

Suicide, CHD Deaths Elevated After Gastric Bypass

BY MARY ANN MOON
Contributing Writer

Researchers have found “a substantial excess” in deaths attributable to suicide and to coronary heart disease among patients who have undergone bariatric surgery, according to a report.

This descriptive study was not designed to ascertain the basis for this excess mortality, but the investigators postulated that the reasons may be connected in part to

obesity itself and its attendant comorbidities, which preceded the surgery. Continued obesity, even after substantial weight loss, as well as weight regain, also probably play a role, according to Dr. Benet I. Omalu of the University of Pittsburgh and his associates.

The researchers reviewed the records of 16,683 bariatric surgeries performed in Pennsylvania on state residents from 1995 through 2004. There were 440 deaths among these patients, for an overall mor-

tality of 2.6%. Age- and sex-specific death rates were substantially higher than those for the general population, even after procedure-related deaths were excluded from the analysis.

Coronary heart disease was the leading cause of death, accounting for about 20% of deaths that occurred 30 days or more after the procedure. “In the group aged 45-54 years, the CHD mortality rate for women after bariatric surgery was 15.2/10,000 person-years, compared with the rate of simi-

larly aged women in Pennsylvania of 5.46/10,000,” Dr. Omalu and his associates wrote (*Arch. Surg.* 2007;142:923-8).

There were 16 deaths (4%) from suicide and 14 (3%) from drug overdoses, some of which may have been misclassified as accidents rather than suicides. Most of these occurred more than a year after the surgery, “suggesting that careful follow-up, especially the need to recognize and treat depression, should be provided,” the investigators noted. ■

LIDODERM® applied to localized PHN pain penetrates the dermis, interrupts the peripheral pain signal, and reduces potential for central sensitization¹⁻³

LIDODERM applied in PHN clinical trials provided significant pain relief and reduced intensity vs placebo⁴⁻⁶

LIDODERM applied to intact skin uses topical technology for minimal systemic effect with low risk of serious adverse events and drug-drug interactions¹

with caution in pregnant (including labor and delivery) or nursing mothers. Allergic reactions, although rare, can occur. During or immediately after LIDODERM treatment, the skin at the site of application may develop blisters, bruising, burning sensation, depigmentation, dermatitis, discoloration, edema, erythema, exfoliation, irritation, papules, petechia, pruritus, vesicles, or may be the locus of abnormal sensation. These reactions are generally mild and transient, resolving spontaneously within a few minutes to hours. Other reactions may include dizziness, headache, and nausea. When LIDODERM is used concomitantly with local anesthetic products, the amount absorbed from all formulations must be considered. Immediately discard used patches or remaining unused portions of cut patches in household trash in a manner that prevents accidental application or ingestion by children, pets, or others. Before prescribing LIDODERM, please see brief summary of Prescribing Information on next page.


Lidoderm®
LIDOCAINE PATCH 5%

Interrupts the signal at the site