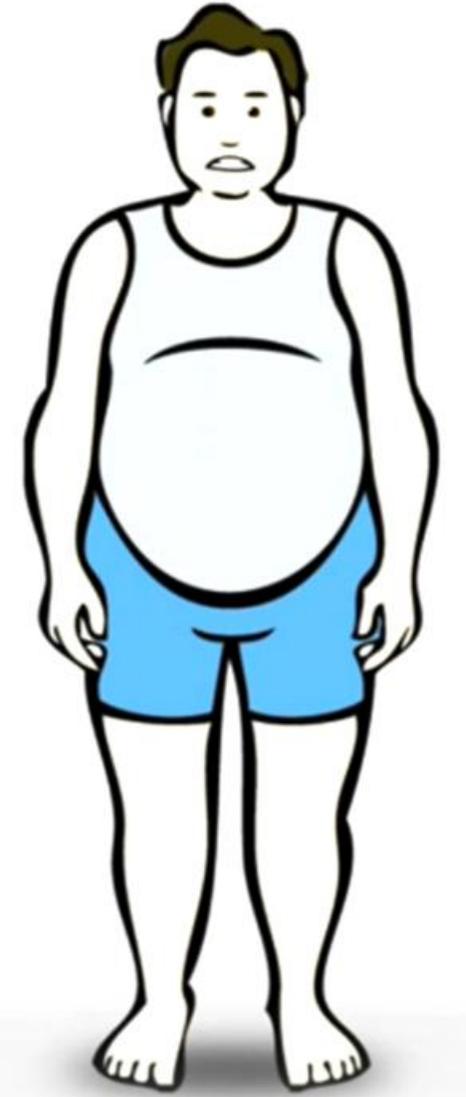


**Tribate in obesity - Person
with Metabolic syndrome
with BMI $>35 \text{ kg/m}^2$:
GLP-1 vs LSM vs Bariatric
surgery**



Only surgery is PERFECT SOLUTION

DR JIMIT VADGAMA, SURAT

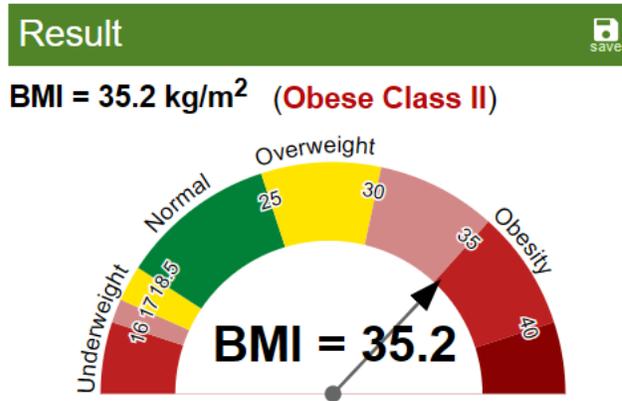
Body Mass Index and Association With Cardiovascular Outcomes in Patients With Stable Coronary Heart Disease – A STABILITY Substudy

Higher BMI of ≥ 35 kg/m² have a Very high risk of cardiovascular events

BMI Calculator

US Units
 Metric Units
 Other Units

Age: ages: 2 - 120
 Gender: Male Female
 Height: cm
 Weight: kg



Indian BMI Categories (Revised Guidelines)

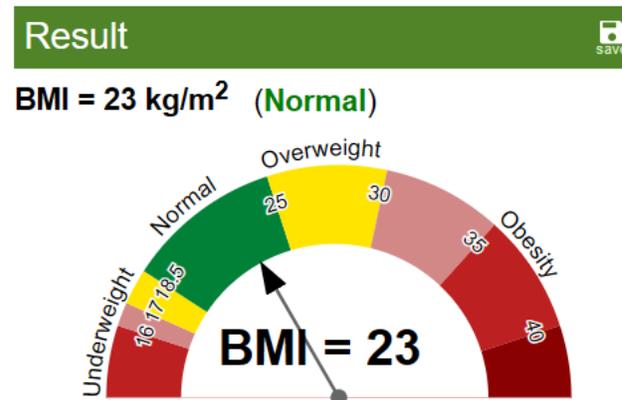
As per the consensus guidelines for Asian Indians, the following ranges are typically used:

Category	BMI Range (kg/m ²)
Underweight	< 18.0 (or < 18.5)
Normal Weight	18.0 – 22.9
Overweight	23.0 – 24.9
Obesity	≥ 25.0

BMI Calculator

US Units
 Metric Units
 Other Units

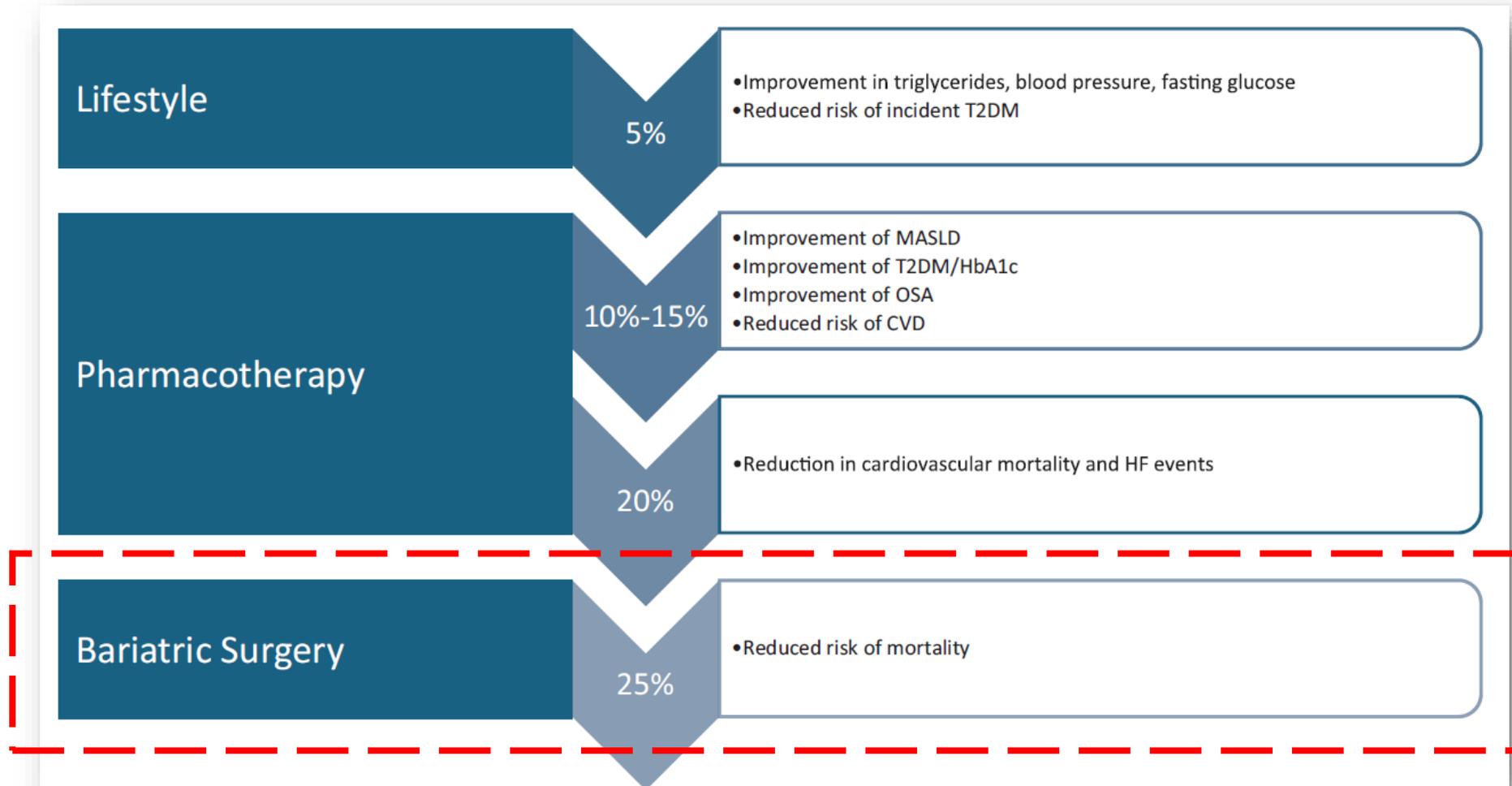
Age: ages: 2 - 120
 Gender: Male Female
 Height: cm
 Weight: kg



So our MetS patient needs to lose 35% of his bodyweight to get BMI to normal

104Kg to 68 Kg = total 36 kg weight loss

Weight Loss centric approach is key to disease modification



Our subject requires 35 %
weight loss

ONLY POSSIBLE WITH BARIATRIC SURGERY

Not only metabolic, but With mortality Benefits also

1. Superior Real world Weight Loss & Durability

- While GLP-1s show impressive results in controlled trials, real-world data and long-term studies favor surgery for sustained results.
- **Total Weight Loss (TWL):** Bariatric surgery (Gastric Bypass/Sleeve) typically achieves **30–38% TWL**,
- whereas GLP-1s like Semaglutide (Ozempic/Wegovy) average **15%** and Tirzepatide (Mounjaro) averages **20–22%** in trials.

JAMA Surgery

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Original Investigation 

Obesity Treatment With Bariatric Surgery vs GLP-1 Receptor Agonists

Tyson S. Barrett, PhD¹; Juliane O. Hafermann, PhD²; Shannon Richards, MSN¹; [et al](#)

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JAMA Surg
Published : September 17, 2025

Key Points

Question How do bariatric surgery and glucagon-like peptide-1 receptor agonists (GLP-1 RAs) compare as obesity treatments regarding weight loss, ongoing costs, and health care utilization in a clinical setting?

Findings This cohort study of 30 458 patients from an insurance database in the US found that compared with GLP-1 RAs, bariatric surgery was significantly associated with greater weight loss while saving approximately

The "Real-World" Gap:

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- A 2025 study in *JAMA Surgery* involving over 30,000 patients found that after 2 years,
- surgery patients lost **28.3%** of their weight compared to only **10.3%** in the GLP-1 group.

Success Rate:

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- In the same study,
- **96%** of surgical patients maintained at significant weight loss,
- compared to only **46%** of those on GLP-1 medications.



Lack of Efficacy in "Lifestyle Only" for BMI 35

Our respected friend
Dr Basab Gosh Sir , speaking for
lifestyle modification faces a
"biological wall" called
METABOLIC ADAPTATION.

- **The "Look AHEAD" Failure:** The largest study on intensive lifestyle modification (Look AHEAD) found that after 10 years, participants regained almost all their weight.
- **Metabolic Adaptation:** When a BMI 35 patient loses weight through diet alone, the body fights back by lowering the resting metabolic rate and increasing hunger hormones (Ghrelin). Surgery "resets" this thermostat; lifestyle does not.
- **Weight Loss Ceiling:** Lifestyle interventions typically yield only 3–7% weight loss, which is insufficient to move a patient with a BMI of 35 out of the "obese" category.

The Look AHEAD study: a missed opportunity

Bennett, Peter H; The Lancet Diabetes & Endocrinology, Volume 2, Issue 10, 775 - 776

The GLP-1 "Cessation Trap" (Weight Regain)

The biggest weakness of the GLP-1 argument is the necessity of lifelong, expensive injections.

- **The Rebound Effect:** The **STEP 1 Trial Extension** showed that patients who stopped Semaglutide regained **two-thirds** of their lost weight within one year.
- **Metabolic Dependency:** Unlike surgery, which permanently alters gut hormones (like Ghrelin and GLP-1), medications only work as long as they are in the bloodstream.
- **Adherence Issues:** Real-world data shows that nearly **60–70% of patients stop taking GLP-1s** within a year due to cost, side effects (nausea/vomiting), or "injection fatigue."

DIABETES
OBESITY AND
METABOLISM

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Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension

[John P. H. Wilding D.M](#)  [Rachel L. Batterham MBBS](#), [Melanie Davies M.D](#), [Luc F. Van Gaal M.D](#), [Kristian Kandler M.D](#), [Katerina Konakli PhD](#), [Ildiko Lingvay M.D](#) ... [See all authors](#) ▾

First published: 19 April 2022 | <https://doi.org/10.1111/dom.14725> | [VIEW METRICS](#)

Funding information The STEP 1 trial was funded by Novo Nordisk A/S.
This article has an accompanied **Plain Language Summary in the Supporting Information Data S1.**

Cost

This cohort study of 30 458 patients from an insurance database in the US found that compared with GLP-1 RAs, bariatric surgery was significantly associated with greater weight loss while saving approximately \$11 689 in ongoing costs over 2 years.

JAMA Network

☰ 🔍

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2 — 

To reach 15mg dose , which is required for maximum weight loss (Approx- 22%)

Mounjaro KwikPen Dose-Wise Prices in India:

Mounjaro KwikPen offers six dose options for weekly use, ranging from 2.5 mg to 15 mg. The costs of these doses in Demeber 2025 are:

- 2.5 mg KwikPen – ₹ 13,125
- 5 mg KwikPen – ₹ 16,406
- 7.5 mg KwikPen – ₹ 20,625
- 10 mg KwikPen – ₹ 20,625
- 12.5 mg KwikPen – ₹ 25,781
- 15 mg KwikPen – ₹ 25,781

These prices are for a month's supply (4 doses), each pen containing four fixed weekly doses.

- You will require
- **1,22,343 Rs in first 6 months**
- **Then 25,781 Rs per month**
- with additional doctors's fees , blood tests,
- >12 days of office leaves for tests and doctor visit and maybe **SICK LEAVES**

BUYING



VS

RENTING



All this money is **OUT OF POCKET** for our Indian patients

While majority of bariatric surgeries are now covered under insurance in India also.

Zero rupees out of pocket.

Almost 95% bariatric surgeries are usually insured in recent times.

One time cost **in our city** is around 2 to 2.5 lakh depending upon centre for gastric balloon or gastric bypass.

- **GLP1**

- >12 days of office leaves for tests and doctor visit and maybe **SICK LEAVES**

- **Bariatric surgeries**

- With new surgery techniques and sciences
- 36 hour discharge is the usually possible as most surgeries are either laproscopic or robotic nowadays.