



*Title* Pharmacological and Surgical Treatment of Obesity.

Residential Treatment of Severely Obese Children in Belgium

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http://kce.fgov.be/index\_en.aspx?SGREF=5211&CREF=7296

## Aim

To assess pharmacological (orlistat, sibutramine, rimonabant) and surgical treatment of obesity, and to analyze long-term residential care for severely obese children in Belgium.

## Conclusions and results

There is no evidence on the effectiveness of orlistat, sibutramine, and rimonabant in treating obesity. Bariatric surgery is more effective than nonsurgical treatment for long-term weight loss and control of some comorbid conditions, particularly diabetes, in severely obese patients. However bariatric procedures differ widely in terms of long-term effectiveness and safety, and important gaps in scientific knowledge exist in this field. Risks can be high. There is no evidence that gastric banding has a better risk/benefit ratio than the current standard Roux-en-Y. Only severe obesity can justify the risks and uncertainties associated with bariatric surgery. A volume-outcome relationship has been described for most bariatric procedures including gastric banding. Long-term residential care of severely obese children (on average, I school-year) is effective in the short-term, but is very expensive, might have some disadvantages (less family involvement), and no data exist to assess its long-term effectiveness.

## Recommendations

Orlistat, sibutramine, and rimonabant are weight-loss drugs, but should not be promoted as a chronic treatment for obesity. In Belgium, bariatric surgery should be reimbursed only for patients with a BMI ≥40, or BMI ≥35 with documented diabetes, and practice of bariatric surgery needs to be strictly limited to 'centers of excellence'. Long-term effectiveness of residential care for severely obese children should be documented and funding reassessed in 5 years pending the results of this study.

## Methods

Systematic review of the literature.