



Reason	Evidence/Details
<p><b>Obesity is widespread, deadly and expensive.</b></p>	<ul style="list-style-type: none"> <li>• 34% of Americans are affected by obesity<sup>1</sup> with 5.7% affected by severe obesity (more than 100 pounds overweight).<sup>2</sup></li> <li>• Approximately 75% of those affected by severe obesity have at least one co-morbid condition (diabetes, hypertension, sleep apnea, etc.), which significantly increases the risk of premature death.<sup>3</sup></li> <li>• Life expectancy for a 20-year-old male affected by severe obesity is 13 years shorter than a normal weight male of the same age.<sup>4</sup></li> <li>• Annual direct medical expenditures attributable to obesity are \$147 billion.<sup>5</sup></li> </ul>
<p><b>Obesity disproportionately affects minority and poor populations.</b></p>	<ul style="list-style-type: none"> <li>• African-Americans are disproportionately affected by obesity. Caucasians make up 75% of the U.S. population, but only 64% of the population affected by severe obesity. In contrast, African-Americans make up 12% of the population but 23% of the population is affected by severe obesity.<sup>6</sup></li> <li>• Poor populations (those making less than \$20,000 annually) show a similar increase in likelihood of being affected by severe obesity.<sup>5</sup></li> </ul>
<p><b>Bariatric surgery is a life-saving procedure as it is proven to increase life expectancy.</b></p>	<ul style="list-style-type: none"> <li>• Christou study compared those affected by severe obesity 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. <b>In other words, those who received surgery were nine times less likely to die over the next five years.</b><sup>7</sup></li> <li>• <u>New England Journal of Medicine</u> study comparing 15,000 plus individuals affected by severe obesity found a 40% lower risk of death over 7 years in surgery patients for all causes. The study found a 52% lower risk of death from obesity related illnesses including a 92% lower risk of death from diabetes.<sup>8</sup></li> </ul>
<p><b>Bariatric surgery resolves potentially fatal co-morbid conditions.</b></p>	<ul style="list-style-type: none"> <li>• 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"> <li>◊ Diabetes was completely resolved in 76.8% of patients.</li> <li>◊ High cholesterol was resolved or improved in more than 70% of patients.</li> <li>◊ High blood pressure was resolved in 61.7% of patients.</li> </ul> </li> <li>• Sleep apnea was resolved in 85.7% of patients.<sup>9</sup></li> <li>• Other studies have shown even higher (82%) resolution of diabetes<sup>10</sup> and “profound improvement in obstructive sleep apnea.”<sup>11</sup></li> </ul>
<p><b>Weight-loss post-surgery is extensive and durable.</b></p>	<ul style="list-style-type: none"> <li>• A long term study following patients for up to 14 years after surgery found that 89% of weight-loss was maintained.<sup>12</sup></li> </ul>
<p><b>The risk-benefit tradeoff for bariatric surgery is favorable.</b></p>	<ul style="list-style-type: none"> <li>• The mortality rate for bariatric surgery varies by surgeon. Experienced surgeons have mortality rates ranging from .02%-.5% (averaging the rate for all types of procedures).<sup>13,14</sup> 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.<sup>15</sup></li> </ul>
<p><b>Coverage for bariatric surgery makes economic sense.</b></p>	<ul style="list-style-type: none"> <li>• Downstream savings associated with bariatric surgery are estimated to offset the costs in 2 years (laparoscopic procedure) to 4 years (open procedure).<sup>16</sup></li> <li>• Post-surgery drug costs for diabetic and anti-hypertensive medications decrease dramatically. Potteiger study found a 77.3% savings.<sup>17</sup></li> </ul>



## Sources:

1. Centers for Disease Control, National Health and Nutrition Examination Survey (NHANES).
2. CDC. Prevalence of overweight, obesity, and extreme obesity among adults: United States, Trends 1976--80 through 2005--2006. Hyattsville, MD: US Department of Health and Human Services, National Center for Health Statistics, CDC; 2008.
3. Must A, Spadano J, Coakley EH, Field E, Colditz G, Dietz WH. The Disease Burden Associated with Overweight and Obesity. *JAMA*, 1999;282:1523-1529.
4. Fontaine KR, Redden DT, Wang C, Westfall AO, Allison DB. Years of life lost due to obesity. *JAMA*. 2003 Jan 8;289(2):187-93.
5. Finkelstein et al. *Health Affairs* 28, no. 5 (2009): w822-w831.
6. Livingston EH, Ko CY. Socioeconomic Characteristics of the Population Eligible for Obesity Surgery. *Surgery* 2004, Vol. 135, No. 3, pp. 288-296
7. Christou NV, Sampalis JS, Liberman M. Surgery Decreases Long-Term Mortality, Morbidity, and health Care Use in Morbidly Obese Patients. *Annals of Surgery* 2004, Vol. 240, No. 3, pp. 416-424.
8. Adams TD, et al. Long-Term Mortality after Gastric Bypass Surgery. *New England Journal of Medicine* 2007;357:753-761.
9. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric Surgery – A Systematic Review of the Literature and Meta-analysis. *JAMA*, 2004;292:1724-1737
10. Pories WJ, Swanson MS, MacDonald KG, et al. Who Would Have Thought It? – An Operation Proves to be the Most Effective Therapy for Adult-Onset Diabetes Mellitus. *Annals of Surgery* 1995, Vol. 222, No. 3, pp. 339-352
11. Rasheid S, Banasiak M, Gallagher SF, et al. Gastric Bypass is an Effective Treatment for Obstructive Sleep Apnea in Patients with Clinically Significant Obesity. *Obesity Surgery* 2003, 13, pp.58-61
12. Pories WJ, Swanson MS, MacDonald KG, et al. Who Would Have Thought It? – An Operation Proves to be the Most Effective Therapy for Adult-Onset Diabetes Mellitus. *Annals of Surgery* 1995, Vol. 222, No. 3, pp. 339-352
13. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric Surgery – A Systematic Review of the Literature and Meta-analysis. *JAMA*, 2004;292:1724-1737.
14. Pratt G, ASMBS Center of Excellence Course, January 2009, Surgical Review Corporation BOLD Database.
15. Christou NV, Sampalis JS, Liberman M. Surgery Decreases Long-Term Mortality, Morbidity, and health Care Use in Morbidly Obese Patients. *Annals of Surgery* 2004, Vol. 240, No. 3, pp. 416-424.
16. Cremieux PY, Buchwald H, et al. A Study on the Economic Impact of Bariatric Surgery. *The American Journal of Managed Care* 2008, 14, No. 9, pp. 589-596.
17. Potteiger CE, Paragi PR, Inverso NA, et al. Bariatric Surgery: Shedding the Monetary Weight of Prescription Costs in the Managed Care Arena. *Obesity Surgery* 2004, 14, pp. 725-730.

### Contact the OAC

If you have any questions regarding the above information or would like to interview an OAC representative, please contact James Zervios, OAC Director of Communications, at [jzervios@obesityaction.org](mailto:jzervios@obesityaction.org).