

Bariatric surgery linked to discontinuing diabetes meds

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versus 9.0 percent). The main predictive factors for discontinuation were GBP, SG, and AGB (odds ratios, 16.7, 7.30, and 4.30, respectively), compared with no bariatric surgery. Other predictive factors included insulin use, dual therapy without insulin versus monotherapy, lipid-lowering treatment, antidepressant treatment, and age. The six-year antidiabetes treatment initiation rate was much lower after bariatric surgery than in controls for those without antidiabetes treatment at baseline (1.4 versus 12.0 percent). Protective factors were GBP, SG, and AGB (odds ratios, 0.06, 0.08, and 0.16, respectively).

"Bariatric surgery was associated with a significantly higher six-year postoperative antidiabetes treatment discontinuation rate compared with baseline and with an obese control group without bariatric [surgery](#)," the authors write.

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(HealthDay)—Antidiabetes treatment discontinuation rates are higher for obese individuals undergoing bariatric surgery, according to a study published online Feb. 14 in *JAMA Surgery*.

Jérémie Thereaux, M.D., Ph.D., from La Cavale Blanche University Hospital in Brest, France, and colleagues examined the correlation between [bariatric surgery](#) and rates of continuation, discontinuation, or initiation of antidiabetes [treatment](#) six years after bariatric surgery compared with a matched [control](#) obese group. In a nationwide observational population-based study, a total of 15,650 patients underwent primary bariatric surgery in 2009, with 48.5 undergoing adjustable gastric banding (AGB), 27.7 having gastric bypass (GBP), and 22.0 percent having sleeve gastrectomy (SG).

The researchers found that the antidiabetes treatment discontinuation rate was higher six years after bariatric surgery than among controls (9.9

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