T2DM remission rates higher with RYGB versus sleeve gastrectomy

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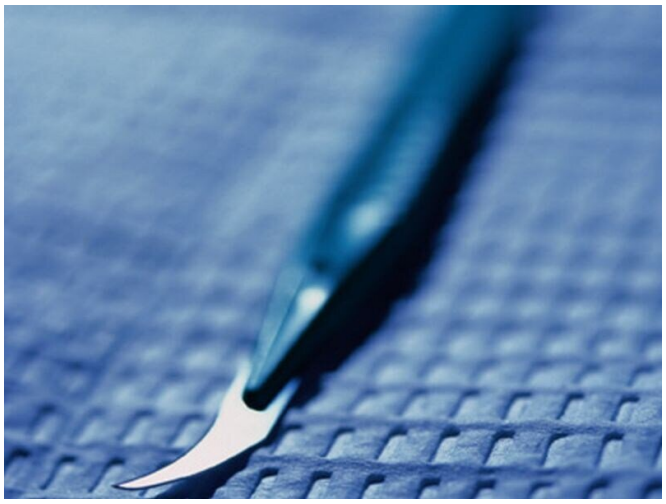

(HealthDay)—Most patients with type 2 diabetes mellitus (T2DM) undergoing bariatric surgery experience T2DM remission during five years of follow-up, but outcomes are superior with Roux-en-Y gastric bypass (RYGB) compared with sleeve gastrectomy (SG), according to a study published online March 4 in *JAMA Surgery*.

Kathleen M. McTigue, M.D., from the University of Pittsburgh, and colleagues examined the associations between bariatric surgery and T2DM outcomes in a cohort study involving 9,710 patients who underwent either RYGB or SG.

The researchers found that at one and five years, weight loss was significantly greater with RYGB than SG (mean difference, 6.3 and 8.1 percentage points, respectively). The remission rate of T2DM was higher in patients who underwent RYGB versus SG (hazard ratio, 1.10). For patients who underwent RYGB and SG, the estimated adjusted cumulative T2DM remission rates were 59.2 and 55.9 percent, respectively, at one-year and 86.1 and 83.5 percent, respectively, at five years. The subsequent T2DM relapse rate was lower for those who underwent RYGB versus SG among the 6,141 patients who experienced T2DM remission (hazard ratio, 0.75). Patients who underwent RYGB versus SG had a 0.45 percent greater reduction in hemoglobin A1c at five years versus baseline.

"While SG and RYGB resulted in similar rates of initial T2DM remission, RYGB was associated with larger and more persistent improvements in glycemic control and 25 percent lower rates of T2DM relapse compared with SG," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical technology industries.

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