

## MEDIA RELEASE

Date: Monday 10 December

### Australian-first study: inequality in access to clinically effective weight loss surgery

An Australian-first study published in the *Medical Journal of Australia* today has found significant inequalities in patient access to clinically effective weight loss surgery.

New research to emerge from the Sax Institute's 45 and Up Study shows bariatric surgery is largely available only to those who can afford it, with poor access for populations most in need.

Researchers from the Australian National University and University of Western Sydney examined the hospital records of 50,000 obese individuals from the 45 and Up Study – the largest ongoing study of healthy ageing in the Southern Hemisphere with more than 250,000 people taking part.

"This is the first time it has been possible to examine how bariatric surgery uptake in Australia varies according to socioeconomic status, taking obesity into account," said lead researcher Dr Rosemary Korda. "The large number of participants in the 45 and Up Study has allowed us to comprehensively analyse information about who is receiving this surgery."

"We know that obesity is concentrated in socioeconomically disadvantaged groups but our research shows that those who need bariatric surgery the most are the least likely to receive it."

Socioeconomically advantaged individuals, with an annual household income of \$70,000 or more, were five times more likely to undergo surgery compared with those in the lowest income bracket of less than \$20,000 the study showed.

And those with private health insurance were nine times more likely to have the surgery. Even after taking this into account, those from the most socioeconomically advantaged groups were still twice as likely as those in the most disadvantaged groups to have the procedure.

"While there is very limited availability of bariatric surgery in public hospitals, Medicare subsidises the surgery for private patients, effectively restricting access to people with private health insurance and those who can afford to pay what are usually large out-of-pocket costs," Dr Korda said.

Co-author of the research paper and Scientific Director of the 45 and Up Study, Professor Emily Banks, said the findings reflected broader health inequalities.

"There may be barriers to surgery other than cost, such as patient preference, doctor decisions about suitability for surgery and misconceptions that bariatric surgery is largely cosmetic" she said. "But wider health system issues such as the mix of public and private care, out-of-pocket costs and limited resources are also at play."

"Resources might limit the total number of bariatric surgery procedures performed but we need to have an important national conversation about distributing them more fairly," Professor Banks said. "The decision to have surgery should be made by the patient and their doctor based on clinical need. If surgery was distributed among a wider range of patients, inequalities in obesity and health-related problems could decline."

Bariatric surgery has been shown to be cost-effective in treating obesity when non-surgical options have failed. It has also been shown to be effective in treating type 2 diabetes in people with obesity.

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