# Where Anti-Obesity Medication Fits in with Bariatric Surgery? – What's Trending

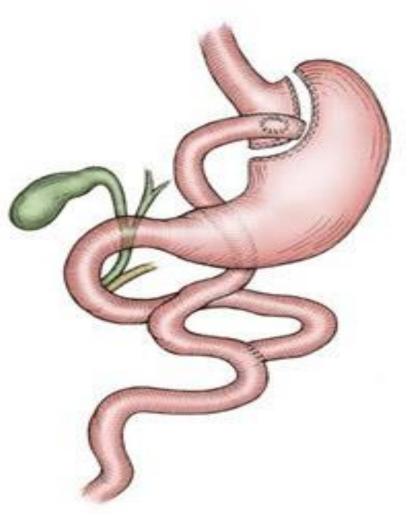
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#### **Background:**

- Roux-en-Y gastric bypass (RYGB) is an effective weight loss intervention
- 25-30% have the complication of recurrent weight gain
- Anti-obesity medications (AOMs) are interventions to combat recurrent weight gain or to augment further weight loss efforts after RYGB
- AOMs have been underutilized in past



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<u>Aims:</u>

With new AOMs such as GLP-1 agonists recently, we aimed to investigate recent trends and discrepancies in prescription rates for AOMs following RYGB at a population level

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#### Methods:

- <u>Retrospective, single-center study</u>
- Patients with obesity who underwent RYGB between November 16, 2018 to November 15, 2023
- Inclusion criteria: Diagnosis of obesity prior to surgery
- <u>Exclusion criteria</u>: Diagnosis of GI cancers to filter patients receiving RYGB
- Sequentially prescribed an AOM < 5 years post RYGB





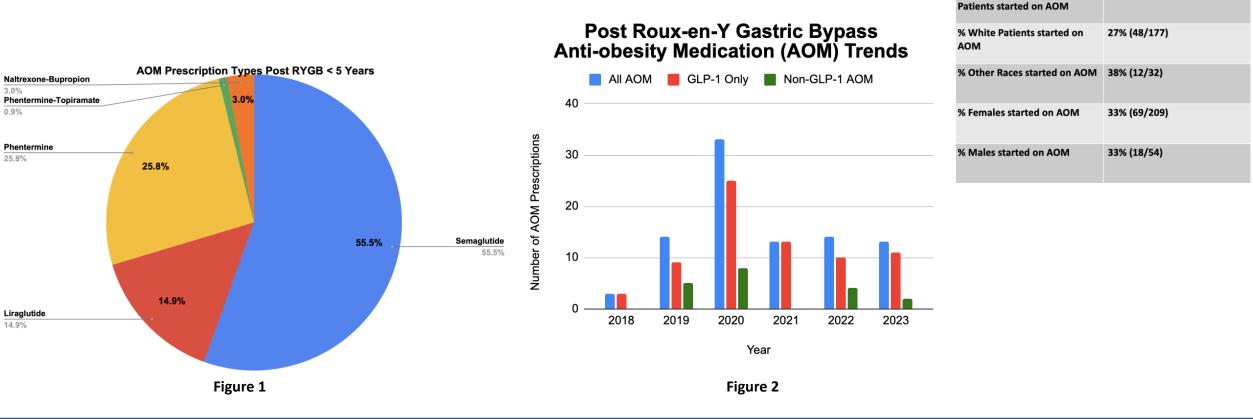
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<u>Results:</u> ho underwont RVGB\_32% (88/272) were

 Of 272 patients who underwent RYGB, 32% (88/272) were started on AOM < 5 years</li>

• 78% (69/88) patients prescribed AOM were on a GLP-1



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## Melbourne 2024

 Table 1

 Post Roux-en-Y Gastric Bypass (RYGB) Patient Demographics

272

32% (88/272)

44% (28/63)

**Total Patients Post-RYGB (N)** 

% Total Patients Started Anti-

**Obesity Medications within 5** 

% Black or African American

Years

## Key Points:

- Black patients had higher prescription rates of AOM within 5 years after RYGB in contrast to white patients with no differences between genders
- The majority of patients prescribed an AOM were on a GLP-1 agonist
- The popularity and widely known use of GLP-1 agonists appears to be improving AOM prescription rates; however, it is important to ensure that prescribers and patients are aware of other pharmacological treatment options in certain populations

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