



Effective Health Care

Pharmacotherapy versus Surgical Therapy for the Treatment of Obesity in Women

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Pharmacotherapy versus surgical therapy in the treatment of obesity was found to be addressed by an in-process AHRQ review on the comparative effectiveness of bariatric surgery and nonsurgical therapy in adults with metabolic conditions and body mass index of 30 to 34.9. Additionally, an in-process review and guideline by the National Heart Lung and Blood Institute (NHLBI) on obesity in adults may have overlap with this topic. Given that the in-process reviews cover this nomination, no further activity will be undertaken on this topic.
 - To view a description and status of the in-process Effective Health Care (EHC) review, please go to: <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/>
 - To sign up for notification when this and other EHC Program topics are posted, please go to: <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>
 - To view a description and status of the in-process NHLBI research review, please go to: <http://www.nhlbi.nih.gov/guidelines/obesity/obesity2/index.htm>

Topic Description

Nominator: Organization

Nomination Summary: The nominator is interested in a review specifically targeting pharmacotherapy and surgical treatments for obesity in women.

Staff-Generated PICO:

Population(s): Obese, non-pregnant adult women

Intervention(s): Pharmacotherapy and surgical treatments (e.g., bariatric surgery)

Comparator(s): Various weight-loss medications, such as appetite suppressants, fat absorption inhibitors, lipid-lowering agents, anti-depressants compared with various bariatric (weight-loss) surgical approaches, such as laparoscopic adjustable gastric banding ("lap band"), Roux-en-y gastric bypass (RYGB)

Outcome(s): Avoidance of diabetes, degenerative arthritis, hypertension, myocardial infarction, and other cardiovascular diseases; improved mental health status

Harm(s): Surgical complications, nutrient deficiencies, metabolic disorders, adverse effects of pharmacotherapy, labeling, depression

**Key Questions
from Nominator:**

1. For non-pregnant women, what is the comparative effectiveness of pharmacotherapy versus surgical therapy in the treatment of obesity?
2. What is the comparative effectiveness of :
 - a) Various weight-loss medications, such as appetite suppressants, fat absorption inhibitors, lipid-lowering agents, anti-depressants
 - b) Various bariatric (weight-loss) surgical approaches, such as laparoscopic adjustable gastric banding ("lap band"), Roux-en-y gastric bypass (RYGB)
3. What are the comparative benefits and harms of obesity treatment by various obesity classes, age, race, and ethnicity?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Topic was found to be addressed by an in-process EHC review on the comparative effectiveness of bariatric surgery and nonsurgical therapy in adults with metabolic conditions and body mass index of 30 to 34.9. Draft key questions from this report include:
 1. What does the evidence show regarding the comparative effectiveness of bariatric surgery for treating adult patients with BMI of 30 to 34.9 and metabolic conditions, including diabetes? Are certain surgical procedures more effective than others (laparoscopic adjustable gastric banding, gastric bypass, or sleeve gastrectomy)?
 2. What does the evidence show regarding the comparative effectiveness of bariatric surgery versus conventional non-surgical therapies for treating adult patients with BMI of 30 to 34.9 and metabolic conditions?
 3. What are the potential short term adverse effects and/or complications involved with bariatric surgery for treating adult patients with BMI of 30 to 34.9 who have metabolic conditions?
 4. Does the evidence show racial and demographic disparities with regard to potential benefits and harms associated with bariatric surgery for treating adult patients with BMI of 30 to 34.9 and metabolic conditions? What other patient factors (social support, counseling, pre-operative weight loss, compliance) are related to successful outcomes?
 5. What does the evidence show regarding long-term benefits and harms of bariatric surgery for treating adult patients with BMI of 30 to 34.9 and who have metabolic conditions? How do they compare to short-term outcomes (within 1 year from surgery)?
- The topic was also found to be addressed by an in-process review and guideline by the NHLBI on obesity in adults. The NHLBI is leading the development of an integrated set of cardiovascular risk reduction guidelines for adults, including an update of their 1998 obesity guidelines. The guidelines will be principally aimed at primary care practitioners and their patients.