

## 肥満手術は降圧薬の必要性を軽減する (2017 AHA, Session LBS.03)

GATEWAY: 胃バイパス手術は降圧薬への依存を軽減するのに薬物療法よりも優れている

GATEWAY: Gastric bypass surgery superior to medical management at reducing reliance on antihypertensive medications

肥満の高血圧患者における胃バイパス手術は、降圧薬への依存を軽減するのに薬物療法単独よりも優れており、体重を減らし他の健康尺度も改善する、と2017 American Heart Association Scientific Sessions で発表され、*Circulation* に掲載された。胃バイパス術と薬物療法の併用にランダムに選択された患者は、主要評価項目である降圧薬を少なくとも30%減量しても、12か月後の血圧が良好に維持できている確率が薬物療法のみの患者に比べ圧倒的に高かった(83.7% vs. 12.8%,  $p < 0.001$ )。12か月後、胃バイパス手術患者の51%が、内服せずに血圧がコントロールされた状態を維持していた。

### Full Text

Gastric bypass is superior to medical management alone at reducing antihypertensive medications while also reducing weight and improving other health measures in obese hypertensive patients according to research presented at the 2017 American Heart Association Scientific Sessions and published in *Circulation*.

The GATEWAY (GAstric bypass surgery to TrEat patients With steAdy hYpertension) clinical trial examined the impact of bariatric surgery on hypertension control. It was a randomized (concealed), single-center, phase III, parallel design of 100 participants aged (average age 44, average BMI  $36.9 \pm 2.7$  kg/m<sup>2</sup>), with essential arterial hypertension, using at least 2 drugs at optimal doses or more than two in optimal and/or moderate doses.

The primary endpoint was reduction of at least 30% of the total antihypertensive drugs, while maintaining controlled blood pressure (BP) levels ( $<140 \times 90$  mmHg) at 12 months. Secondary endpoints were weight reduction, percentage of patients with controlled BP levels without medication, C-reactive protein, glycated hemoglobin, triglyceride and LDL-cholesterol levels.

"Most patients in the gastric-bypass group achieved the primary endpoint in the first month of the postoperative period," noted Dr. Carlos Aurelio Schiavon of the Research Institute, Heart Hospital, São Paulo, Brazil. That seems to mean that "something more is happening beyond weight loss."

Patients were randomized to either Roux-en-Y Gastric Bypass combined with optimized medical treatment or optimized medical treatment alone. Patients randomly selected for gastric bypass plus medical treatment overwhelmingly (83.7%) reached the primary endpoint of reduction of total antihypertensive drugs by at least 30% while maintaining controlled blood pressure levels at 12 months versus patients selected for medical treatment alone (12.8%) (incidence rate ratio [95% CI] 6.55 [3.07; 13.98]  $P < 0.001$ ).

At 12 months, 51% of patients in the gastric bypass group remained with controlled blood pressure without medications. No patient submitted to optimized medical treatment was free of anti-hypertensive drugs at 12 months.

GATEWAY joins other studies in a mounting body of evidence that bariatric surgery is an effective treatment for obesity and obesity-related diseases, such as hypertension.

The study was supported by Ethicon.

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AHA2017 (第90回米国心臓病協会)

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