

Increased risk of complications with bariatric surgery

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and they had reduced likelihood of new-onset hypertension (absolute risk, 3.5 versus 12.2 percent; relative risk, 0.4). They also had increased likelihood of diabetes remission (absolute risk, 57.5 versus 14.8 percent; relative risk, 3.9) and increased risk of new-onset depression (8.9 versus 6.5 percent; relative risk, 1.5), opioid [treatment](#) initiation (absolute risk, 19.4 versus 15.8; relative risk, 1.3), and undergoing at least one additional gastrointestinal surgical procedure (31.3 versus 15.5 percent; relative risk, 2).

"Bariatric surgery compared with [medical treatment](#) was associated with a clinically important increased risk for complications, as well as lower risks of obesity-related comorbidities," the authors write. "The risk for complications should be considered in the decision-making process."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Bariatric surgery is associated with lower risks of obesity-related comorbidities but a clinically important increased risk for complications compared with medical treatment, according to a study published in the Jan. 16 issue of the *Journal of the American Medical Association*, a theme issue on obesity.

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Gunn Signe Jakobsen, M.D., from Vestfold Hospital Trust in Tonsberg, Norway, and colleagues conducted a cohort study to compare changes in obesity-related comorbidities in [patients](#) with severe obesity undergoing bariatric surgery or specialized medical treatment. Treatment-seeking adult patients who underwent [bariatric surgery](#) (932 adults) or specialized medical treatment (956 adults) were followed from 2006 until death or through December 2015.

The researchers found that surgically treated patients had a greater likelihood of hypertension remission than medically treated patients (absolute risk, 31.9 versus 12.4 percent; relative risk, 2.1),

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