



MONASH
Faculty of
Medicine,
Nursing and
Health Sciences



Pharmacotherapy and MBS

Friend or Foe?

Professor Wendy Brown

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Director, Oesophago-gastric-bariatric unit, Alfred Health
Clinical Director, Bariatric Surgery Registry



the**Alfred**

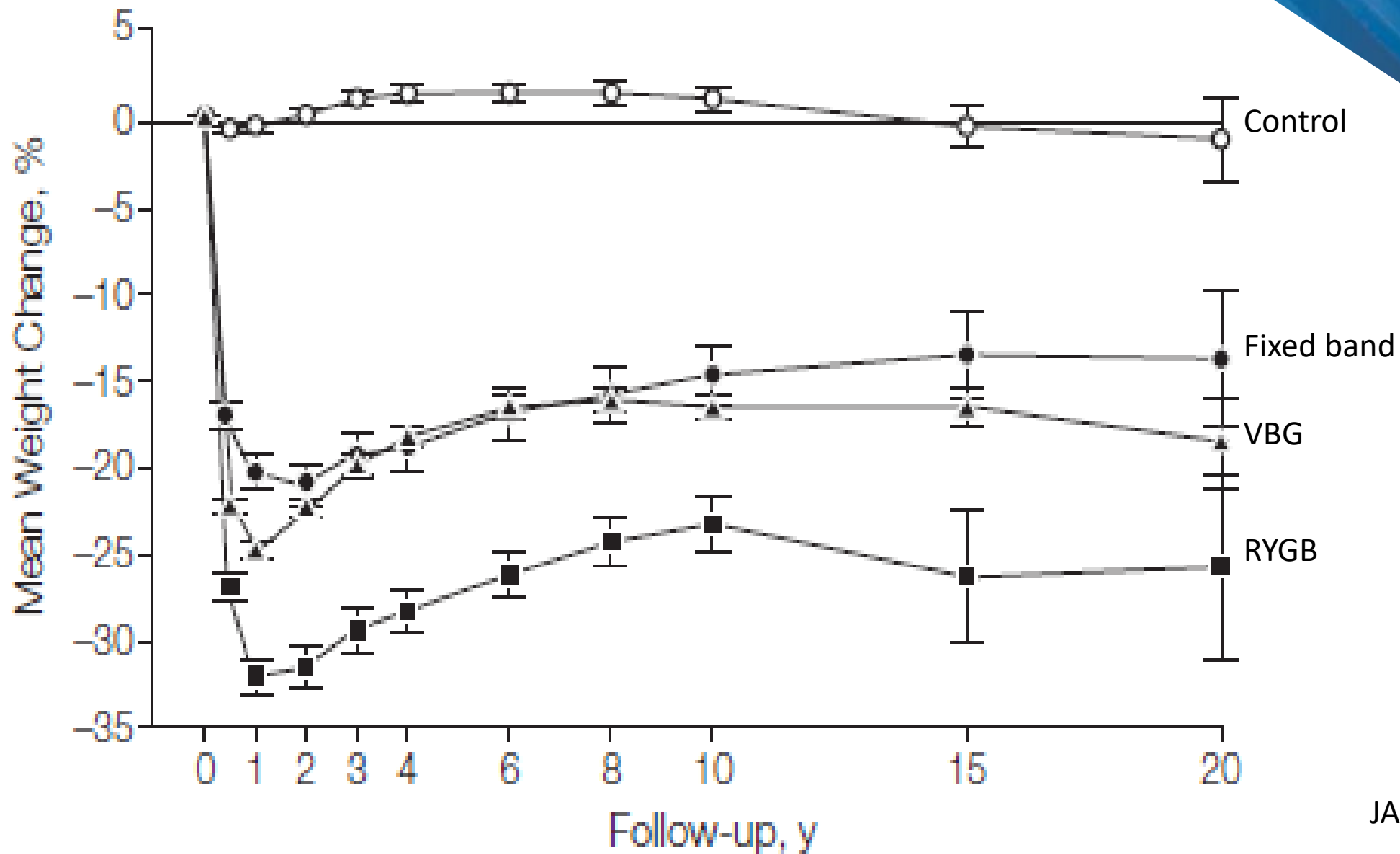


Funding disclosures:

The Bariatric Surgery Registry receives funding from the Commonwealth Government of Australia as well as our industry partners:



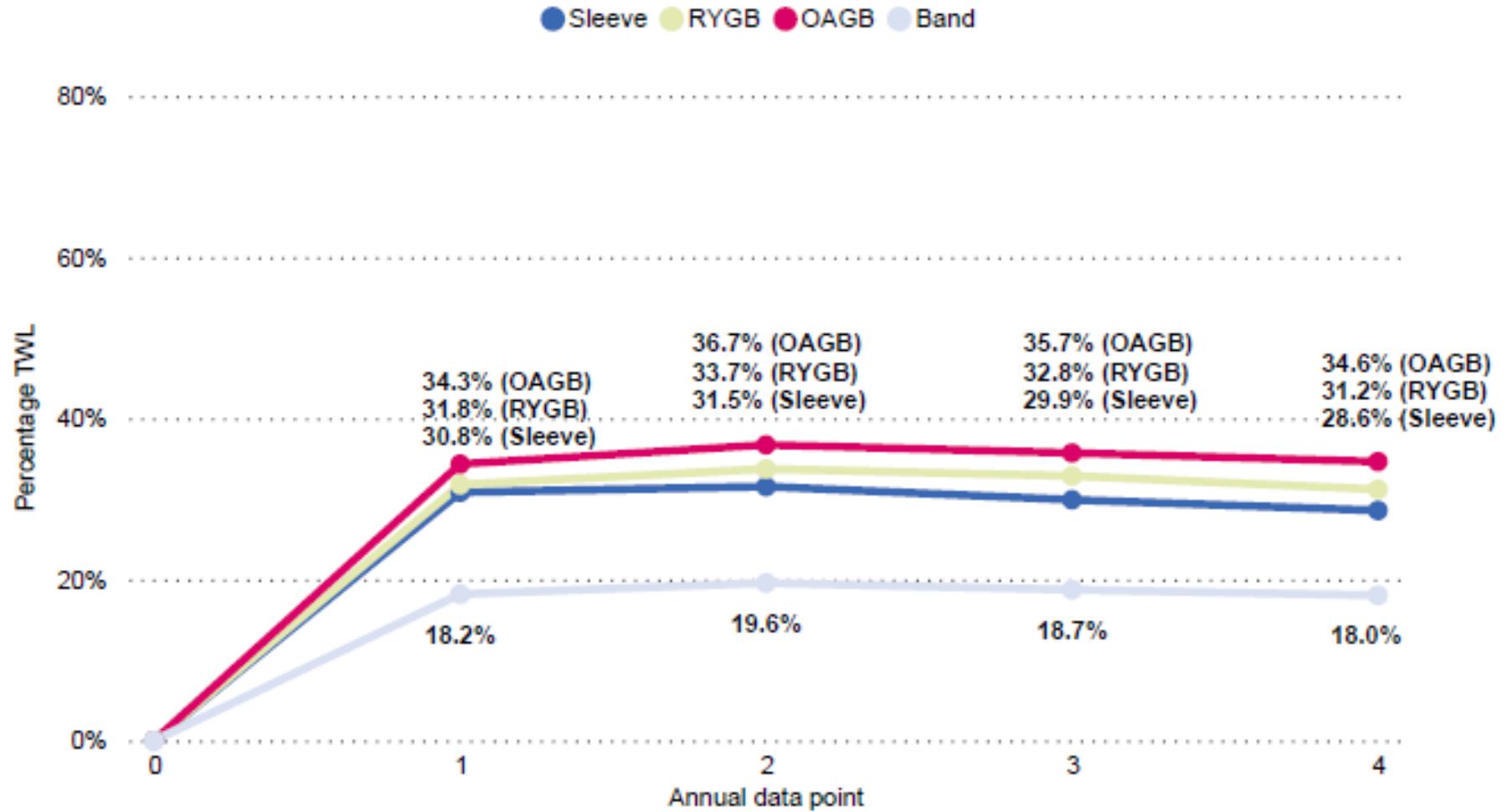
Professor Brown has received speakers or advisory board fees from Novo Nordisk, Gore and Merck Sharpe and Dohme

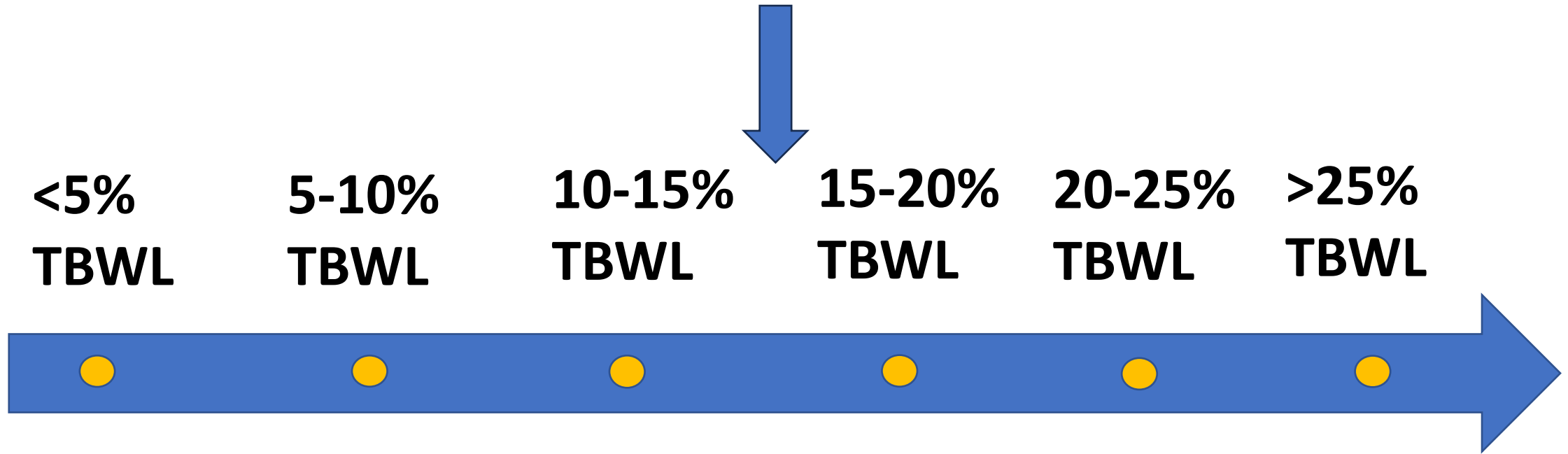


JAMA, 2012.307:56-65

Outcomes after bariatric surgery - Australia

ANZBSR
2023
report

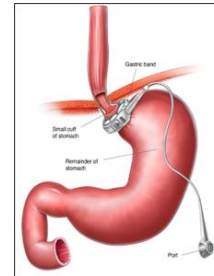




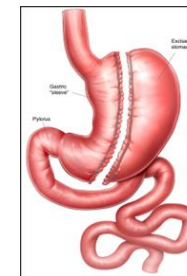
*Diet and
Exercise*

*Metformin
Bupropion &
naltrexone
Phentermine
Orlistat*

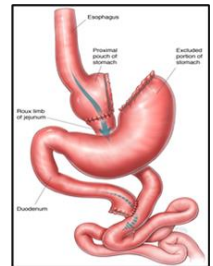
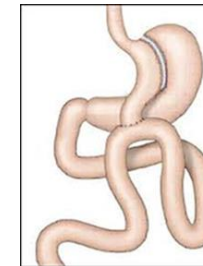
*Exenatide
Liraglutide
Phentomine &
Topiramate
Endoscopic*



Semaglutide



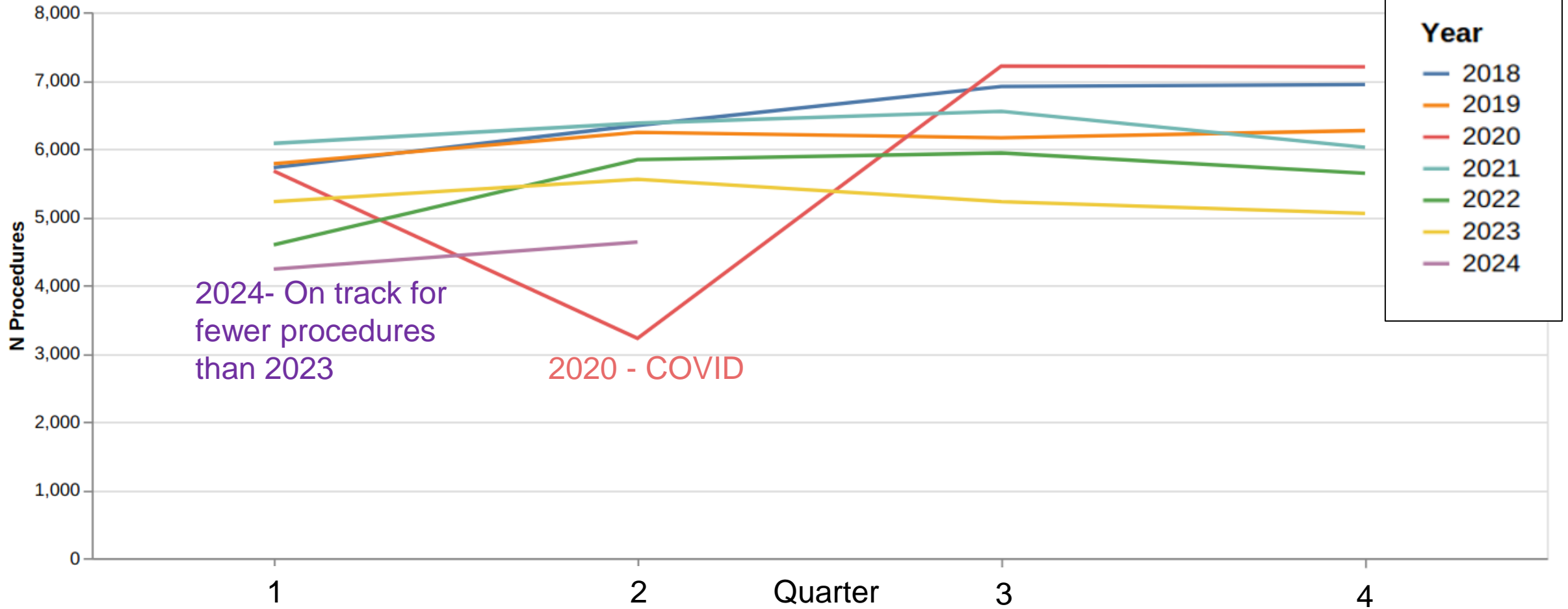
Tirzepatide



Declining Procedures



All MBS Procedures



2024- On track for fewer procedures than 2023

2020 - COVID

Why anti-obesity medicines (AOM) are our Friends not our Foes



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Recurrent weight gain

People with sub-optimal response

People with complex obesity

Introducing people to the concept of obesity treatment

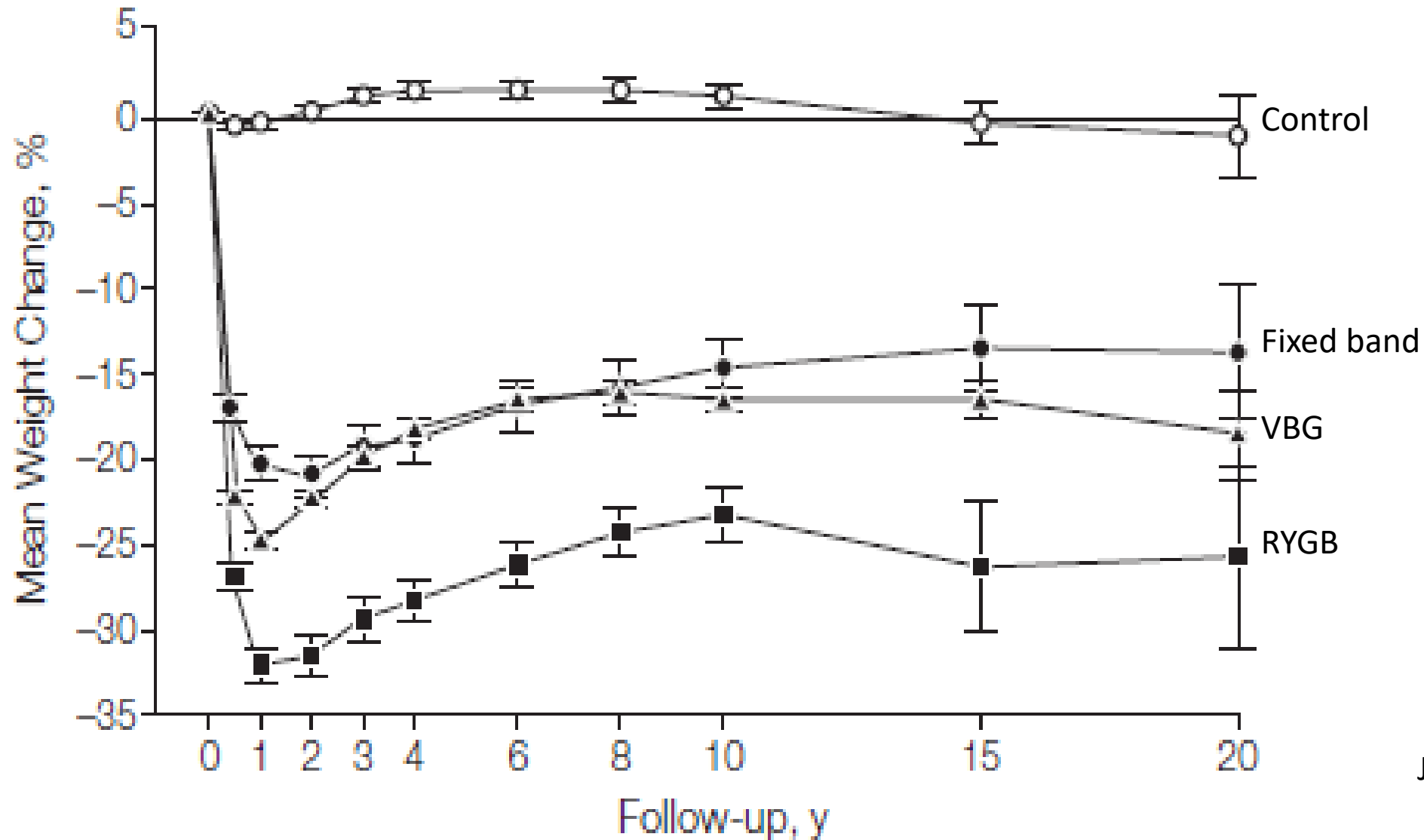
Opportunity to use the safer operations?

Opportunity to avoid revisional procedures?

A way to start a journey of care?

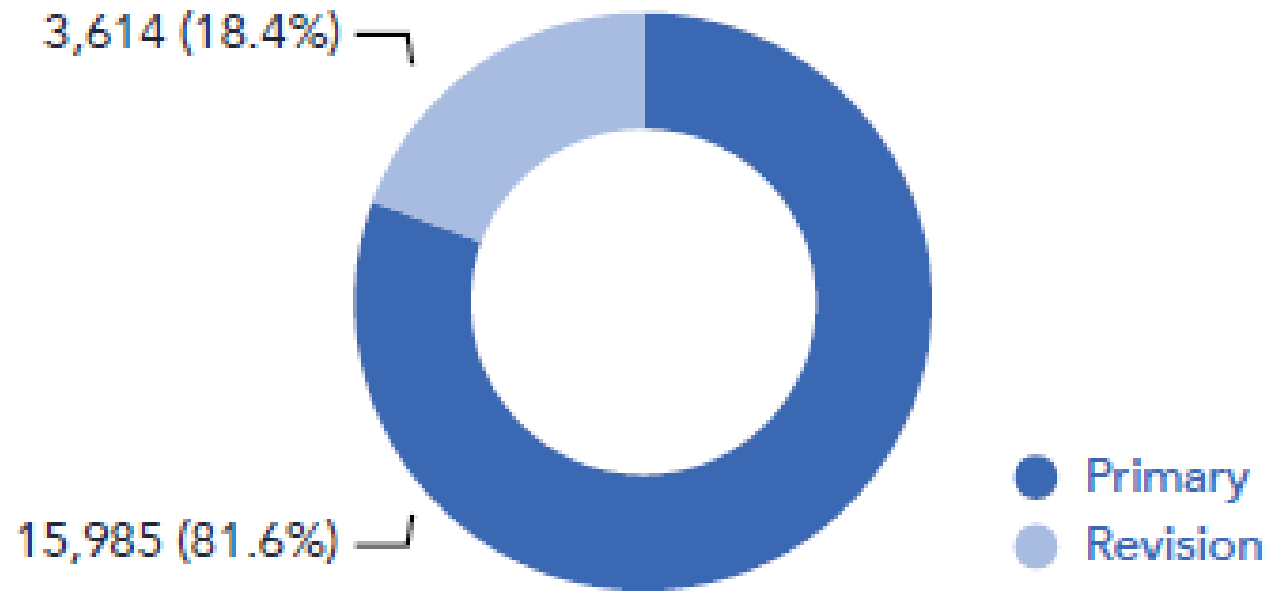


Regain of some weight after MBS is almost inevitable



JAMA, 2012.307:56-65

Revisional Sx after bariatric surgery - Australia



ANZBSR 2023 report


Risk of conversion




130,778
patients



29,950
revisional
bariatric procedures

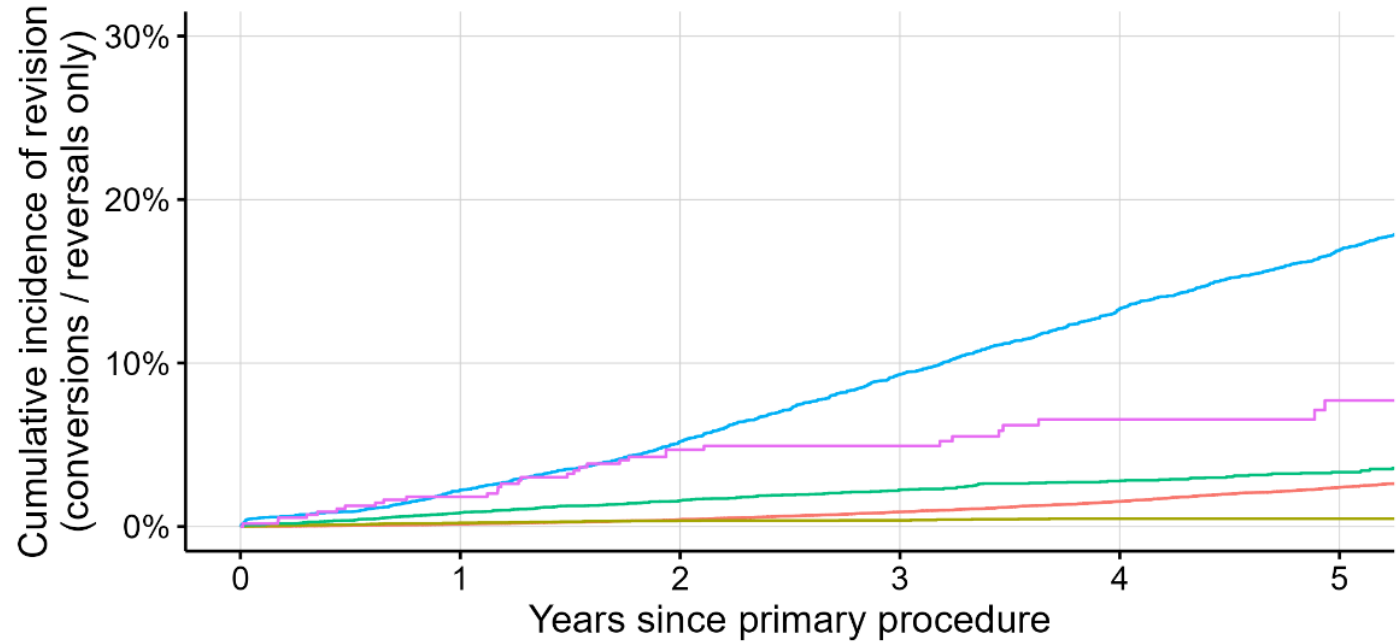


127
sites



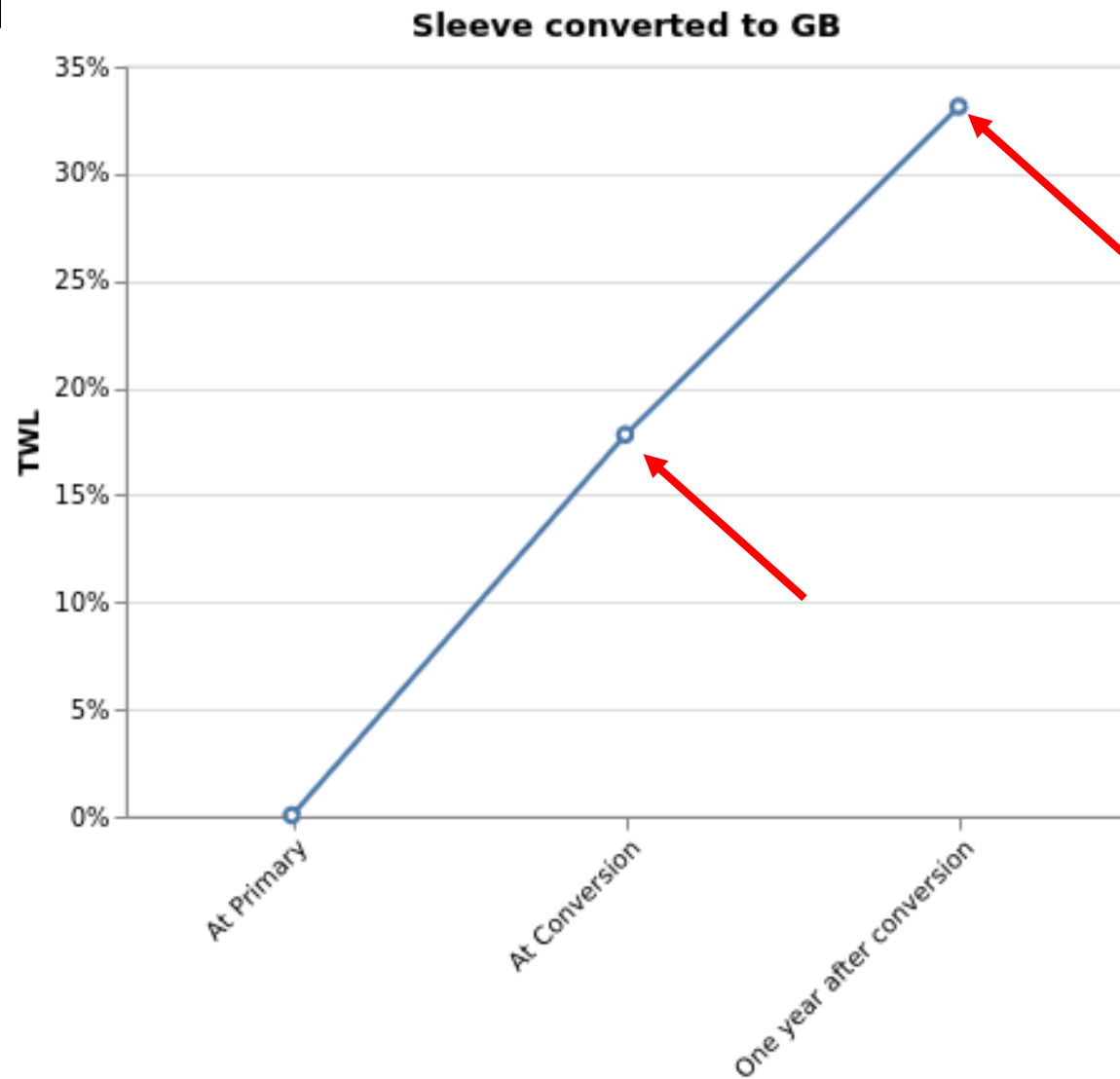
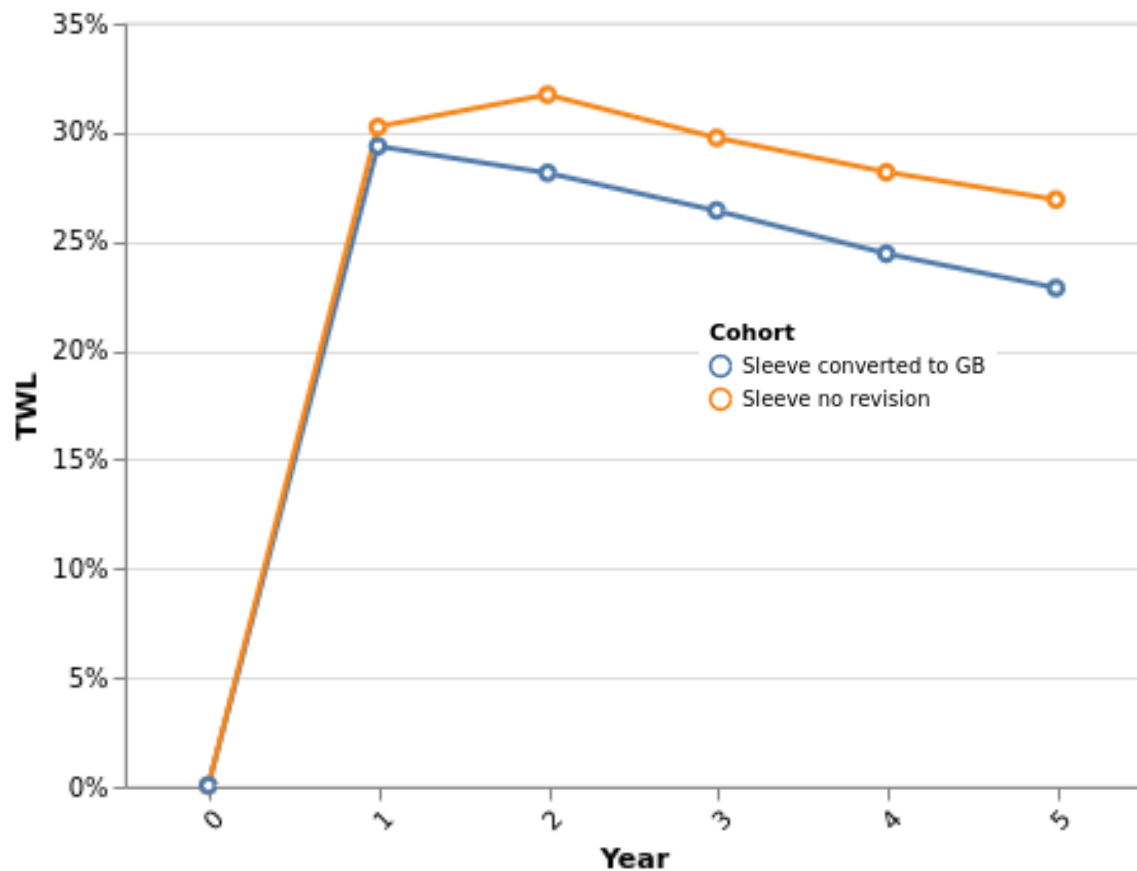
193
surgeons

Primary procedure type — Sleeve — RYGB — OAGB — GB — Other



	Number at risk					
	0	1	2	3	4	5
Sleeve	104,849	97,612	83,260	68,019	53,783	38,705
RYGB	9,404	8,688	7,218	5,481	4,202	2,901
OAGB	9,469	8,507	6,656	4,841	3,332	2,081
Band	6,506	6,331	6,057	5,649	5,204	4,652
Other	550	515	433	346	237	155

LOW after revisional surgery



Revisional surgery is more risky

Australia



Primary	128	17	179
Revision	345	16	104

Aotearoa NZ



Primary	24	1	28
Revision	29	0	29

Any AE

Primary 2.0%

Revision 10.4%

Sleeve	1.5%
RYGB	5.1%
OAGB	3.2%
LAGB	1.0%
SADI/SIPS	3.0%

Any AE

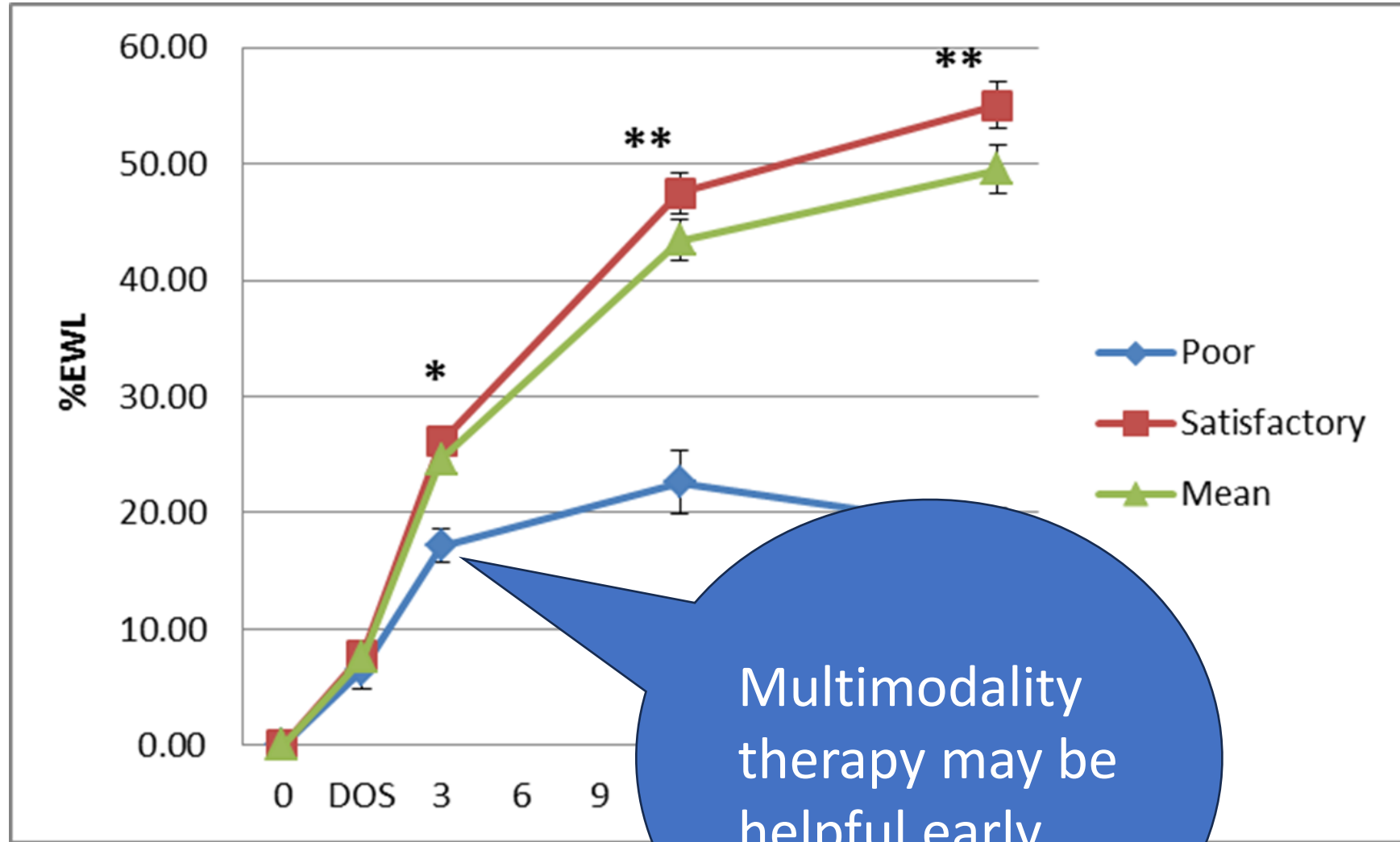
Primary 5.0%

Revision 36.7%

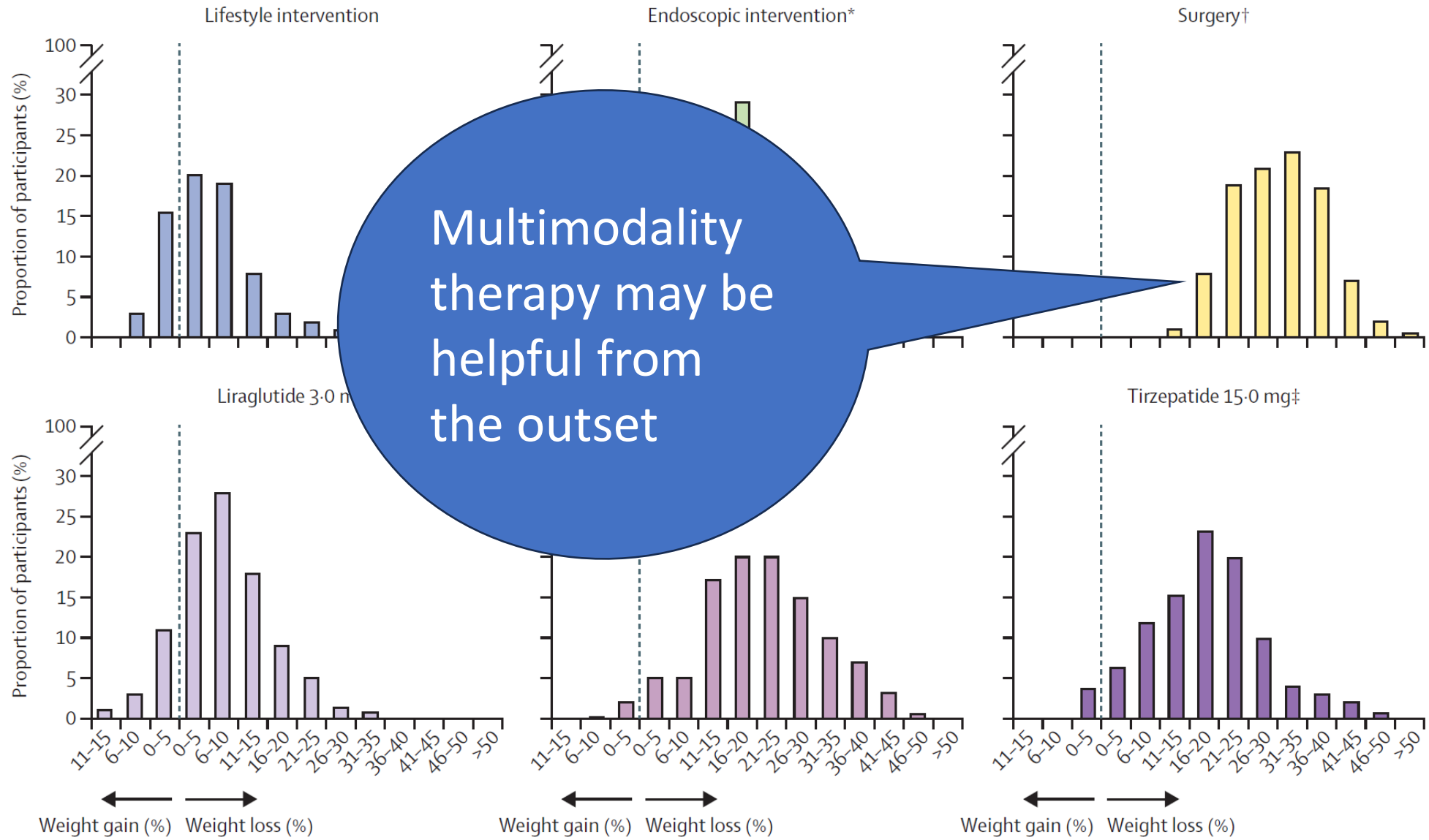
Sleeve	3.6%
RYGB	7.1%
OAGB	6.2%

ANZBSR 2022 report

There are a sub-set of patients that never have an optimal response

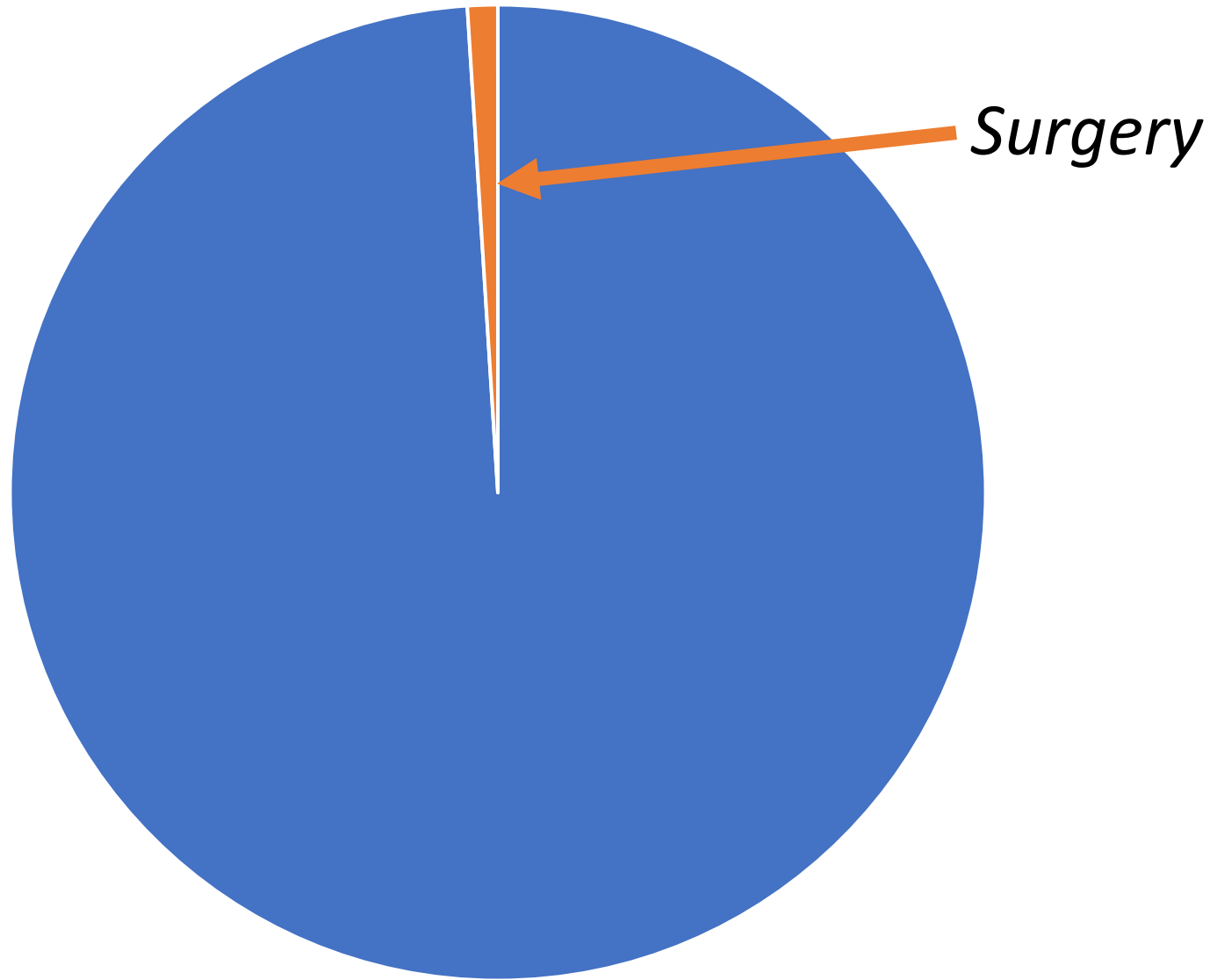


Multimodality therapy may be helpful early



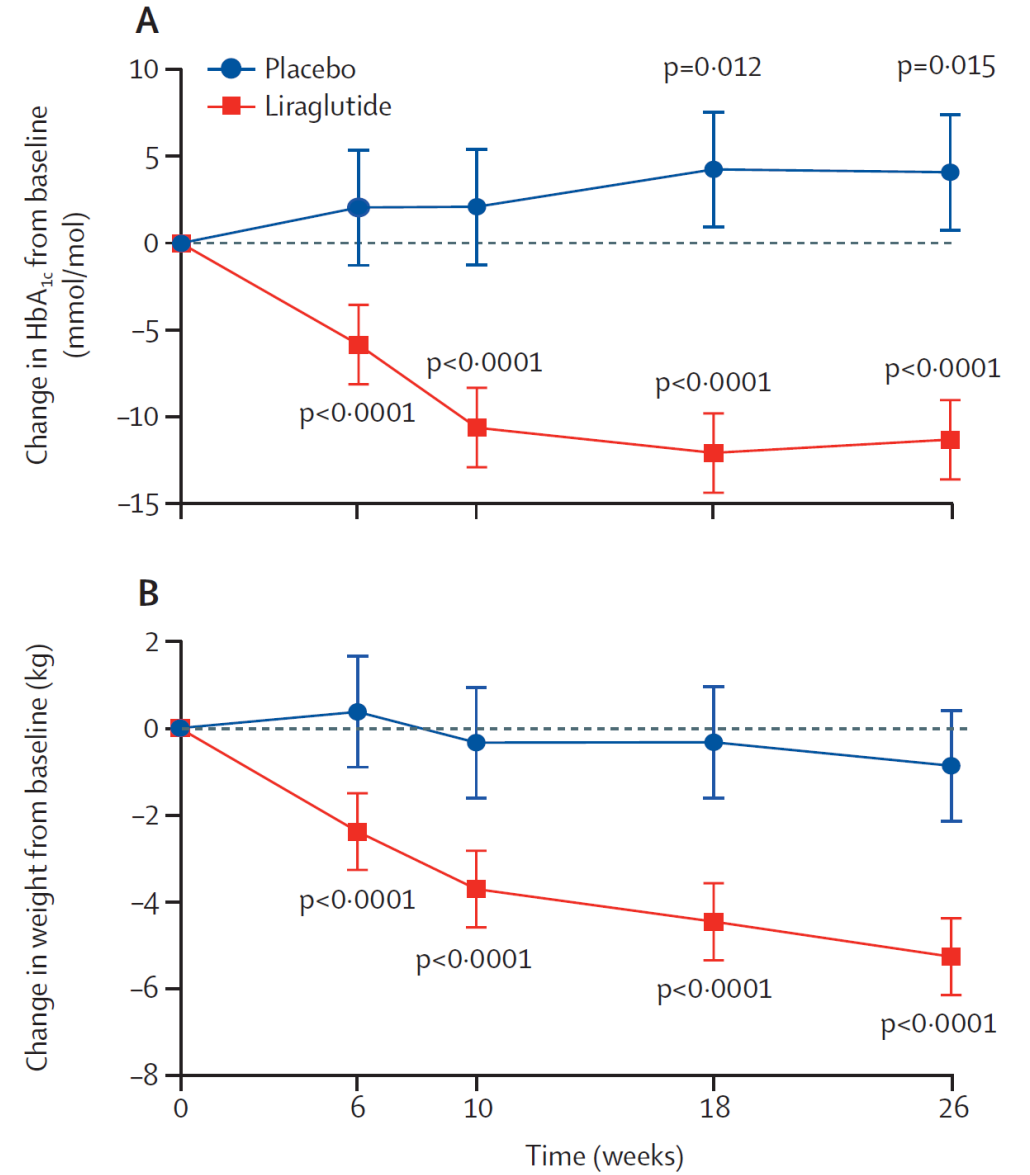
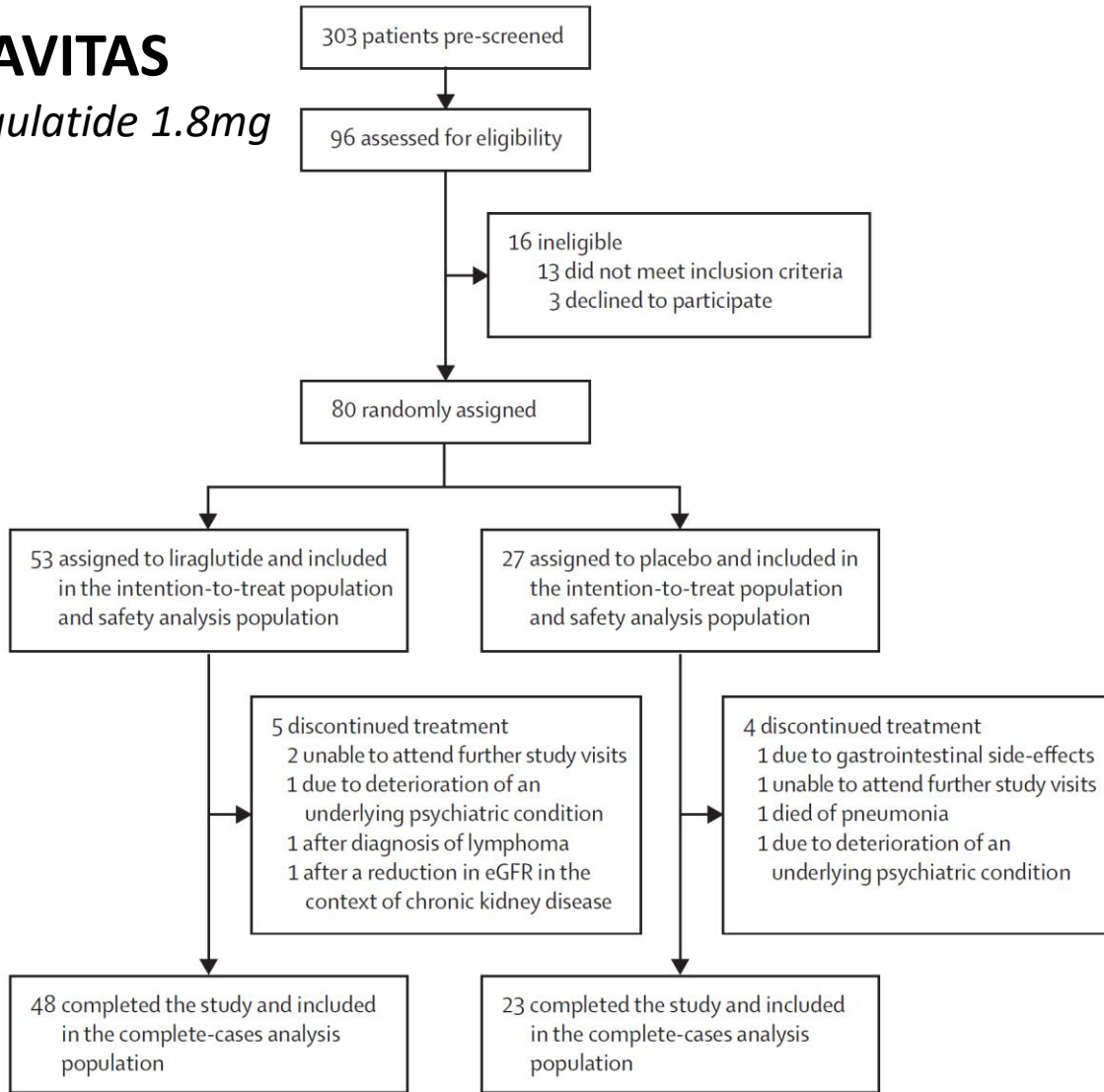
Obesity is a lifelong disease





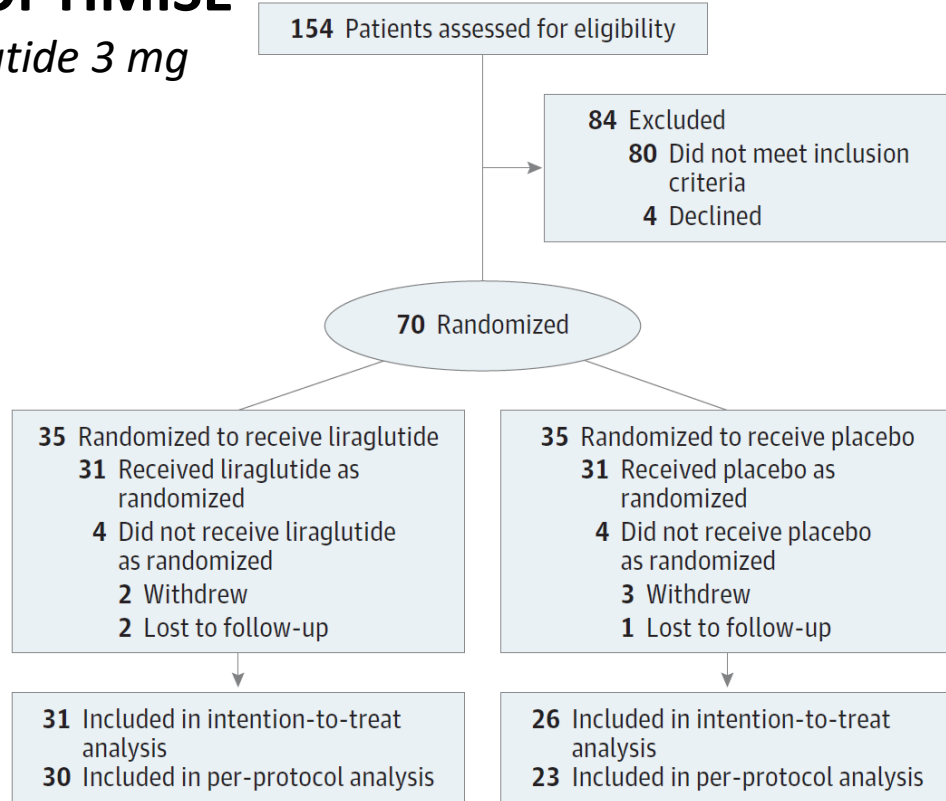
GRAVITAS

Liraglutide 1.8mg



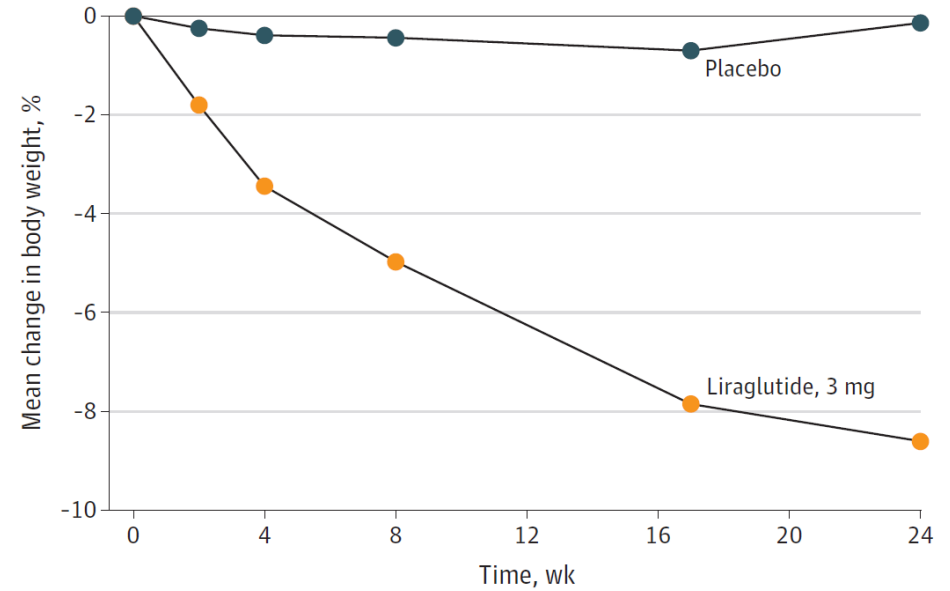
Bari-OPTIMISE

Liraglutide 3 mg

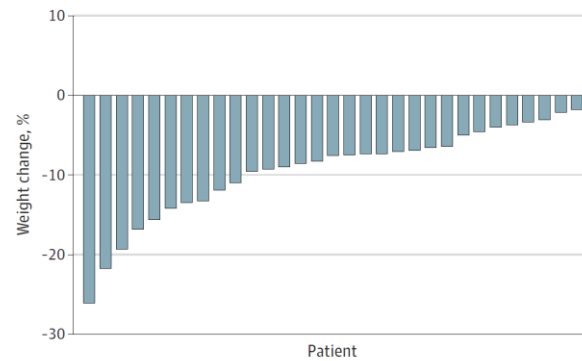


Because of lockdown measures due to COVID-19, some participants were unable to attend the clinic for their final weight measurements. One participant in the liraglutide group and 7 in the placebo group self-reported their final body weight.

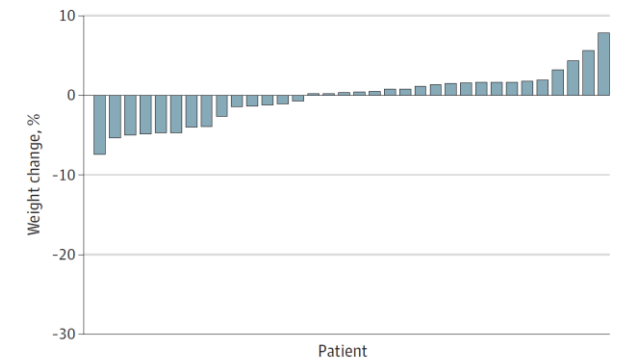
A Change in body weight from baseline



B Liraglutide group (n = 32)



C Placebo group (n = 34)



Safe
starting
point

Predicted
resistant
obesity

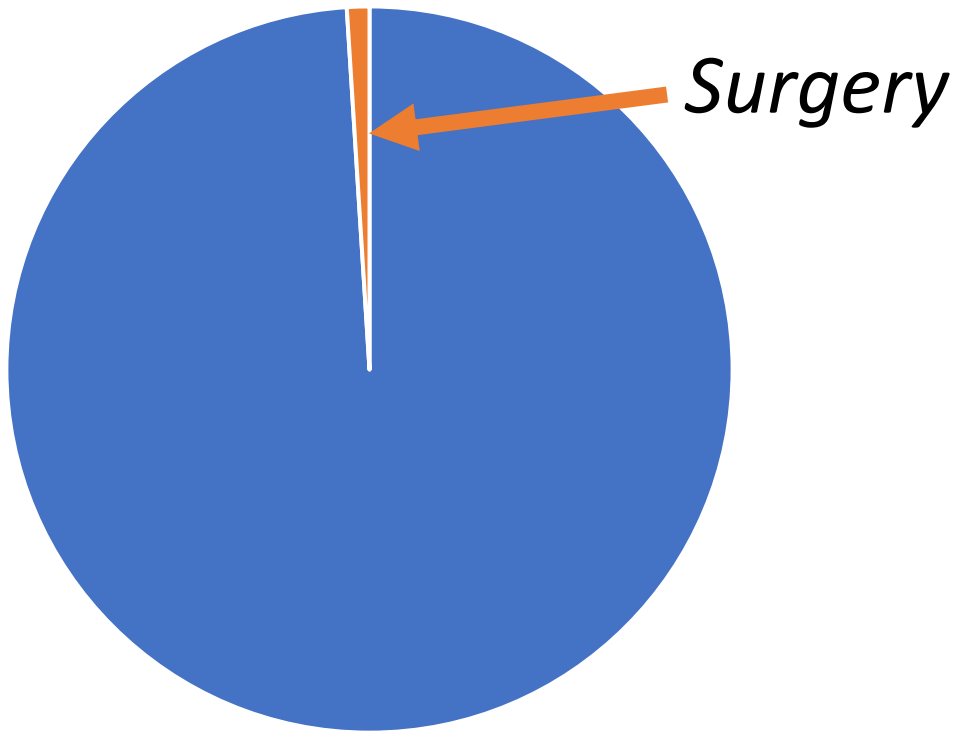
Before
Surgery

MBS

Post-
MBS

Improve
operability

Recurrent
weight
gain





Acknowledgements

BSR Steering Committee

Chair Prof Ian Caterson

ANZMOSS Prof Wendy Brown (Clinical Director), A/Prof Andrew MacCormick (Clinical Lead NZ), Dr Jacob Chisholm, Prof J Hamdorf

RACS Ms Meron Pitcher

AANZGOSA Mr Ross Roberts

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