

# Prevention of diabetes – possible and feasible?

## Is bariatric surgery the final solution?

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# Is bariatric surgery the final solution?

- *No!*
- But it's a very good solution for the selected few!

# Weight loss is pivotal in preventing diabetes

The physician should take pride in the prevention of diabetes in his practice. Obese patients should be frankly told that they are candidates for diabetes.

Joslin EP. The prevention of diabetes mellitus. *The Journal of the American Medical Association* 1921;76:79-84.

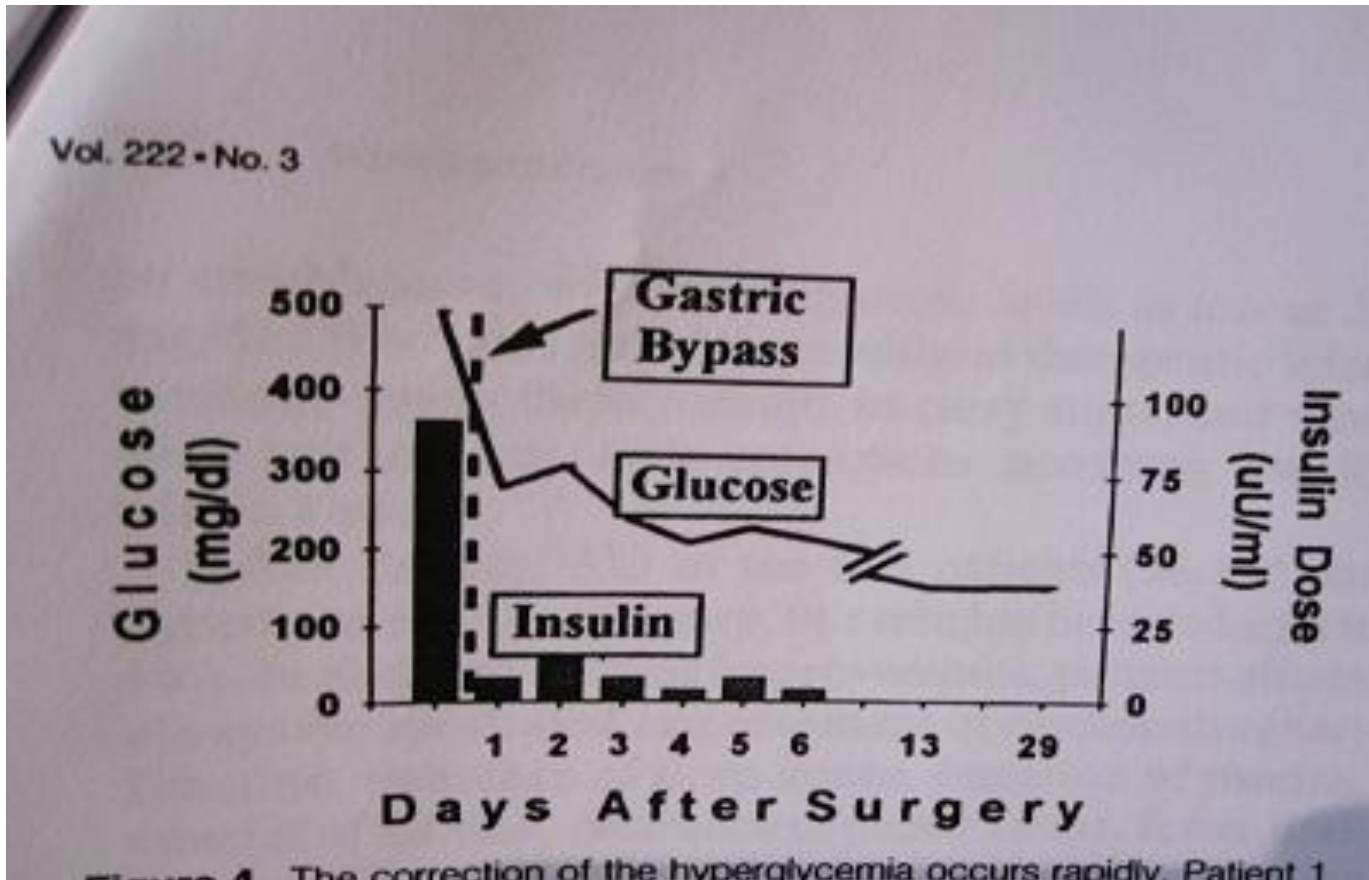
# Bariatric surgery on stage

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## Who Would Have Thought It? An Operation Proves to Be the Most Effective Therapy for Adult-Onset Diabetes Mellitus

Walter J. Pories, M.D., Melvin S. Swanson, Ph.D., Kenneth G. MacDonald, M.D.,  
Stuart B. Long, B.S., Patricia G. Morris, B.S.N., Brenda M. Brown, M.R.A.,  
Hisham A. Barakat, Ph.D., Richard A. deRamon, M.D., Gay Israel, Ed.D.,  
Jeanette M. Dolezal, Ph.D., and Lynis Dohm, Ph.D.

# An interesting observation!



# Swedish Obese Subjects

- Observational epidemiology indicates that from a mortality point of view it is dangerous to be obese, to increase and also to decrease in body weight
- Enigmatic, since weight loss improves cardiovascular risk factors and semistarvation prolongs life span, at least in animals

# Swedish Obese Subjects

- Prospective, controlled, long term, non-randomised clinical trial
- Bariatric surgery vs. conventional treatment
- 37-60 years
- BMI  $\geq 34$  kg/m<sup>2</sup> (men),  $\geq 38$  kg/m<sup>2</sup> (women)
- Total mortality hard end point

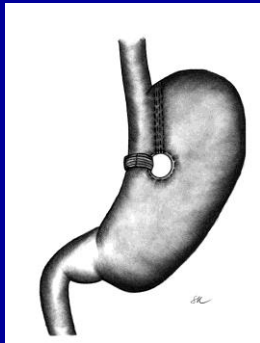
# Swedish Obese Subjects

	<i>Surgery</i>	<i>Conventional</i>
n	2010	2037
Women (%)	70,7	70,3
Age (y)	47,4	48,8
BMI (kg/m <sup>2</sup> )	42,3	40,0

# Swedish Obese Subjects

VBG,  
vertical  
banded  
gastroplasty

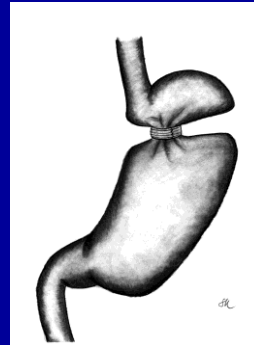
68%



*SOS: L. Sjöström and  
S. Carlsson ©*

Gastric  
banding

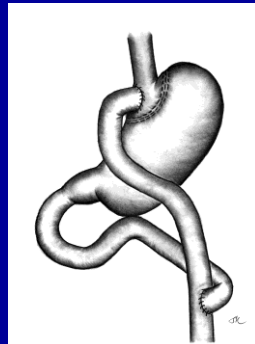
19%



*SOS: L. Sjöström and  
S. Carlsson ©*

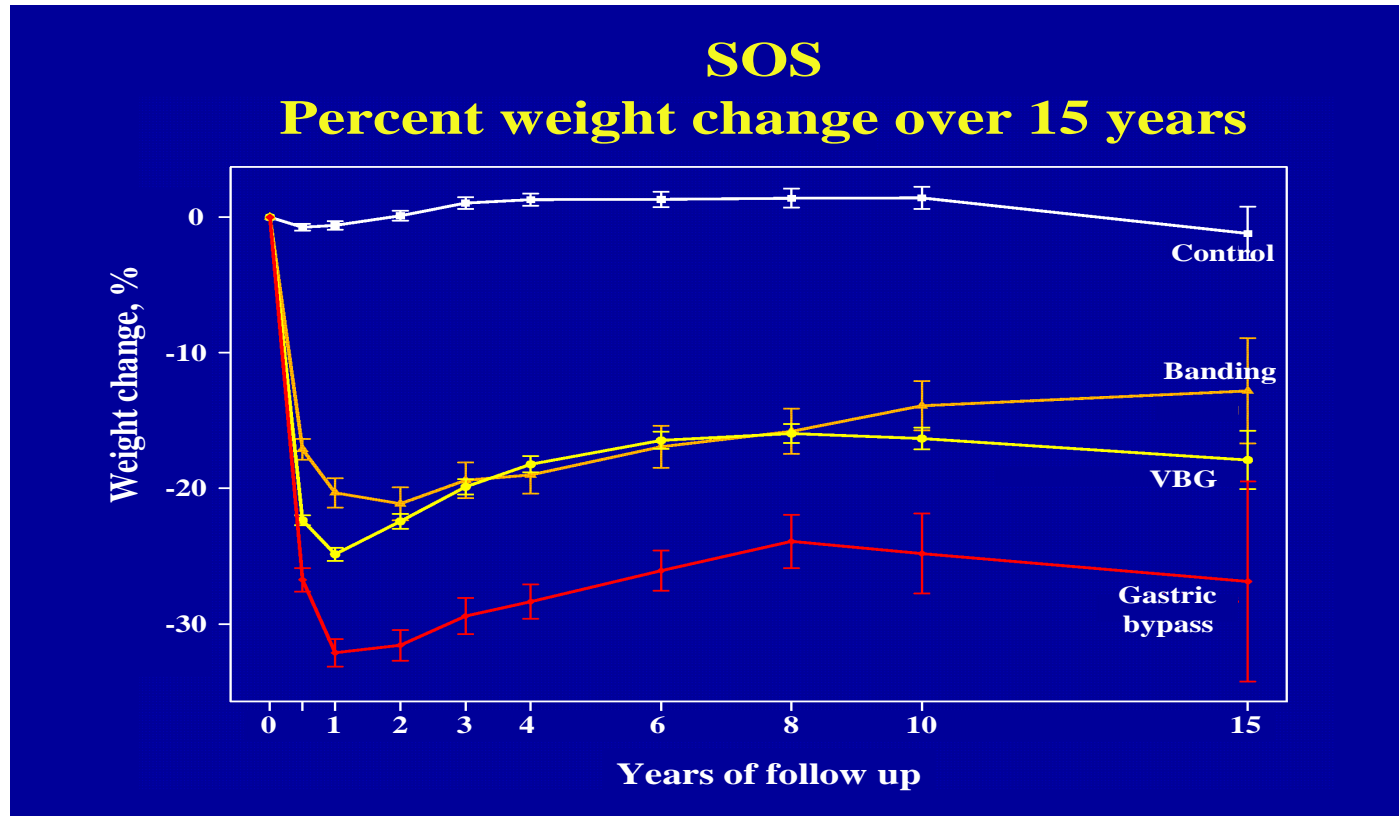
Gastric  
bypass

13%



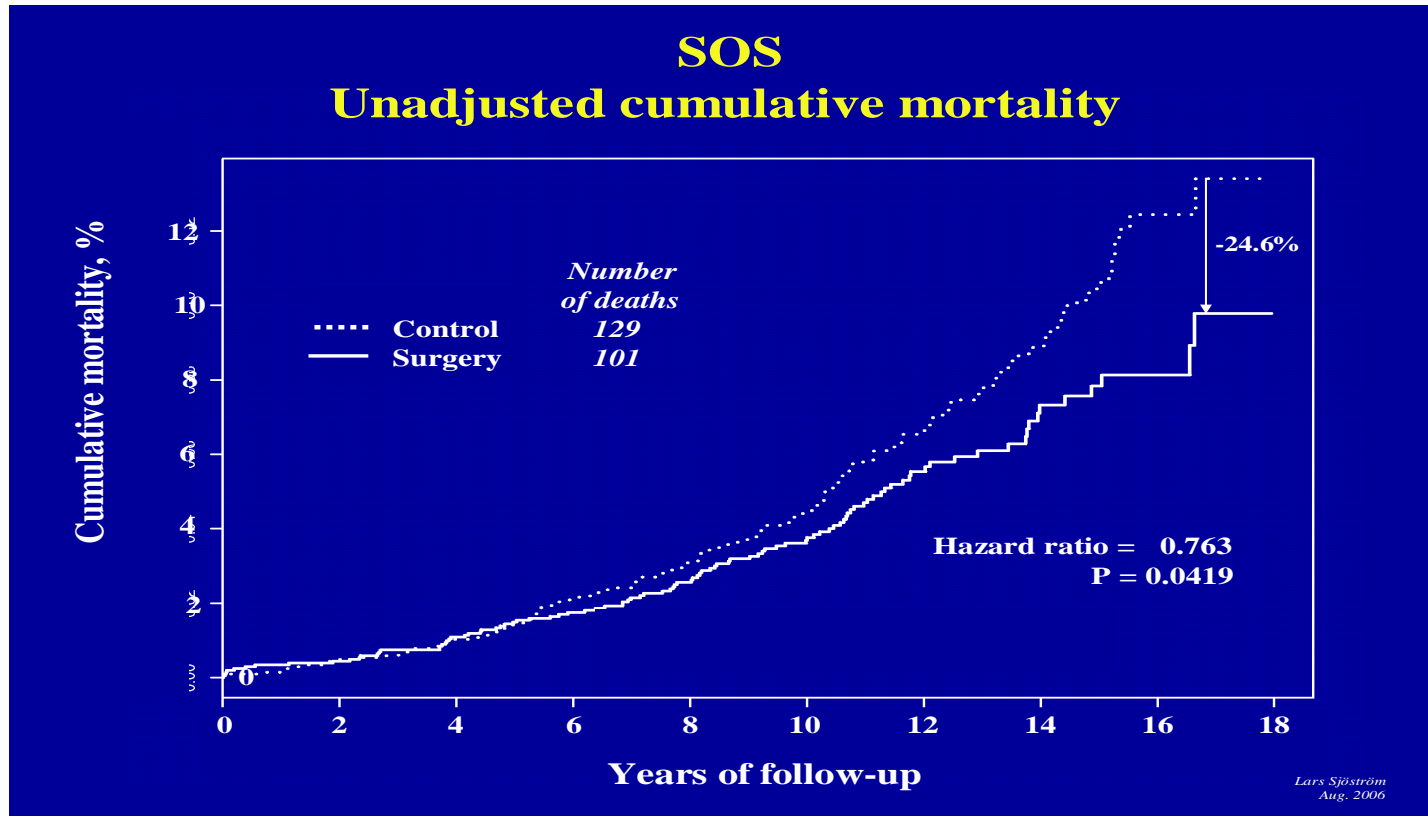
*SOS: L. Sjöström and  
S. Carlsson ©*

# Swedish Obese Subjects



Sjöström L et al. *N Engl J Med* 2007;357:741-52.

# Swedish Obese Subjects



Sjöström L et al. *N Engl J Med* 2007;357:741-52.

# Swedish Obese Subjects

*Peroperative mortality (< 90 days from operation/inclusion)*

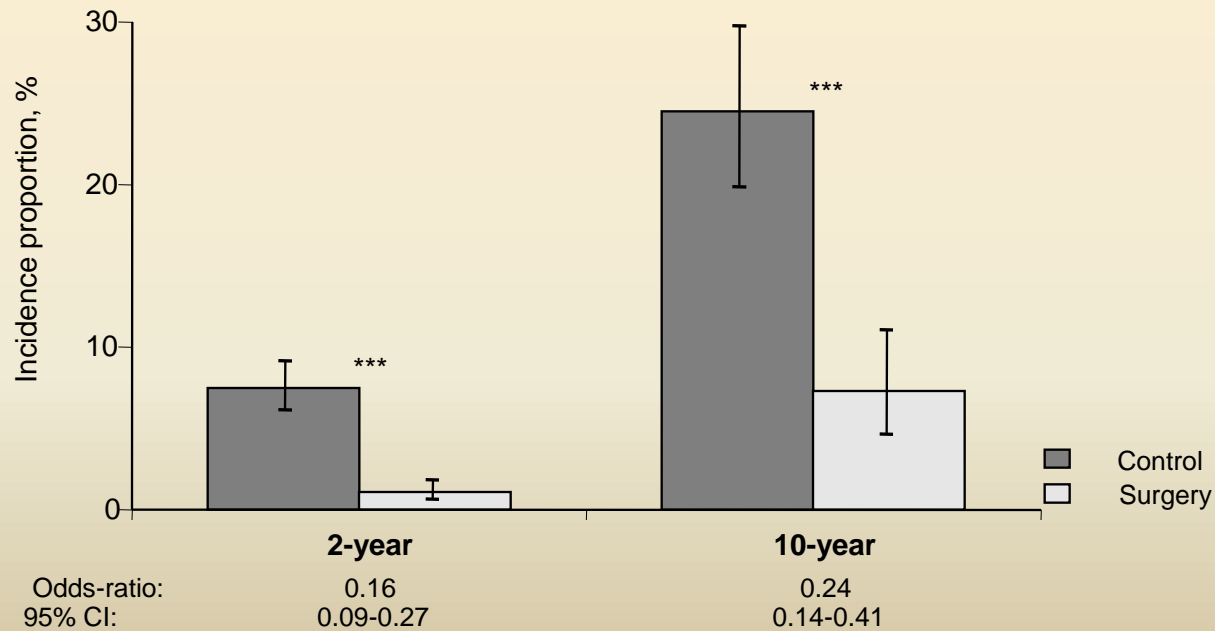
5 in 2010 operated (0,25%)

2 in 2037 conventionally treated (0,10%)

# Swedish Obese Subjects

Sjöström L et al. *N Engl J Med* 2004;351:2683-93.

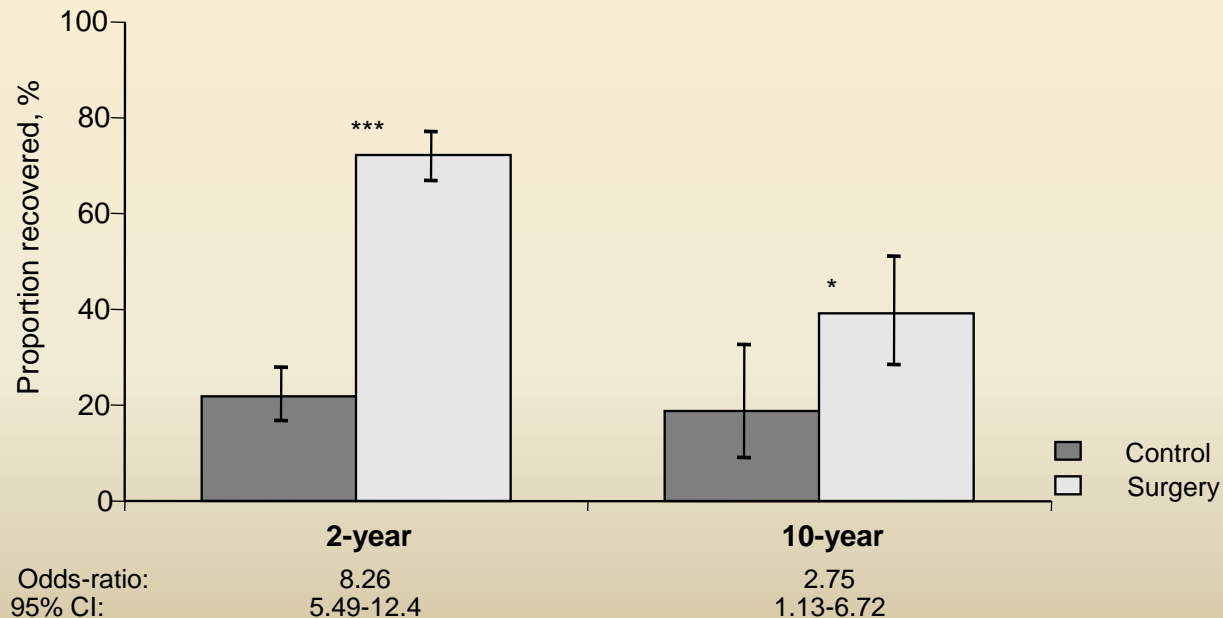
## Two and ten year incidence of diabetes in SOS



# Swedish Obese Subjects

Sjöström L et al. *N Engl J Med* 2004;351:2683-93.

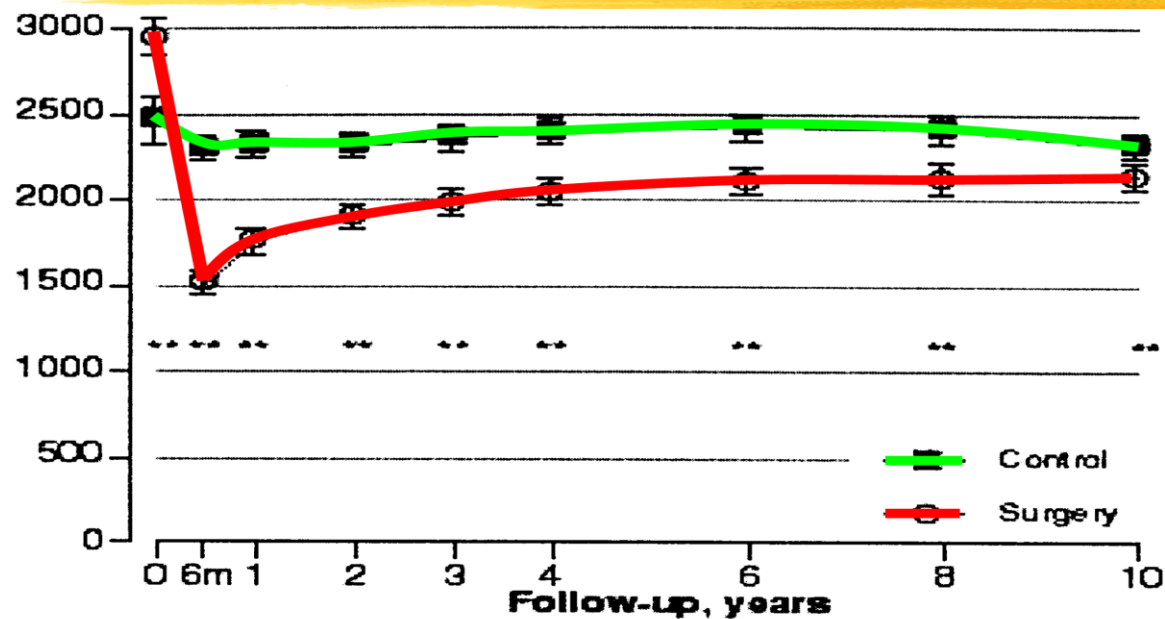
## Two and ten year recovery from diabetes in SOS



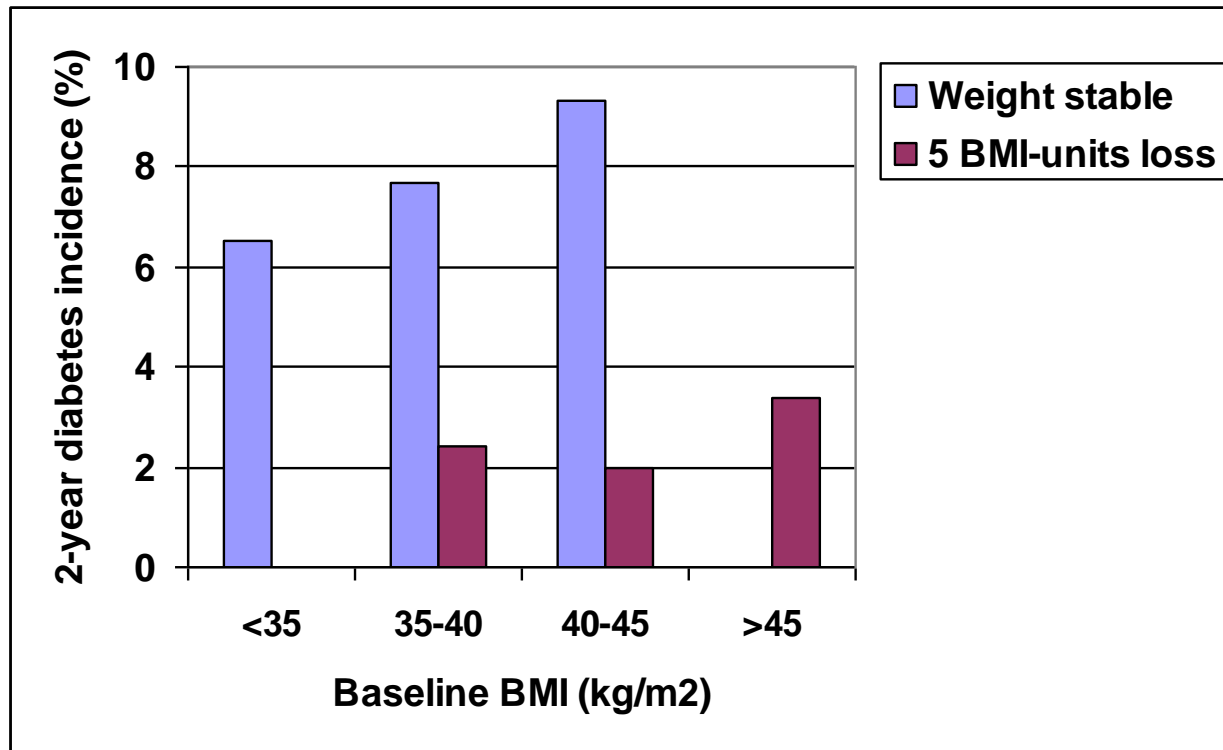
# Why does surgery work?

- 1) Reduced energy intake and weight loss (SOS study) increase insulin sensitivity

## Energy intake (kcal)



# Why does surgery work?



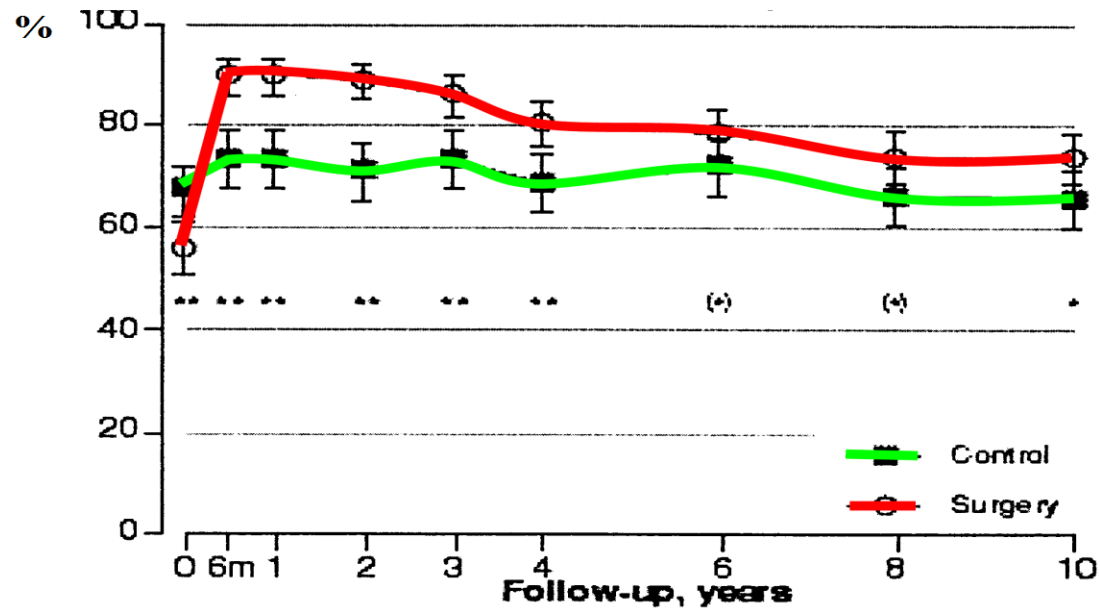
Weight loss more important than overweight per se (SOS study)

SOS-study, unpublished data

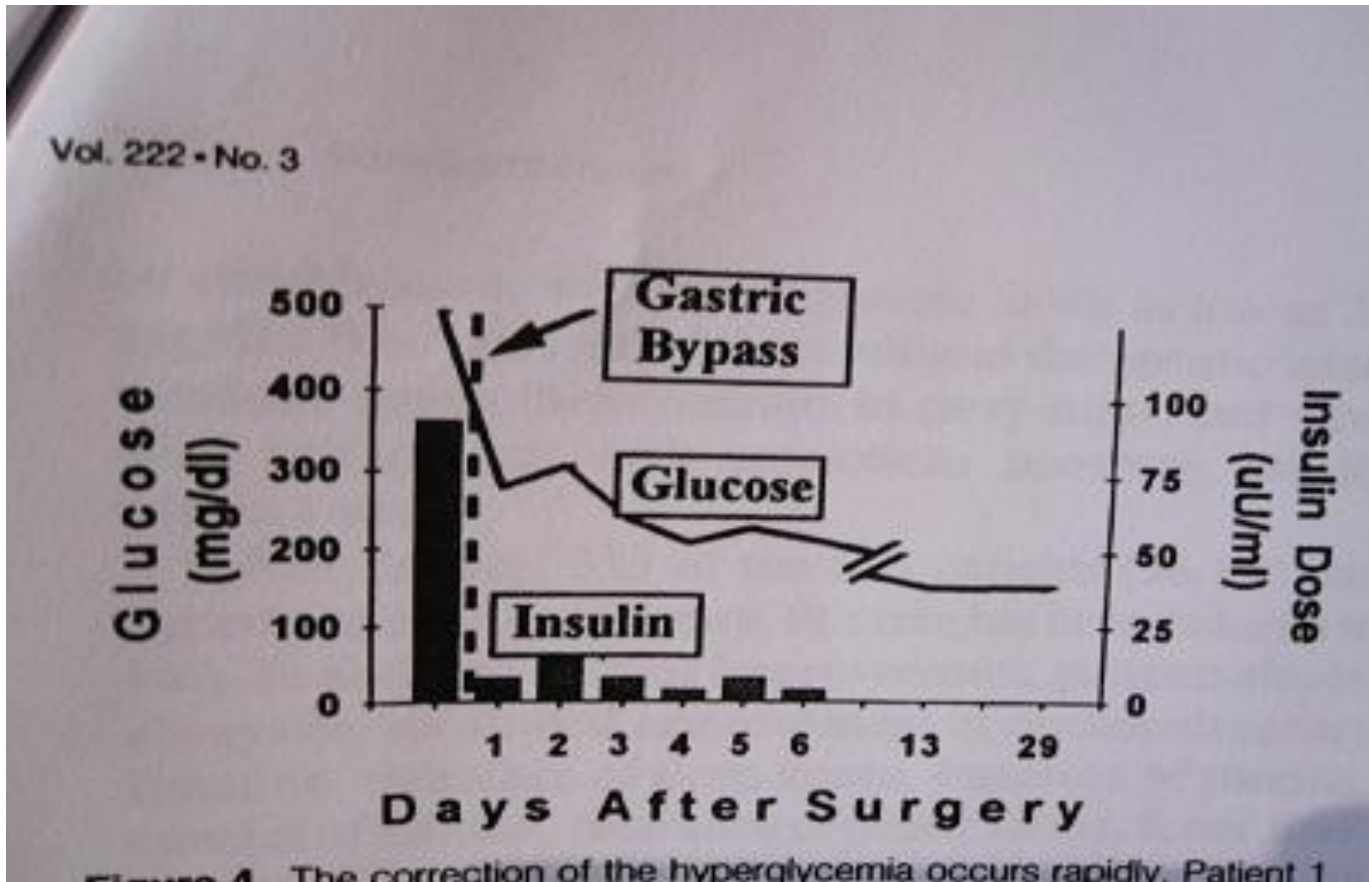
# Why does surgery work?

2) Increased physical activity (SOS study) increases insulin sensitivity

## Physical activity, leisure time



# Why does surgery work?



Must be more than weight loss!

# Why does surgery work?

- 3) Increased insulin sensitivity/decreased appetite due to decreased *ghrelin* secretion (Roux-en-Y gastric bypass)
- 4) Cytokines and inflammatory factors decrease (*leptin*, *IL-6*, *TNF*, *CRP*) or increase (*adiponectin*) after Roux-en-Y gastric bypass, leading to improved insulin sensitivity

# Why does surgery work?

- 5) Triglycerides stored outside of adipocytes i.e. *ectopic lipids* interfere with insulin signalling and increase insulin resistance in muscle/liver (Roux-en-Y gastric bypass)
- 6) Increased *GLP-1* secretion increases insulin secretion and improves insulin sensitivity (Roux-en-Y gastric bypass)

# Why does surgery work?

- 7) PYY secretion is increased following Roux-en-Y gastric bypass, which improves insulin sensitivity

# Conclusion

- Bariatric surgery reduces diabetes incidence
- Several other possible mechanisms than just weight loss
- Different surgical approaches have different impact

# Conclusion

- Beneficial for the individual obese patient
- Limited public health effects
- Thus not the final solution!