GLP-1 (Active 7-36) secretory response after test meal in obese patients before and 5; 90 and 180 days after bariatric gastric bypass surgery

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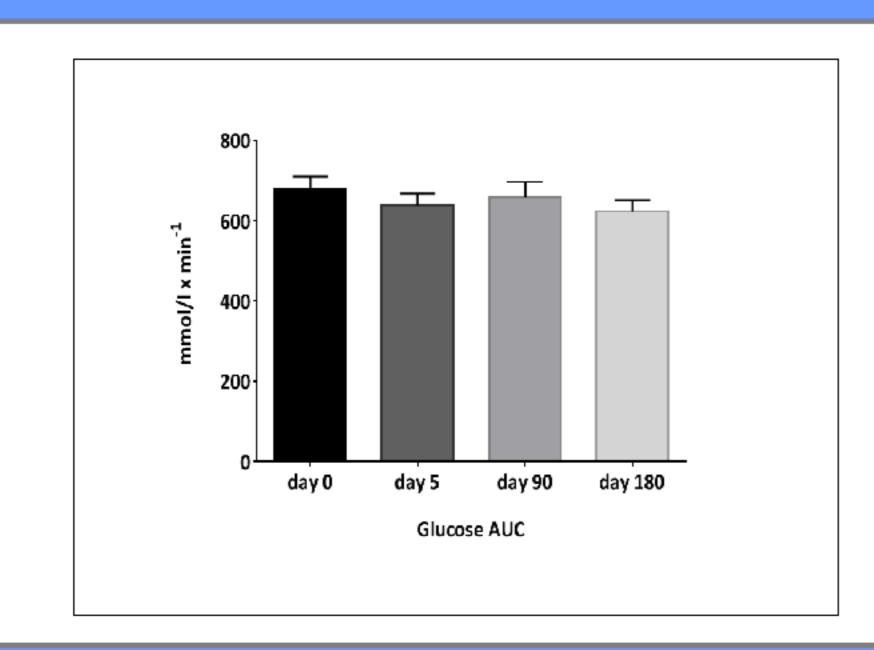
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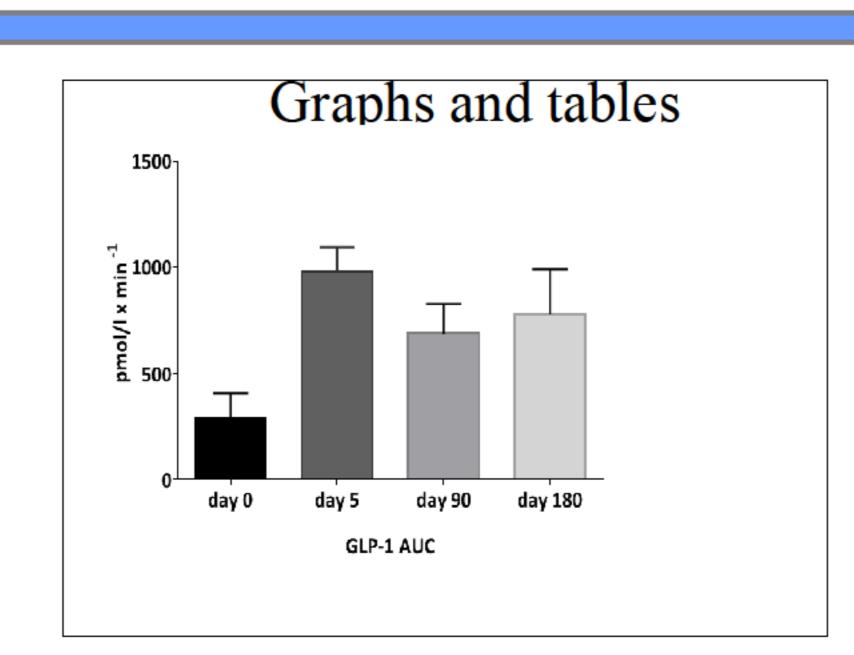
Objectives:

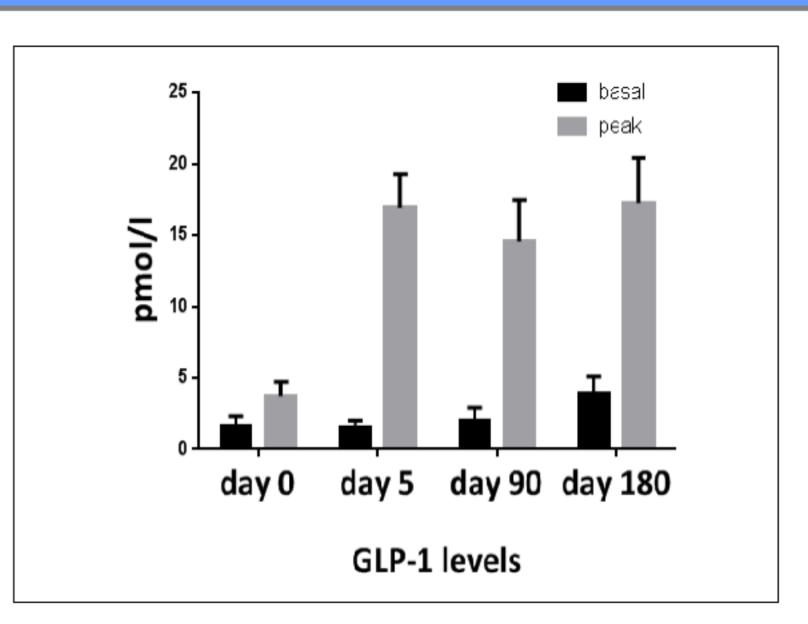
There are different explanations concerning observed improvement of glucose control after bariatric gastric bypass surgery.

Methods:

The aim of our study was to investigate GLP-1 response after test meal (Fresubin drink a 200 ml; 200 kcal, 15 % protein, 30% fat and 55 % carbohydrate) before (day 0) and 5; 90 and 180 days after gastric bypass surgery. Glycaemia (mmol/l; glucose oxidase) and GLP-1 (Active 7-36) (pM/l; ELISA, ALPCO diagnostics) were determined in 41 obese patients (age: 37.86±11.21 years; BMI: 43.45±4.91 kg/m²) in four separate days in 0, 15, 30, 45, 60, 90 and 120 min.







Results:

There were significant decrease in the area under the glucose curve $(X \pm SD)$ (664.70 ± 186.81 vs 636.45 ± 177.35 vs 501.50 ± 90.17 vs 507.41 ± 80.08 mmol/l x min⁻¹; p <0.05) in respective day intervals, while there was significant increase in area under the GLP-1 curve (pmol/l x min⁻¹) in days 5 (919.19 ±653.73), day 90 (682.92 ± 489.79) and day 180 (789.41 ± 558.56) in comparison with day 0 (279.80 ± 429.97) (p < 0.05).

There were no significant differences between basal glucose and GLP-1 levels (1.67 \pm 2.64; 1.33 \pm 2.12; 2.06 \pm 2.75; p > 0.05) except for day 180 (3.52 \pm 3.92 p < 0.05) while there was significant increase in peak GLP-1 levels in day 5 (17.12 \pm 8.99), day 90 (14.44 \pm 8.75) and day 180 (17.25 \pm 10.52) during response after test meal in comparison with day 0 (3.82 \pm 3.95) (p<0.05).

Conclusions:

GLP-1 response after test meal is significantly increased after gastric bypass surgery early (after 5 days) and lately (after 90 and 180 days). The improvement in GLP-1 response after test meal after gastric bypass surgery may be contribute to the beneficial metabolic effects of bariatric surgery, especially concerning glucose control.





