Study of UK diabetic patients suggests obesity surgery could save National Health Service almost 100,000 per patient

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A small study presented at this year's European Obesity Summit in Gothenburg (1-4 June) shows that obese patients with type 2 diabetes who have obesity surgery could save the UK National Health Service around £95,000 per patient across his or her lifetime, mostly due to savings on future medication costs due to remission of diabetes. The study is by Dr Samantha Chambers and Mr Steven John Robinson, Consultant Bariatric Surgeon, Royal Worcestershire Hospital, UK, and colleagues.

The case for health improvement following bariatric surgery is now well-established, with robust epidemiological evidence in a multitude of metabolic diseases, including type 2 Diabetes. However, the cost-implications have yet to be fully, objectively quantified. In this study, the authors calculated the advantage to the local health economy, based on improvements in blood sugar control following bariatric surgery. They compared data from their bariatric surgery centre, against National Institute for Health and Care Excellence (NICE) guidelines, over an initial 3-year period.

The team used the Worcestershire Royal Hospital electronic notes system to collect information on 134 patients who underwent bariatric surgical interventions between June 2012 and November 2015, then analysed this data. Using the average life expectancy for males and females in England in 2015, with the cohort average age, they estimated the average years of life remaining per patient. They then used estimated yearly costs of diabetic inpatient and outpatient care to approximate possible savings to the NHS.

All 140 patients (100%) met NICE criteria for surgery, and had appropriate pre-operative diabetic specialist and dietician input. 24% (35) were males and 76% (105) female, with an average age of 48 years and an average body mass index (BMI) of 50 kg/m2. 60 patients (43%) had type 2 diabetes; 15 on insulin, 12 on insulin and oral agents, 31 on oral agents, and 2 diet-controlled. Post-operatively 44 patients (73%) were off-treatment completely, 11 (18%) had treatment reduced, and only 5 (8%) had no changes to therapy.

The authors then used Diabetes UK data regarding inpatient and outpatient diabetic care costs. Within their cohort of 44 patients with type 2 diabetes who no longer required diabetes treatment at all after surgery, they calculated potential outpatient and inpatient savings of £435,600 - £537,240 and £2,613,600 - £3,630,000 respectively. This translated to an average of £95,000 per patient over their lifetime.

The authors conclude: "We have demonstrated, in our small cohort, of obese patients with type 2 diabetes who had bariatric surgery, that the local health economy could benefit from significant long-term savings of up to £95,000 per patient lifetime. This is using preliminary outcomes from our bariatric service, and we intend to further analyse our data based on longer-term follow-up in the future."

More information:
easo.org/wp-content/uploads/20 … bariatricsavings.pdf

Provided by European Association for the Study of Obesity