

# Race May Affect Weight Loss in Gastric Banding

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SAN FRANCISCO — African American patients, especially women, appear to lose a smaller percentage of excess weight after laparoscopic adjustable gastric banding than their white counterparts, despite similar resolution of comorbidities, Dr. Manish S. Parikh reported at the annual meeting of the American Society for Bariatric Surgery.

"It's unclear what impact race has on outcomes after bariatric surgery. There have been conflicting reports of decreased mean excess weight loss among African Americans after bariatric surgery, most of which involved gastric bypasses," said Dr. Parikh, of the department of surgery at New York University, New York.

In a previously published review of 630 white and 61 African American patients, Dr. Parikh and his colleagues found a significant difference in mean excess weight loss between white and African Americans at 3 years of follow-up (54% and 38%, respectively) after laparoscopic adjustable gastric banding (LAGB). But that study did not examine any differences in age, body mass index, or prevalence of comorbidities (*Surg. Endosc.* 2005;19:1631-5).

To study more thoroughly any racial differences in LAGB outcomes, Dr. Parikh and his colleagues used prospectively collected data on 959 patients who underwent the procedure during 2001-2004. They retrospectively matched 65 white patients with 58 African American patients based on age (mean 37 years), sex (104 females), and preoperative BMI (47 kg/m<sup>2</sup>).

Compared with African American patients, white patients on average lost a significantly higher percentage of excess weight at 1 year (49% vs. 39%), 2 years (55% vs. 44%), and 3 years of follow-up (52% vs. 41%). But obesity-related comorbidities (type 2 diabetes, hypertension, obstructive sleep apnea, and hyperlipidemia) resolved in a similar percentage of patients in both groups at each time point.

At baseline, 64% of African Americans and 55% of whites had obesity-related comorbidities. A decrease in the dose or number of medications was seen in 77% of African Americans and 61% of whites while obesity-related comorbidities com-

pletely resolved (medications were discontinued) in 32% of African Americans and in 29% of whites.

The follow-up rates at 3 years were 60% for African Americans and 74% for whites.

"This is a very small study with preliminary data. Larger studies are needed to delineate ethnic differences in outcomes after bariatric surgery," Dr. Parikh said.

Physicians should look at such data "with a little bit of caution, especially the types of studies that may foster far-reach-

ing implications," said Dr. Titus D. Duncan, a scheduled discussant. "Insurance companies and other entities get these papers as well, and they can—and have—historically denied access to patients" based on studies that have not reached final conclusions.

It's important to consider "difficult-to-study" variables, such as social support issues, social negotiation skills, personal life experiences, conditioned preferences and avoidances, role models, and body image,

which influence the overall outcomes in African American patients, said Dr. Duncan, director of minimally invasive and bariatric surgery at the Atlanta Medical Center.

Taking those variables into consideration in postoperative care plans, Dr. Duncan said that his group has found no significant racial differences in weight loss parameters or resolution of comorbidities in 3,500 bariatric procedures performed at their institution (including more than 800 African American patients). ■

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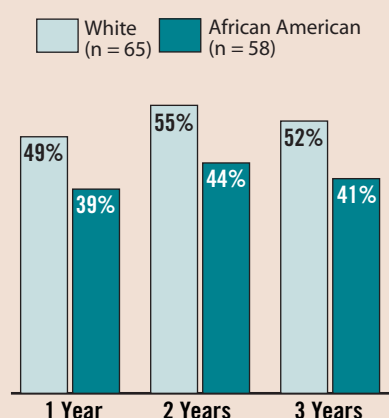
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References: 1. PROVIGIL full Prescribing Information. 2. Black JE, Hirshkowitz M. Modafinil for treatment of residual excessive sleepiness in nasal continuous positive airway pressure-treated obstructive sleep apnea/hypopnea syndrome. *Sleep*. 2005;28:464-471.

### White LABG Patients Lost Higher Percentage of Excess Weight



Source: Dr. Parikh