

Adiposity:

“The central risk factor for CVD” ?

Large wt reductions BS reduces :

- Lipids (LDL, Trig, and increases HDL)
- BP
- Glucose
- Adipokines and inflammatory markers ?
- Coagulation parameters?

BS may have other benefits independent of wt loss?

Prediction of CVD event ratio based on Framingham Risk Score

	<i>Interv</i>	<i>Control</i>	Ratios of Incident CVD event	
			<i>Women</i>	<i>Men</i>
Total-Cholesterol	160.7	186.4	0.84	0.86
HDL-Cholesterol	53.2	40.5	0.83	0.80
Systolic BP	113.1	128.0	0.72	0.81
Diabetes Rate	14.8%	20.2%	0.93	0.93
ALL			0.46	0.51

Other effects of large reductions in adiposity

- Reduces the risk of HF and cardiomyopathy due to adiposity ---HFReF
- Improves cognition and reduces dementia?
- Improves kidney function
- Improves glycemic states
- Improves mobility , function and QOL
- Reduces susceptibility to pneumonia and other infections?
- Reduces risk of specific cancers?

Potential adverse effects of BS?

- Procedural complications(v low)?
- Nutritional deficiencies?
- Kidney and gall stones ?
- Loss of bone and muscle mass?

While promising, there is genuine equipoise as to the net effects of bariatric surgery vs optimal medical care on overall health and outcomes

Evolving questions?

- Will better management of CVD risk factors, reduce the differences in CVD risk between Bariatric surgery and medical mgmt.?
- Or if the benefits are largely independent, will large benefits still be observed, especially in the context of new wt loss drugs ?
- However, best to be prudent and expect to observe a smaller benefit on death and CVD in RCTs than that projected from old studies and from non randomized data .