

Pairing bariatric procedure with diabetes drug increases weight loss

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Combining minimally invasive endoscopic sleeve gastroplasty (ESG) with the diabetes drug semaglutide can provide additional significant weight loss for patients who are not candidates for invasive weight-loss surgery, according to research that was selected for presentation at Digestive Disease Week (DDW) 2021.

"As the worldwide obesity rate continues to climb, so do the number of people seeking [bariatric surgery](#) to treat their condition," said Anna Carolina Hoff, MD, lead researcher on the study and founder and clinical director of Angioskope Brazil, São José dos Campos. "Surgical procedures are some of the most successful ways to help patients lose weight, but they can eventually come with complications. Our study shows that patients may not have to undergo invasive surgery to get similar results."

In a double-blind study, researchers randomized 61 patients undergoing ESG into two groups with one group of 29 patients receiving semaglutide—an injectable glucagon-like peptide-1 receptor that has been known to stimulate [weight loss](#)—beginning one month after the procedure. Another group of 29 patients received a placebo administered with look-alike injector pens. Three patients were lost to follow-up. Participants were monitored each month for body weight and body composition, and blood panels were taken every three months.

Patients who received semaglutide lost on average 26.7 percent of their total body weight compared to the control group, which on average lost 19.6 percent of total [body weight](#). The semaglutide group lost 86.3 percent of their excess weight—the amount of weight the patients needed to lose to reach normal BMI—compared to 60.4 percent for the control group. The semaglutide group also lost 12.7 percent of their body fat by weight compared to 9 percent for the [control group](#). Finally, glycated hemoglobin (Hb1Ac) levels fell 0.95 for the semaglutide group and 0.61 for the controls.

Surgical procedures, such as laparoscopic sleeve gastrectomy, come with increased costs and a higher risk for complications, such as gastroesophageal reflux disease, or GERD. These surgical procedures are typically limited to those with a BMI of at least 35 with comorbidities, or with a BMI above 40. ESG can be performed at an earlier stage of the disease and at a lower BMI, so more patients can get the treatment they need before their disease progresses. Treating patients with obesity earlier can help reduce death and comorbidities as well as reduce costs associated with treatments for these conditions.

"ESG has been available to patients for years, but it has not always been as successful as surgical options in helping patients lose weight," said Dr. Hoff. "We now have a minimally invasive procedure that can be just as successful when combined with semaglutide and can be made available to even more people looking to lose a significant amount of weight."

ESG is performed by guiding a device through the patient's throat and into the stomach, where an endoscopist uses sutures to make the stomach smaller. This helps [patients](#) lose weight by limiting the amount they can eat. Patients are candidates for ESG if they have a BMI at or above 30, and diet and exercise have not helped them lose weight, or if they are not a candidate for surgery, or do not wish to pursue surgery.

The researchers caution that long term durability of the treatment still needs to be determined.

Provided by Digestive Disease Week

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