ALL WOMEN WITH MORBID OBESITY ARE NOT ALIKE: FEMALES PRE-OP FOR LRYGB VARY 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 having 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 had the 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 had the highest cholelithiasis, GERD, liver disease, 6 cardiopulmonary including OSA, 3 somatic, depression/psych impairment, 4 others (n=18); lowest substance abuse. Hispanics had the highest tobacco; lowest CHF, hypertension, 3 cardiac, musculoskeletal pain, pseudotumor cerebri, gout (n=8). Asians had the highest hernia, alcohol use, mental health/impaired function, diabetes, menstrual irregularities (n=6); lowest cholelithiasis, GERD, fibromyalgia, 4 cardiopulmonary, tobacco (n=8). 'Other' had the 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, while Caucasians had the most obesity co-morbidities overall. Hispanics smoked most, but were lowest in 8 co-morbidities. Asians had the most alcohol use, diabetes, hormonal and psychological concerns. The 'other' race category had the fewest co-morbidities. This advance knowledge can help clinical management of obese females in a diverse population.