
 COMMENTS AND
 RESPONSES

**Comment on: Cohen
 et al. Effects of
 Gastric Bypass
 Surgery in Patients
 With Type 2
 Diabetes and Only
 Mild Obesity.
 Diabetes Care
 2012;35:
 1420–1428**

Cohen et al. (1) have taken a lead role in examining the effects of gastric bypass surgery in a population of patients who may benefit from bariatric procedures but who, because of weight-limiting criteria, are not deemed candidates by current guidelines. The authors concluded that Roux-en-Y gastric bypass is a safe and effective procedure to ameliorate type 2 diabetes and to reduce estimated cardiovascular disease (CVD) risk. We believe that for this population of mildly obese individuals, a full evaluation of their clinical characteristics is needed to appropriately weigh the benefit-to-risk ratio of the surgical intervention.

Clinical trials have taught us that improved glucose control does not necessarily lead to a reduction in CVD events (2). Furthermore, in the current era of statins, the additional benefit of weight loss for CVD risk reduction is uncertain (3). In the absence of known CVD, statins are indicated in adults with diabetes over the age of 40 years if they present with at least one additional CVD risk factor (4). Participants in this study had a mean age of 47 years and a mean baseline LDL cholesterol of approximately 140 mg/dL. Information on major CVD risk factors, aside from blood pressure and HDL cholesterol, is missing. No data are available regarding statin use. In addition, the impact of the intervention on measures of bone health in this sample with several years of follow-up is unknown. Data on the long-term consequences of bariatric procedures in individuals such as those participating in the study by Cohen et al. (1) is needed before we can endorse the use of bariatric surgery in mildly obese diabetic individuals.

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