



Comment on: The utility of weight loss medications after bariatric surgery for weight regain or inadequate weight loss: A multi-center study

Obesity is the most prevalent chronic disease in the United States. More than one-third of adults suffer from Class II obesity as defined by a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup> and approximately 15 million people suffering from Class III obesity defined by a BMI  $\geq 40$  kg/m<sup>2</sup>. This disease burden is associated with multiple weight related co-morbidities including type 2 diabetes, hypertension, obstructive sleep apnea, non-alcoholic fatty liver disease, and numerous others conditions along with a negative impact on quality of life. Bariatric surgery has been the most effective long-term treatment for patients suffering from Class II or greater obesity; a large majority of patients experience complete resolution or improvement of obesity related co-morbidities, and a dramatic improvement in quality of life. Unfortunately, inadequate weight loss or undesired weight regain after bariatric surgery can occur, and, at year 3, one-quarter of Roux-en-Y (RYGB) patients lose less than 25% of their baseline weight and only quarter lose more than 38% of their baseline weight according to the Longitudinal Assessment of Bariatric Surgery (LABS-2) study.<sup>1</sup>

Weight recidivism after weight loss surgery is multifactorial as well as patient and operation specific. A wide range of factors need to be optimized including psychiatric, endocrine, physical activity and dietary compliance. Revisional surgery for weight regain is performed by some bariatric surgeons; however, these procedures often fail, require re-operation, and are associated with increased complications.<sup>2</sup> The use of weight loss medication after bariatric surgery to improve outcomes is a promising adjunct that has been seldom investigated. The largest study to date by Schwartz et al in 2016 was a retrospective review of

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