

You may have seen a news clip in the past week or two about a recent study on weight loss surgery as a treatment for type 2 diabetes. With over 370 million people suffering from the disease worldwide,¹ the results of the study are certainly newsworthy. Here are the details.

The authors assigned a group of 150 people with long-term type 2 diabetes to have one of two weight loss surgeries or take only diabetes medicine. All of the people were heavy (BMI of 27 to 43) and had access to lifestyle counseling along with their treatment. After one year, 39% of those who had weight loss surgery achieved remission of their diabetes² compared to 12% of those who took just medicine. Many of the people who had surgery were off all diabetes medicine after a year. And, here's the real kicker, the surgery itself, not just the resulting weight loss, caused improvements in diabetes symptoms.³ These striking results may change how type 2 diabetes is treated. But, what does this mean for you or a family member who has type 2 diabetes? Should you jump up and head to the nearest surgery center?

Not yet. Weight loss surgeries are invasive procedures with real risks. These operations alter the digestive tract and carry a serious risk of post-operation infection. Following surgery, the size of your meals are measured in tablespoons, not cups. You must choose your food wisely and take vitamins and minerals to avoid nutritional deficiency. Then there's the risk of the aptly named "dumping syndrome" in which your stomach fails to empty its contents properly leading to cold sweats, a racing heart and diarrhea.⁴ And, in the end, it may not be permanent. You can slowly "undo" the surgery by overeating, which causes your stomach to stretch and regain its former volume.

Makes you pause doesn't it? It all boils down to a simple reality. To beat type 2 diabetes, you need to make changes to the way you live your life. Learning to eat smarter and better, losing weight, and being more active are tried and true changes that will improve your diabetes. You can make these changes gradually over time or force yourself to change by going under the knife. In this season of new life, give yourself the benefit of the doubt. Take the path to remission that is tree lined and grassy rather than the one that leads to the operating room.

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1. International Diabetes Federation. *IDF Diabetes Atlas, 5th Ed.* 2011 estimates. <http://www.idf.org/atlasmap/atlasmap>
2. The American Diabetes Association defines remission as a fasting blood sugar below 100 mg/dL and hemoglobin A1c of less than 6.0% without the aid of medicine. These are the normal values if you don't have type 2 diabetes.
3. Philip R. Schauer, Sangeeta R. Kashyap, Kathy Wolski, Stacy A. Brethauer, John P. Kirwan, Claire E. Pothier, Susan Thomas, Beth Abood, Steven E. Nissen, Deepak L. Bhatt. Bariatric Surgery versus Intensive Medical Therapy in Obese Patients with Diabetes. *New England Journal of Medicine*, 2012; : 120326083016000 DOI:10.1056/NEJMoa1200225
4. Kathleen Mahan and Sylvia Escott-Stump. *Krause's Food Nutrition, & Diet Therapy, 11th Ed.* Elsevier, Philadelphia PA.