Population estimates and characteristics of Australian adults potentially eligible for bariatric surgery

Category: Integrated Health

Melanie Sharman¹, Monique Breslin¹, Alexandr Kuzminov¹, Martin Hensher², Andrew Palmer¹, Alison Venn¹
¹Menzies Institute for Medical Research, University of Tasmania, Hobart, Tasmania, Australia,
²Department of Health and Human Services, Hobart, Tasmania, Australia

Background: Australian National Health and Medical Research Council (NHMRC) guidelines for the management of overweight and obesity recommend that bariatric surgery be considered for adults with resistant class-3 obesity, or resistant class-1 or 2 obesity combined with specific obesity-related comorbidity. Most surgery (>90%) is privately funded with approximately 12,000 procedures performed in 2012 and few patients have access to surgery in the public health system.

Purpose: To determine the potential demand for bariatric surgery in Australia in the public and private health systems based on best approximations of the eligibility criteria recommended in the NHMRC guidelines.

Methods: Nationally representative data from the 2011-13 Australian Health Survey were used to estimate the numbers and characteristics of Australians meeting specific eligibility criteria. The survey measured height and weight, blood pressure, blood and urine biochemistry, demographics and self-reported health status.

Results: Of the 3,352,037 adult Australians (aged 18-65 years) estimated to be obese in 2011-13, 882,441 (26.3%; 95% CI 23.0, 29.6) were potentially eligible for bariatric surgery (6.2% of the total adult population aged 18-65). Of these 45.0% had class-3 obesity, 53.4% had class-2 obesity with obesity related comorbidity, and 1.7% had class-1 obesity with poorly controlled type-2 diabetes and increased cardiovascular risk. Similar proportions were female (52.0%) or uninsured (45.8%), and 35.1% resided outside a major city.

Conclusion: Potential demand for bariatric surgery in Australia, particularly in the public health system and outside major cities, far outstrips current capacity. Greater resourcing of public surgery and better guidance on patient prioritisation is urgently needed.