

Bariatric surgery outcomes amongst older obese patients: data from an Emirati cohort

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Background

Obesity is highly prevalent in the Middle East. Treatment is a challenge and with an aging population, therapy in the elderly poses new problems. Published data on efficacy of bariatric surgery in the older age groups are scant.

Aims

The objective of this study was to assess the outcomes of bariatric surgery (BS) in the elderly (≥ 65 years) in the UAE population.

Methods

ICLDC patient database was accessed to identify all patients with a history of BS after the age of 65. Anthropometric measurements, medications, diabetes status and HbA1c were extracted. Data are presented as median (interquartile range).

Results

22 Emirati patients [12 females, age 66.9 (66.2 - 67.8) years, BMI 43.6 (40.4 - 46.8) kg/m^2 , 19 with type 2 diabetes with a duration of 6.75 (2.94 - 13.21) years] who had sleeve gastrectomy (LSG, n=15) or Roux-en-Y gastric bypass (RYGB, n=7) were identified.

At two years after surgery there was significant weight loss of 23.9 (15.4 - 28.5) % ($p < 0.001$) with a BMI reduction of 10.8 (6.7 - 13.9) kg/m^2 . Total weight loss was comparable between LSG and RYGB ($p = 0.238$).

Median reduction in HbA1c was 0.9 (0.6 - 1.3) % at two years after surgery. Two patients who had impaired fasting glucose had normal glucose tolerance within six months after surgery. There was a significant dose reduction amongst insulin treated patients [n=11; 120 (70 - 165) versus 25 (20 - 35) units, $p = 0.08$] with 4/11 patients completely off insulin. Duration of diabetes had no effect on weight loss or HbA1c reduction post BS. Reported adverse effects included iron and vitamin D deficiency (n=14).

Conclusions

Our data suggest that successful weight loss and better glycaemic control can be achieved in the elderly and that age alone should not be considered a contraindication to bariatric surgery.