New guidelines from IFSO and ASMBS

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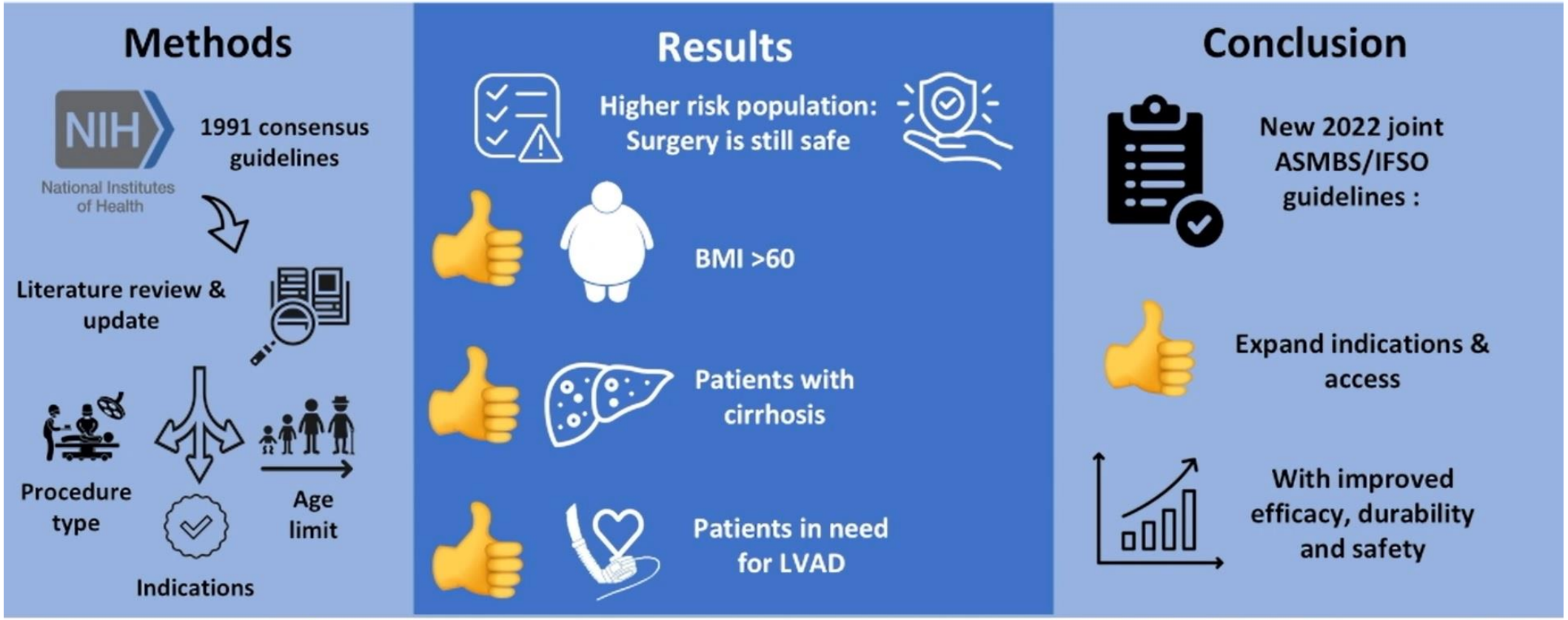
New ASMBS / IFSO Guidelines on Indications for Metabolic and Bariatric Surgery 2022
Developed to Replace the NIH Consensus Guidelines from 1991



SURGERY FOR OBESITY AND RELATED DISEASES

ASMBS

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IFSO

Major Differences Between 1991 NIH Guidelines and ASMBS/IFSO Guidelines 2022

• Metabolic and Bariatric Surgery (MBS) recommended for individuals with BMI >35 kg/m2, regardless of presence or absence of comorbidities and should be considered for individuals with metabolic disease and BMI 30-34.9 kg/m2 who do not achieve substantial or durable weight loss or comorbidity improvement using nonsurgical methods.
• BMI thresholds should be adjusted in the Asian population such that BMI >25 kg/m2 suggests clinical obesity, and individuals with BMI >27.5 kg/m2 should be offered MBS
• Appropriately selected children/adolescents should be considered for MBS. • Data, including randomized clinical trials, real-world studies and patient outcomes spanning more than 30 years supports the safety, effectiveness and durability of MBS and its superiority to nonsurgical methods.
• Metabolic surgery, not mentioned in 1991, takes on new significance and prominence for patients with lower BMIs and type 2 diabetes.

Summary of Recommendations in ASMBS/IFSO Guidelines 2022

- Long-term data consistently demonstrate the safety, efficacy, and durability of MBS in the treatment of clinically severe obesity and its comorbidities, with decreased mortality compared with nonoperative treatments.
- MBS is recommended for individuals with BMI >35 kg/m2, regardless of presence, absence, or severity of comorbidities and for patients with type 2 diabetes and BMI>30 kg/m2.
- MBS should be considered in individuals with BMI 30 to 34.9 who do not achieve substantial or durable weight loss or comorbidity improvement using nonsurgical methods.
- Obesity definitions using BMI thresholds do not apply similarly to all populations.
    - o Clinical obesity in the Asian population is recognized in individuals with BMI >25 kg/m2.
    - o Access to MBS should not be denied solely based on traditional BMI risk zones.
- Older adults should be considered for MBS after careful assessment of comorbidities and frailty.

Summary of Recommendations in ASMBS/IFSO Guidelines 2022

- Carefully selected individuals considered higher risk for general surgery may benefit from MBS.
- Children/adolescents with a BMI >120% of the 95th percentile and major comorbidity, or a BMI >140% of the 95th percentile should be considered for MBS after evaluation by a multidisciplinary team in a specialty center.
- MBS is an effective treatment of clinically severe obesity in patients who need other specialty surgery, such as joint arthroplasty, abdominal wall hernia repair, or organ transplantation.
- Consultation with a multidisciplinary team can help manage the patient's modifiable risk factors with a goal of reducing risk of perioperative complications and improving outcomes.
- Severe obesity is a chronic disease requiring long-term management after primary MBS, which may include revisional surgery or other adjuvant therapy to achieve desired treatment effect.

Premature Death and Life-threatening Diseases Linked to Obesity

• Obesity is linked to more than 40 other diseases including type 2 diabetes, heart disease, stroke, and certain types of cancer, some of the leading causes of preventable and premature death 1,2.

1 Kaplan L. J Gastrointest Surg. 2003;7(4):proceeding;443_451)

2 Adult Obesity Facts | Overweight & Obesity | CDC." Centers for Disease Control and Prevention, Mar. 2018, www.cdc.gov/obesity/data/adult.html. Accessed 16 Apr. 2018.

Treatment with Metabolic and Bariatric Surgery

• Metabolic/bariatric surgery is the most effective and durable treatment for severe obesity leading to significant weight loss and the improvement, prevention or resolution of many obesity related diseases including type 2 diabetes, heart disease, stroke and certain cancers. 4,5

- o Studies show bariatric surgery may reduce a patient's risk of premature death by 30-50%. 6,7
- o Patients may lose as much as 60% of excess weight six months after surgery and 77% of excess weight as early as 12 months after surgery. 8
- o Overall, bariatric surgery has complication and mortality rates (4% and 0.1%, respectively) comparable to common surgeries including gallbladder surgery, appendectomy and knee replacement.

4 Weiner, R. A., et al. (2010). Indications and principles of metabolic surgery. U.S. National Library of Medicine. 81(4) pp.379-394. Accessed from: https://www.ncbi.nlm.nih.gov/pubmed/20361370
5 The Effectiveness and Risks of Bariatric Surgery: An Updated Systematic Review and Meta-analysis, 2003-2012 Accessed from: https://jamanetwork.com/journals/jamasurgery/fullarticle/1790378
6 Sjöström. L., et al. (2007). Effects of bariatric surgery on mortality in Swedish obese subjects. New England Journal of Medicine. 357 pp. 741-752 Accessed October 2013 from http://www.nejm.org/doi/pdf/10.1056/NEJMoa066254
7 Adams, T. D., et al. (2007). Long-term mortality after gastric bypass surgery. New England Journal of Medicine. 357 pp. 753-761. Accessed from: https://www.nejm.org/doi/full/10.1056/NEJMoa066603
8 Wittgrove, A. C., et al. (2000). Laparoscopic gastric bypass, roux-en-y: 500 patients: technique and results, with 3-60 month follow-up. Obesity Surgery. 10(3) pp. 233- 239. Accessed from http://www.lapbypass.com/pdf/LapGBP_500Patients.pd

Metabolic and Bariatric Surgery is Significantly Underutilized

• According to ASMBS and IFSO, only between 1% and 2% of the world's eligible population receive weight loss surgery in any given year -- sleeve gastrectomy and laparoscopic gastric bypass account for 90% of procedures.

Metabolic Surgery vs. Medical Therapy

• Randomized clinical trials demonstrate metabolic surgery is more effective than medical and/or lifestyle interventions in producing diabetes remission, glycemic control, and weight loss.

o Five-year randomized study showed metabolic surgery plus intensive medical therapy were more effective than intensive medical therapy alone for achieving and maintaining glycemic control, weight reduction, medication reduction, and improvements in lipid levels in patients with uncontrolled type 2 diabetes (mean BMI 37).

o Diabetes remission rates

What do this new guidelines mean for Norwegian obesity population

- FHI; overweight and obesity in Norway
  - Published 03.01.2017 Updated 31.08.2022
- Together 15-21% of all children and teenagers (8-15 year) have overweight or obesity
- HUNT/Tromsø
  - Approximately 25% of all men and females 40-47 year are obese
  - Obesity ≥ grade ll is 8.2% for females and 6.8% for males
- How many patients are there with BMI ≥ 30 kg/m2 and obesity related comorbidity?
- If approximately 50% of all patients with BMI > 30 kg/m2 have obesity related comorbidity there are probably more than 500.000 that can ask for a treatment
- Is the rationale behind those new guidelines good enough?

Discussion