings

- [Randomized clinical trial](#) showed people who take liraglutide (Saxenda, a GLP-1 drug) after bariatric surgery may lose more weight than people on placebos. (**JAMA**, 2023)
 - May improve outcomes in bariatric surgery who did not achieve their metabolic and weight loss goals within a year after the procedure.
 - The number of metabolic and bariatric surgery patients who were subsequently prescribed a GLP-1 more than tripled between 2021 and 2023, according to a health tech company.
 - Roughly 16% of surgical patients were later prescribed a GLP-1 in 2023, which includes more than 300 million claims from Medicare, Medicaid, and commercial payers over the past five years.

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