

ALL WOMEN WITH MORBID OBESITY ARE NOT ALIKE: VARIATION IN CLINICAL CHARACTERISTICS BY RACE PRE-OPERATIVE FOR LAPROSCOPIC ROUX-EN-Y GASTRIC BYPASS

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Background: The obesity epidemic impacts the practice of medicine everywhere. Individualizing co-morbidities among obese women can aid clinical management. Racial differences among morbidly obese woman have not been widely investigated.

Objective: To identify clinical variations by race among women pre-op for LRYGB.

Methods: Baseline data on 65,325 women in the Surgical Review Corporation's BOLD database who chose LRYGB was analyzed in 5 groups: African American (n=7745), Caucasian (n=49184), Hispanic (n=5374), Asian (n=145) and Other (Pacific Islands, Native American, or >1 race recorded; n=2877). Statistics: analysis of variance and Chi-Squared equation.

Results: African American, Caucasian, Hispanic, Asian and Other: weight (134.7+25.7/126.3+22/122.7+22.1/116.7+20.9/125.5+22.7), BMI (49.6 +- 8.9/46.9+-7.5/47.3+-7.6/45.0+-7.1/46.9+-7.8) and Age (42.5+-10.5/45.6+-11.5/40.7+-11.1/41.2+-10.6/43.8+-11.6) varied (p<0.0001). African Americans had highest rates of angina, asthma, CHF, gout, arterial and pulmonary hypertension, and unemployment (p<.0001, n=6) and lowest abdominal panniculitis, mental health diagnosis, depression, dyslipidemia, liver disease, PCOS, psychological impairment, and stress urinary incontinence (p<0.0001; n=8). Caucasians had the highest abdominal panniculitis, back pain, cholelithiasis, depression, DVT/PE, fibromyalgia, GERD, ischemic heart disease, dyslipidemia, liver disease, lower extremity edema, musculoskeletal pain problems, obesity hypoventilation syndrome, obstructive sleep apnea, PCOS, pseudotumor cerebri, psychomotor impairment and urinary stress incontinence. (p<0.01, n=18), and lowest only in substance abuse (all races <0.7%). Hispanic females had the highest tobacco use (p<0.0001, n=1) and lowest CHF, gout, hypertension, lower extremity edema, musculoskeletal pain, obesity hypoventilation syndrome, pseudotumor cerebri, and pulmonary hypertension (n=8). Asians had the highest abdominal hernia, alcohol use, mental health diagnosis, impaired functional status, diabetes, menstrual irregularities (p<0.0001) and substance abuse (p<0.03)(n=7)); lowest angina, asthma, cholelithiasis, DVT/PE, fibromyalgia, GERD, ischemic heart disease, and tobacco use (n=8). Other was highest only in substance abuse (0.7%), and had lowest abdominal hernia, alcohol use, back pain, impaired functional status, diabetes, menstrual irregularities, and OSA (n=7) Health insurance status varied significantly by race. Peripheral vascular disease did not vary.

Conclusions: Clinical characteristics of women with severe obesity vary by race. African-Americans were heavier and had more cardiopulmonary problems. Caucasians were oldest with the most obesity co-morbidities overall. Hispanics were the youngest and smoked most, but were lowest in 8 co-morbidities. Asians were lightest and affected by the endocrine and psychological problems. The advance knowledge of these clinical variations by race in obese females can help aid in the primary clinical management in a diverse patient population.

ALL WOMEN WITH MORBID OBESITY ARE NOT ALIKE: FEMALES PRE-OP FOR LRYGB VARY IN CLINICALLY BY RACE

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Background: The obesity epidemic impacts patient care everywhere. However, racial differences among morbidly obese woman have not been widely investigated.

Objective: To identify clinical variations by race among obese women.

Methods: Baseline data on 65,325 women in the Surgical Review Corporation's BOLD database who chose LRYGB was analyzed in 5 groups: African American (n=7745), Caucasian (n=49184), Hispanic (n=5374), Asian (n=145) and Other (Pacific Islands, Native American, or >1 race recorded; n=2877). Statistics: analysis of variance and Chi-Squared equation.

Results: African American weight (135+-26 kg) and BMI (50+-9) were highest and Caucasians oldest (45.6+-11.5), (p<0.0001).

African-Americans: Highest weight, BMI. and gout, 5 cardiopulmonary illnesses, and unemployment; lowest panniculitis, depression/psych impaired/mental health, dyslipidemia, liver disease, PCOS, and stress urinary incontinence (n=8)

Caucasians: Highest cholelithiasis, GERD, liver disease, 6 cardiopulmonary including OSA, 3 somatic, depression/psych impairment, 4 others (n=18); lowest substance abuse.

Hispanics: Highest tobacco; lowest CHF, hypertension, and 3 cardiac, musculoskeletal pain, pseudotumor cerebri, gout (n=8).

Asians: Highest hernia, alcohol use, mental health/impaired function, diabetes, menstrual irregularities (n=6); lowest cholelithiasis, GERD, fibromyalgia, 4 cardiopulmonary, tobacco (n=8)

Other: Highest substance abuse; Lowest hernia, alcohol use, back pain, impaired function, diabetes, menstrual irregularities, and OSA (n=7)

Conclusions: Women with morbid obesity vary by race. African-Americans had more cardiopulmonary problems. Caucasians had the most obesity co-morbidities overall. Hispanics smoked most, but were lowest in 8 co-morbidities. Asians drank most, had highest diabetes, hormonal, psychological, but lowest in 6 co-morbidities. Other had fewest co-morbidities. This advance knowledge can help clinical management of obese females.