

Fact Sheet: Why it makes sense to provide treatment for obesity through bariatric surgery

Reason	Evidence/Details
Obesity is widespread, deadly and expensive	<ul style="list-style-type: none"> • 30.5% of Americans are obese with 4.7% morbidly obese (more than 100 pounds overweight).¹ • Approximately 75% of the morbidly obese have at least one co-morbid condition (diabetes, hypertension, sleep apnea, etc.) which significantly increases the risk of premature death.² • Life expectancy for a 20 year-old morbidly obese male is 13 years shorter than a normal weight male of the same age.³ • Annual direct medical expenditures attributable to obesity are \$75 billion.⁴
Obesity disproportionately affects minority and poor populations	<ul style="list-style-type: none"> • African-Americans are disproportionately affected by obesity. Caucasians make up 75% of the U.S. population, but only 64% of the morbidly obese population. In contrast, African-Americans make up 12% of the population but 23% of the morbidly obese population.⁵ • Poor populations (those making less than \$20,000 annually) show a similar increase in likelihood of being morbidly obese.⁵
Bariatric surgery is a life-saving procedure as it is proven to increase life expectancy	<ul style="list-style-type: none"> • Christou study compared morbidly obese patients who were treated with surgery versus those who were not. It found an 89% reduction in the risk of death throughout five years in the surgery group. In other words, those who received surgery were nine times less likely to die over the next five years.⁶ • MacDonald study in North Carolina found 68% reduction in risk of death after mean follow-up time of six years.⁷ • Flum study found that adjusted hazard for death was 33% lower for patients who received surgery than for non-operated patients.⁸
Bariatric surgery resolves potentially fatal co-morbid conditions	<ul style="list-style-type: none"> • A meta-analysis study including more than 22,000 patients showed the following effects of surgery on co-morbidities: <ul style="list-style-type: none"> ◦ Diabetes was completely resolved in 76.8% of patients. ◦ High cholesterol was resolved or improved in more than 70% of patients. ◦ High blood pressure was resolved in 61.7% of patients. ◦ Sleep apnea was resolved in 85.7% of patients.⁹ • Other studies have shown even higher (82%) resolution of diabetes¹⁰ and "profound improvement in obstructive sleep apnea."¹¹
Weight-loss post-surgery is extensive and durable	<ul style="list-style-type: none"> • A long term study following patients for up to 14 years after surgery found that 89% of weight-loss was maintained.¹²
The risk-benefit tradeoff for bariatric surgery is favorable	<ul style="list-style-type: none"> • The mortality rate for bariatric surgery varies by surgeon. Experienced surgeons have mortality rates ranging from 0.5%-2% (averaging the rate for all types of procedures). The risks of not receiving surgery is far higher as demonstrated by the Christou study where those who did not receive surgery were almost nine times more likely to die.¹³
Coverage for bariatric surgery makes economic sense	<ul style="list-style-type: none"> • Upfront costs of bariatric surgery are paid off in three and a half years due to hospitalization cost savings.¹⁴ • Post surgery drug costs for diabetic and anti-hypertensive medications decrease dramatically. Potteiger study found a 77.3% savings.¹⁵

Sources

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