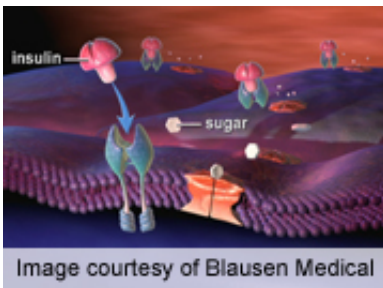


# Pre-op factors predict post-gastric op glycemic response

October 8 2012

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The glycemic response to gastric bypass surgery can be predicted in Chinese patients with type 2 diabetes by three preoperative factors, according to a study published online Oct. 1 in *Diabetes Care*.

(HealthDay)—The glycemic response to gastric bypass surgery can be predicted in Chinese patients with type 2 diabetes by three preoperative factors, according to a study published online Oct. 1 in *Diabetes Care*.

John B. Dixon, Ph.D., from the Baker IDI Heart & Diabetes Institute in Melbourne, Australia, and colleagues analyzed preoperative details of 154 [Chinese patients](#) with [type 2 diabetes](#) to identify clinically meaningful predictors of diabetes remission after gastric [bypass surgery](#). A hemoglobin A1c level of  $\leq 6$  percent was used to define remission.

The researchers found that, at 12 months, 69.5 percent of participants achieved remission. The three independent preoperative predictors were:

diabetes duration of less than four years, body mass index above 35 kg/m<sup>2</sup>, and fasting C-peptide concentration of more than 2.9 ng/mL. Using two or three of these predictors allowed a sensitivity of 82 percent and specificity of 87 percent for remission. Those cases in which hemoglobin A1c ≤7 percent was not achieved were predicted by duration of diabetes and C-peptide. Remission and less satisfactory outcomes were also predicted by percentage of weight loss after surgery.

"The glyceemic response to gastric bypass is related to body mass index, duration of [diabetes](#), fasting C-peptide (influenced by insulin resistance and residual β-cell function), and weight loss," the authors write. "These data support and refine previous findings in non-Asian populations. Specific ethnic and procedural regression equations and cutoff points may vary."

Several authors or their institutions disclosed financial ties to the pharmaceutical and medical device industries.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

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