



**SALA MINCUZZI
ANTI OBESITY DRUGS IN BARIATRIC PATIENTS - CORSO ECM**

Direttore Scientifico: Maurizio De Luca

SICOB SPRING MEETING

BARI, 18-19 MAGGIO 2023

**Presidente del congresso
Dott. Antonio Braun**

LINEE GUIDA IFSO E ASMBMS

Antonio Vitiello

Ricercatore Universitario – Dipartimento di Scienze Biomediche Avanzate

Università degli Studi di Napoli Federico II



- **consensus** conference: Conferenza, gruppo di lavoro istituito con il compito di individuare e definire elementi di consenso e convergenza.

consensus

noun

/kenˈsɛnsəs/



Cambridge
Dictionary

Make your words meaningful

Add to word list

the feeling of most people

[consenso](#)

- *The consensus of opinion is that we should go ahead with the operation.*

(Translation of *consensus* from the [PASSWORD English-Italian Dictionary](#) © 2014 K Dictionaries Ltd)

In a 1985 Consensus implications of obesity were established :

- *increased risk for cardiovascular disease (especially hypertension), dyslipidemia, diabetes mellitus,*
- *Increased prevalances and mortality ratios of selected types of cancer*
- *socioeconomic and psychosocial impairment*

A BMI of 40 kg/m² can be categorized as having "clinically severe obesity" , a term that is preferred to "morbid obesity"

A 1987 NIH consensus conference on surgery for obesity considered primarily intestinal (jejunoileal) bypass

The conference highlighted the undesirable side effects of this operation, and its use has all but disappeared

National Institutes of Health Consensus Development Conference
Draft Statement on
Gastrointestinal Surgery for Severe Obesity
25–27 March 1991

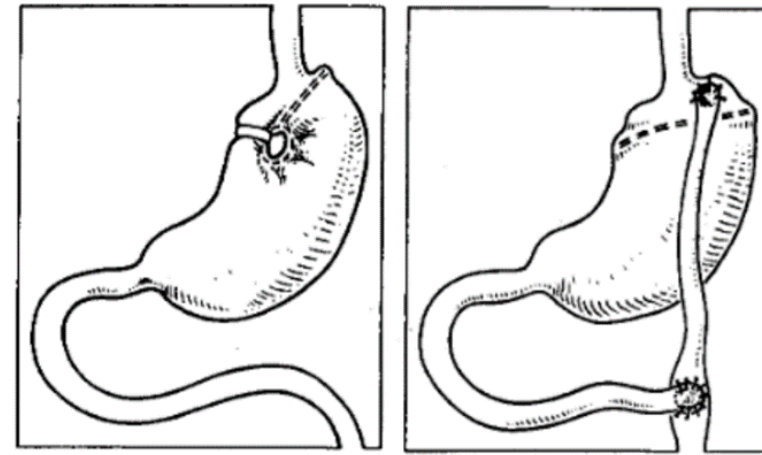


FIG. 1. Vertical banded gastroplasty

FIG. 2. Roux-en-Y gastric bypass

Following 2 days of presentations by experts and discussion by the audience, a consensus panel weighed the evidence and prepared their consensus statement:

- Patients seeking therapy for severe obesity **for the first time** should be considered for treatment in a **nonsurgical program**
- Patients whose **BMI exceeds 40** are potential candidates for surgery
- In certain instances, less severely obese patients (with **BMI's between 35 and 40**) also may be considered for surgery
- Patients should be selected carefully after evaluation by a **multidisciplinary team**
- Lifelong medical surveillance



ARE YOU A CANDIDATE

Selection Criteria

There are a number of widely accepted criteria which make a patient suitable for Bariatric or weight loss surgery:

- ▶ BMI > 40 by itself or >35 if there is an associated obesity complications , such as diabetes or sleep apnoea
- ▶ Reasonable attempts at other weight loss techniques
- ▶ Age 18-65
- ▶ No drug dependency problems
- ▶ A capacity to understand the risks and commitment associated with the surgery.
- ▶ Pregnancy not anticipated in the first year following surgery



Documento di posizione

Da Wikipedia, l'enciclopedia libera.

Un **documento di posizione** (in [inglese](#) *position statement*, espressione traducibile in [italiano](#) anche come "presa di posizione", "documento di sintesi" o "documento che illustra la posizione"^{[1][2]}) è un saggio che presenta un'[opinione](#) su una questione, tipicamente quella dell'autore o di un'altra entità specificata, come ad esempio un'azienda, un partito politico, ecc. I documenti di posizione sono pubblicati nel mondo accademico, in campo politico, legislativo e in altri settori.

I documenti di posizione (denominati anche *paper*) vanno dal formato più semplice di una lettera al direttore fino a quello più complesso sotto forma di un documento di posizione accademico.^[3] I documenti di posizione sono usati anche dalle grandi organizzazioni per rendere pubbliche le convinzioni e le raccomandazioni ufficiali del gruppo.^[4]



Practical Guide

Published April 2022

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ASMBS Updated Position Statement on Perioperative Venous Thromboembolism Prophylaxis in Bariatric Surgery

Published January 2022

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Published January 2022

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ASMBS Biliopancreatic Access Following Anatomy-Altering Bariatric Surgery: A Literature Review

Published October 2021

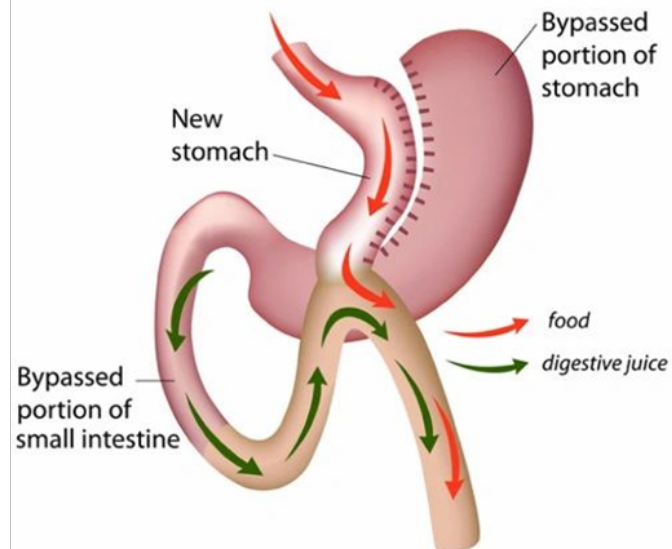
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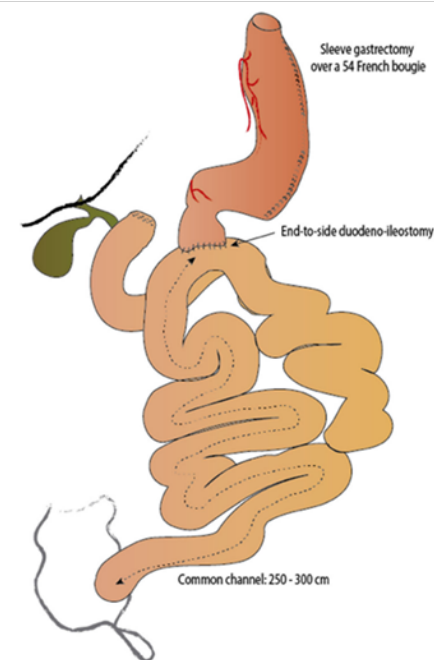
IFSO Update Position Statement on One Anastomosis Gastric Bypass (OAGB)

Maurizio De Luca¹ · Giacomo Piatto² · Giovanni Merola³ · Jacques Himpens⁴ · Jean-Marc Chevallier⁵ · Miguel-A Carbajo⁶ · Kamal Mahawar^{7,8} · Alberto Sartori² · Nicola Clemente² · Miguel Herrera⁹ · Kelvin Higa^{10,11} · Wendy A. Brown¹² · Scott Shikora^{13,14}



Single Anastomosis Duodenal-Ileal Bypass with Sleeve Gastrectomy/One Anastomosis Duodenal Switch (SADI-S/OADS) IFSO Position Statement

Wendy A. Brown¹ · Geraldine Ooi¹ · Kelvin Higa¹ · Jacques Himpens¹ · Antonio Torres¹ · on behalf of the IFSO-appointed task force reviewing the literature on SADI-S/OADS





Società Italiana di
Chirurgia dell'Obesità
e delle malattie metaboliche

LINEE GUIDA E STATO DELL'ARTE DELLA CHIRURGIA BARIATRICA E METABOLICA IN ITALIA

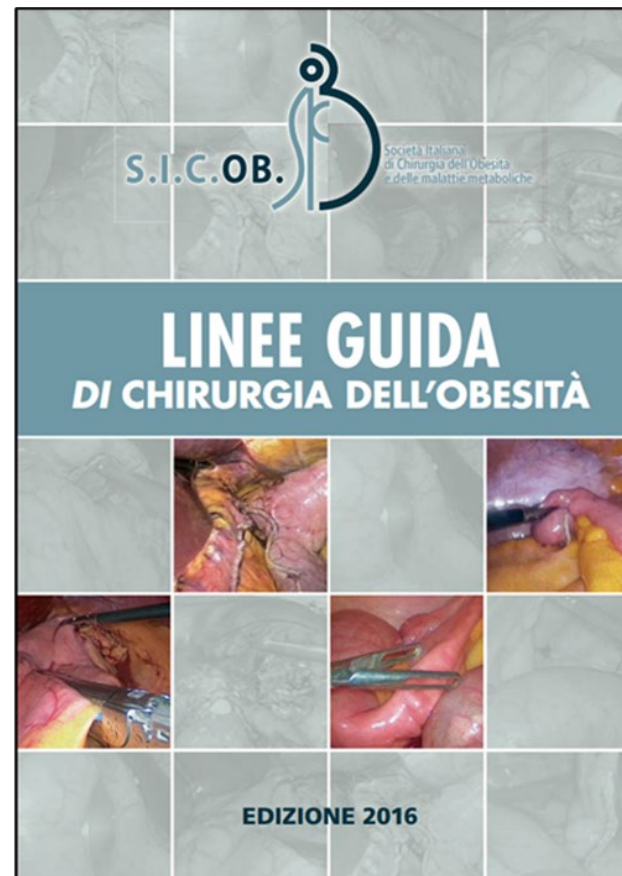
a cura di:
P. Forestieri,

Indicazioni alla chirurgia bariatrica

Le linee guida consigliate e adottate dalla S.I.C.O.B. sono sovrapponibili a quelle internazionalmente codificate ed accettate. Per i pazienti di età compresa tra i 18 ed i 60 anni (il 97,5% dei pazienti del Registro S.I.C.O.B.) le indicazioni, sono, quindi, le seguenti:

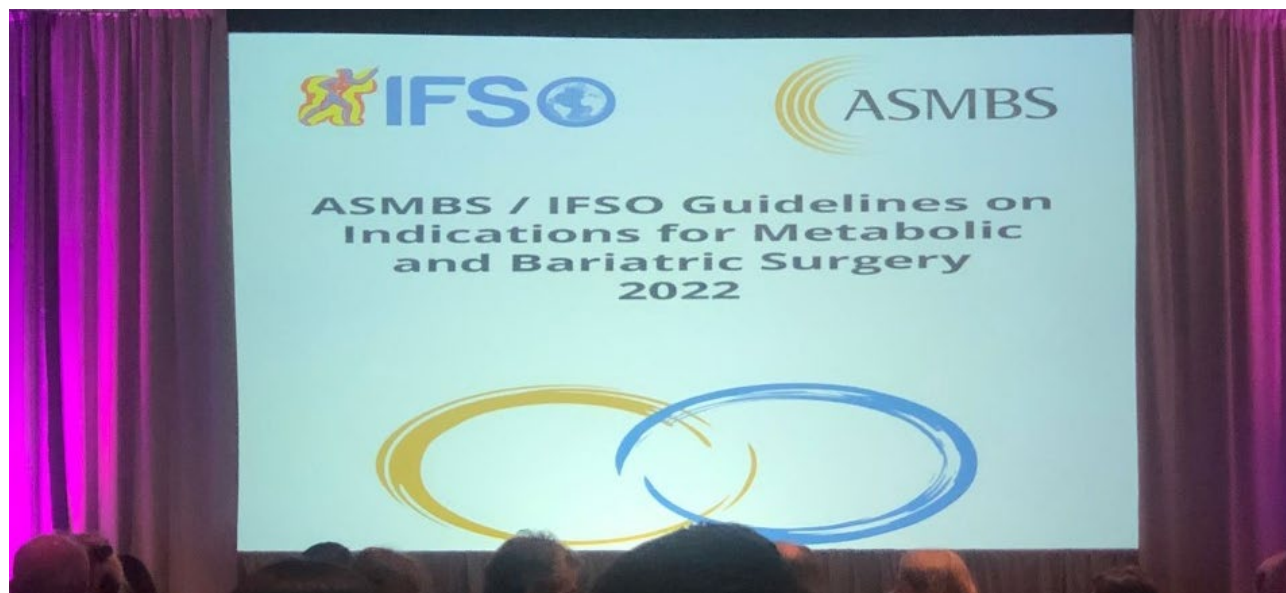
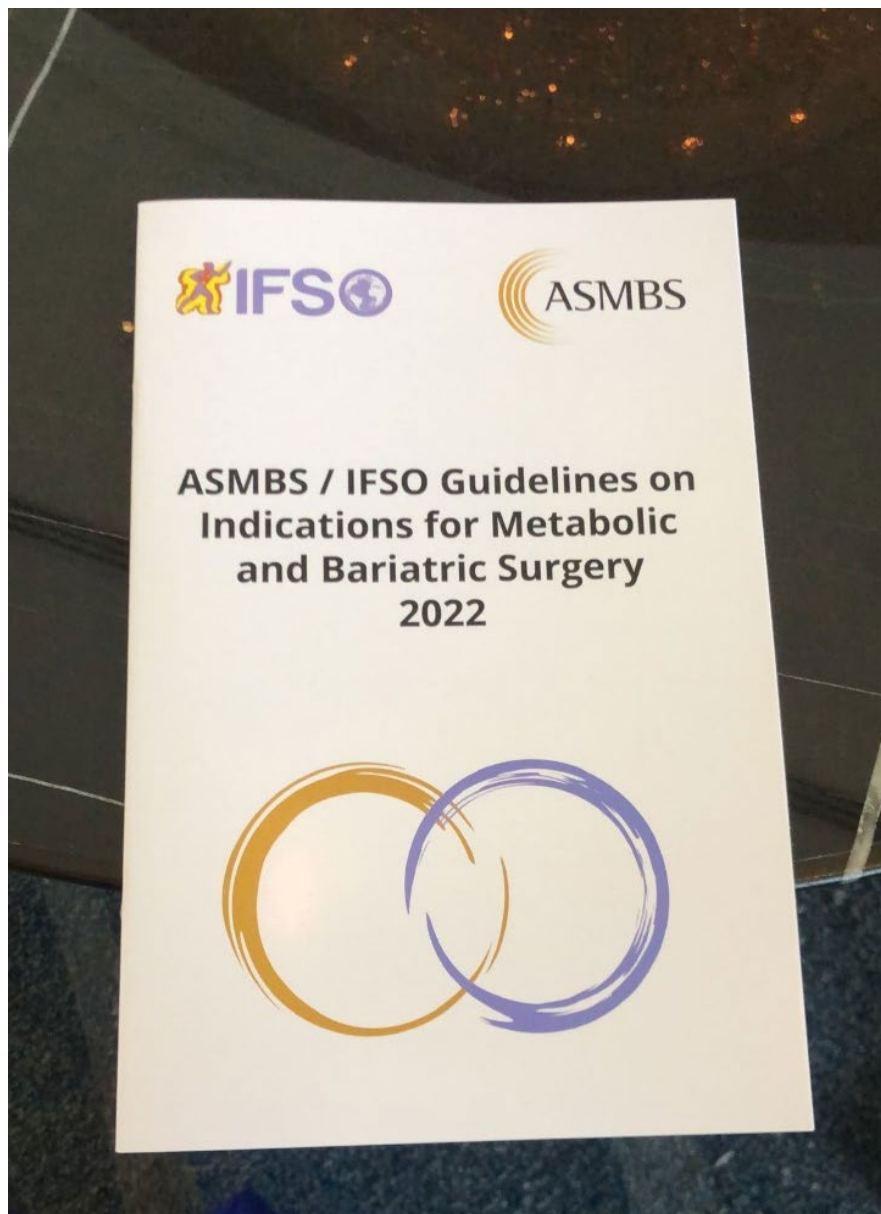
1. B.M.I. ≥ 40 Kg/m²;
2. B.M.I. tra 35 e 40 Kg/m² in presenza di comorbidità che, presumibilmente, possono migliorare o guarire a seguito della notevole e persistente perdita di peso ottenuta con l'intervento (malattie del metabolismo, patologie cardiorespiratorie, gravi malattie articolari, gravi problemi psicologici, ecc.).

Per essere candidati all'intervento i pazienti devono avere nella loro storia clinica un fallimento di un corretto trattamento medico (mancato o insufficiente calo ponderale; scarso o mancato mantenimento a lungo termine del calo di peso).



bariatrica. Il BMI è, infine, valutato, insieme a parametri metabolici, funzionali e psicologici sempre in un bilancio complessivo fra rischi e benefici, in pazienti con:

- BMI >40 kg/m², in assenza di ogni altra comorbidità;
- BMI >35 kg/m², in presenza di comorbidità fra quelle classicamente considerate come associate all'obesità (Tabella 3), tra cui il diabete mellito di tipo 2 (T2DM) resistente al trattamento medico (Vedi: Indicazioni nel paziente affetto da Diabete Mellito di Tipo 2).





2022 American Society of Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Indications for Metabolic and Bariatric Surgery

Dan Eisenberg¹ · Scott A. Shikora² · Edo Aarts³ · Ali Aminian⁴ · Luigi Angrisani⁵ · Ricardo V. Cohen⁶ · Maurizio de Luca⁷ · Silvia L. Faria⁸ · Kasey P.S. Goodpaster⁴ · Ashraf Haddad⁹ · Jacques M. Himpens¹⁰ · Lilian Kow¹¹ · Marina Kurian¹² · Ken Loi¹³ · Kamal Mahawar¹⁴ · Abdelrahman Nimeri¹⁵ · Mary O’Kane¹⁶ · Pavlos K. Pappasavas¹⁷ · Jaime Ponce¹⁸ · Janey S. A. Pratt^{1,19} · Ann M. Rogers²⁰ · Kimberley E. Steele²¹ · Michel Suter^{22,23} · Shanu N. Kothari²⁴



Original article

2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery

Dan Eisenberg, M.D.^{a,*}, Scott A. Shikora, M.D.^b, Edo Aarts, M.D., Ph.D.^c, Ali Aminian, M.D.^d, Luigi Angrisani, M.D.^e, Ricardo V. Cohen, M.D., Ph.D.^f, Maurizio De Luca, M.D.^g, Silvia L. Faria, Ph.D.^h, Kasey P. S. Goodpaster, Ph.D.^d, Ashraf Haddad, M.D.ⁱ, Jacques M. Himpens, M.D., Ph.D.^j, Lilian Kow, B.M.B.S., Ph.D.^k, Marina Kurian, M.D.^l, Ken Loi, M.B.B.S., B.Sc. (Med)^m, Kamal Mahawar, M.B.B.S., M.Sc.ⁿ, Abdelrahman Nimeri, M.D., M.B.B.Ch.^o, Mary O’Kane, M.Sc., R.D.^p, Pavlos K. Pappasavas, M.D.^q, Jaime Ponce, M.D.^r, Janey S. A. Pratt, M.D.^{s,x}, Ann M. Rogers, M.D.^t, Kimberley E. Steele, M.D., Ph.D.^u, Michel Suter, M.D.^{v,w}, Shanu N. Kothari, M.D.^x

Major updates to 1991 National Institutes of Health guidelines for bariatric surgery

- Metabolic and bariatric surgery (MBS) is recommended for individuals with a body mass index (BMI) ≥ 35 kg/m², regardless of presence, absence, or severity of co-morbidities.
- MBS should be considered for individuals with metabolic disease and BMI of 30–34.9 kg/m².
- BMI thresholds should be adjusted in the Asian population such that a BMI ≥ 25 kg/m² suggests clinical obesity, and individuals with BMI ≥ 27.5 kg/m² should be offered MBS.
- Long-term results of MBS consistently demonstrate safety and efficacy.
- Appropriately selected children and adolescents should be considered for MBS.

(Surg Obes Relat Dis 2022;18:1345–1356.) © 2022 The Author(s) Published by Elsevier Inc on behalf of American Society for Metabolic & Bariatric Surgery (ASMBS) and Springer Nature on behalf of International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). All rights reserved. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Keywords: Obesity; Metabolic and bariatric surgery; IFSO; ASMBS; Criteria; Indications

- *MBS is recommended for individuals with BMI >35 kg/m², regardless of presence, absence, or severity of co-morbidities.*
- *MBS is recommended in patients with T2D and BMI >30kg/m².*
- *MBS should be considered in individuals with BMI of 30–34.9 kg/m² who do not achieve substantial or durable weight loss or co-morbidity improvement using nonsurgical methods*

- There is no upper patient-age limit to MBS
- Children and adolescents with BMI > 120% of the 95th percentile and a major co-morbidity, or a BMI > 140% of the 95th percentile, should be considered for MBS after evaluation by a multidisciplinary team in a specialty center

- BS is an effective treatment of clinically severe obesity in patients who need other specialty surgery, such as joint arthroplasty, abdominal wall hernia repair, or organ transplantation
- Consultation with a multidisciplinary team can help manage the patient's modifiable risk factor

*Pregnancy
After
Bariatric
Surgery*




Gastric reflux



➤ *MBS should be considered in individuals with BMI of 30–34.9 kg/m²*

➤ *Severe obesity is a chronic disease requiring long-term management after primary MBS. This may include revisional surgery or other adjuvant therapy to achieve desired treatment effect.*



TRECCANI


In via generale, con la locuzione linee guida si indicano delle «raccomandazioni di comportamento clinico, elaborate mediante un processo di revisione sistematica della letteratura e delle opinioni di esperti, con lo scopo di aiutare i medici e i pazienti a decidere le modalità assistenziali più appropriate in specifiche situazioni cliniche» (*Institute of Medicine, Clinical Practice Guidelines We Can Trust,*



guideline | AMERICAN DICTIONARY

guideline

noun [C]

us  /'gaɪd,laɪn/

 Cambridge Dictionary
Make your words meaningful

a piece of information that suggests how something should be done:

- *The article gives guidelines on how to invest your money safely.*

RATING QUALITY OF EVIDENCE AND STRENGTH OF RECOMMENDATIONS

GRADE: an emerging consensus on rating quality of evidence and strength of recommendations

Guidelines are inconsistent in how they rate the quality of evidence and the strength of recommendations. This article explores the advantages of the GRADE system, which is increasingly being adopted by organisations worldwide

Box 1 | Advantages of GRADE over other systems

- Developed by a widely representative group of international guideline developers
- Clear separation between quality of evidence and strength of recommendations

Box 2 | Quality of evidence and definitions

High quality— Further research is very unlikely to change our confidence in the estimate of effect

Moderate quality— Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate

Low quality— Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate

Very low quality— Any estimate of effect is very uncertain

Strong recommendation The panel is confident that the desirable effects of adherence to the recommendation outweigh the undesirable effects.

Weak recommendation: The desirable effects to adherence to the recommendation probably outweigh the undesirable effects, but the panel is less confident.

Clinical practice guidelines of the European Association for Endoscopic Surgery (EAES) on bariatric surgery: update 2020 endorsed by IFSO-EC, EASO and ESPCOP

Nicola Di Lorenzo, Stavros A. Antoniou, Rachel L. Batterham, Luca Busetto, Daniela Godoroja, Angelo Iossa, Francesco M. Carrano, et al.

Surgical Endoscopy
And Other Interventional Techniques
Official Journal of the Society of
American Gastrointestinal and
Endoscopic Surgeons (SAGES) and
European Association for Endoscopic
Surgery (EAES)

ISSN 0930-2794

Surg Endosc
DOI 10.1007/s00464-020-07555-y



Methods A multidisciplinary group of bariatric surgeons, obesity physicians, nutritional experts, psychologists, anesthetists and a patient representative comprised the guideline development panel. Development and reporting conformed to GRADE guidelines and AGREE II standards.

Linea Guida della Società Italiana di Chirurgia dell'Obesità e delle Malattie Metaboliche (SICOB)
La terapia chirurgica dell'obesità e delle complicanze associate

Linea Guida della Società Italiana di Chirurgia dell'Obesità e delle Malattie Metaboliche

La terapia chirurgica dell'obesità e delle complicanze associate

Title

2023 International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) and American Society for Metabolic and Bariatric Surgery (ASMBS): Update on Indications for Metabolic and Bariatric Surgery

Authors

Maurizio De Luca, Scott Shikora, Dan Eisenberg, Ali Aminian, Luigi Angrisani, Antonio Vitiello, Sonja Chiappetta, Salvatore Tolone, Angelo Iossa, Giacomo Piatto, Giovanni Merola, Mohammad Kermansaravi Ricardo Cohen, Silvia L Faria, Nicola Di Lorenzo, Kasey PS Goodpaster, Ashraf Addad, Jacques Himpens, Lilian Kow, Marina Kurian, Ken Loi, Marco Zappa, Wendy Brown, Kamala Mahawar, Abdelrahman Nimeri, Mary O'Kane, Pavlos Pappasavas, Jaime Ponce, Janey SA Pratt, Ann M Rogers, Kimberley E Steele, Michel Suter, Shanu N Kothari and DELPHI International Expert Group.

“Obesity surgery is still a young discipline, with no guidelines, no rules, no criteria, which is maintained in the present state of total confusion and anarchy by a certain number of individuals who use it for attaining goals others than patient’s well-being.

In expectation of the time when the institutional authorities who have the power to do it eventually decide to bring order and honesty in this so far totally uncontrolled field, only the long experience, culture, dedication of professionals who really do this surgery with the only aim of giving these unfortunate patients a hope for the future can guarantee the correct use of bariatric operations”.

Nicola Scopinaro