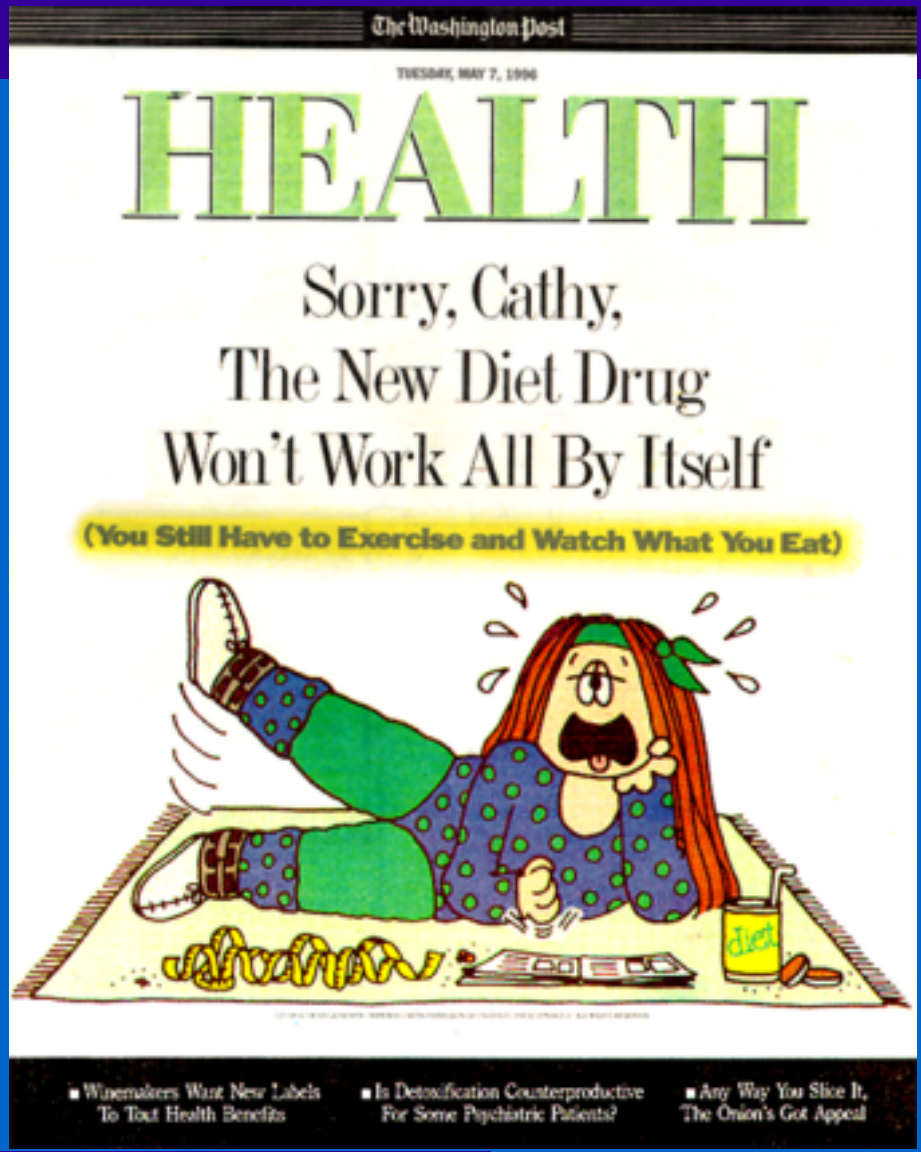
Combined Therapy

- Combined intervention of a calorie-deficit diet, increased physical activity, and behavioral treatment is most successful for weight loss and maintenance.
  Evidence Category A.
- Nondrug interventions should be attempted for at least 6 months before considering treatment.

Pharmacotherapy

Drugs approved for long-term use by the FDA may be used as part of a comprehensive weight loss program including diet and physical activity. *Evidence Category B.*

- For patients with a BMI of 30 or above with no concomitant risk factors or diseases
- For patients with a BMI of 27 or above for those with concomitant risk factors or diseases (hypertension, dyslipidemia, CHD, type 2 diabetes, sleep apnea)



The Washington Post

TUESDAY, MAY 7, 1996

HEALTH

Sorry, Cathy, The New Diet Drug Won't Work All By Itself

(You Still Have to Exercise and Watch What You Eat)

- Winemakers Want New Labels To Tout Health Benefits
- Is Detoxification Counterproductive For Some Psychiatric Patients?
- Any Way You Slice It, The Onion's Got Appeal

Pharmacotherapy (continued)

- Drugs should never be used alone.
- Drugs should be used in combination with diet, exercise, and behavior modification.

Weight Loss Drugs

Drug	Dose	Action	Adverse Effects
Sibutramine (Meridia)	5, 10, 15 mg 10 mg po qd to start, may be increased to 15 mg or decreased to 5 mg.	Norepinephrine, dopamine, and serotonin reuptake inhibitor.	Increase in heart rate and blood pressure.
Orlistat (Xenical)	120 mg 120 mg po tid before meals.	Inhibits pancreatic lipase, decreases fat absorption.	Decrease in absorption of fat-soluble vitamins; soft stools and anal leakage.

Weight Loss Surgery

Option for limited number of patients with clinically severe obesity. *Evidence Category B.*

- BMI ≥40 or ≥35 with comorbid conditions
- Reserved for patients in whom medical therapy has failed
- Gastric restriction or gastric bypass

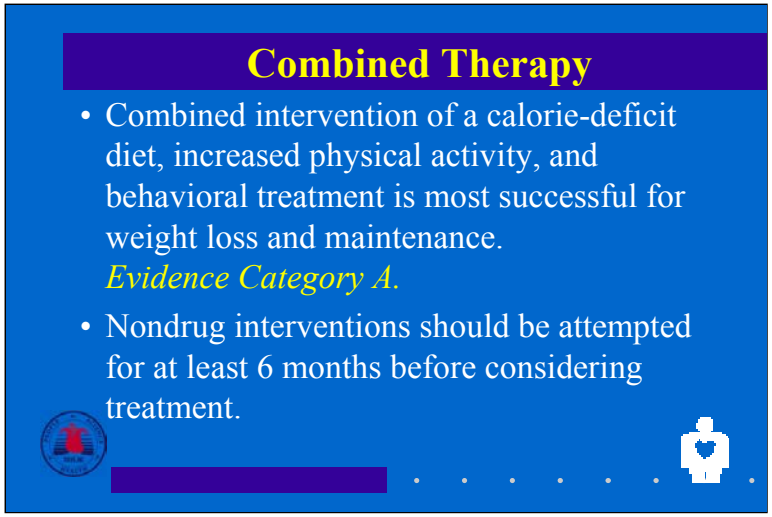
Integrated program must be in place before and after surgery.

Gastric Bypass Surgery Complications: 14-Year Followup

Surgical Complications	Number of Patients	% of Patients
Vitamin B_{12} deficiency	239	39.9
Readmit for various reasons	229	38.2
Incisional hernia	143	23.9
Depression	142	23.7
Staple line failure	90	15.0
Gastritis	79	13.2
Cholecystitis	68	11.4
Anastomotic problems	59	9.8
Dehydration, malnutrition	35	5.8
Dilated pouch	19	3.2

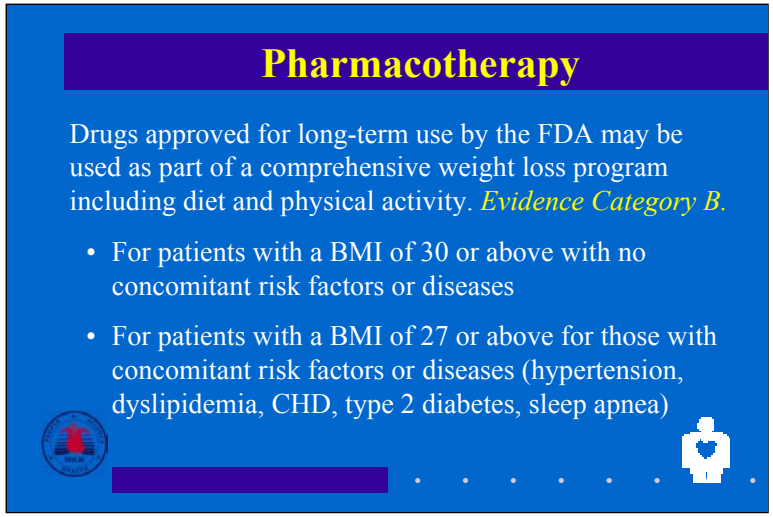
Data derived from source (Pories et al.) and modified based on personal communication.

Source: Pories WJ, Swanson MS, MacDonald KG Jr, et al. Who would have thought it? An operation proves to be the most effective therapy for adult-onset diabetes mellitus. *Ann Surg*. 1995;222:339-350; discussion 350-352.



Combined therapy is one that combines all of the lifestyle approaches—dietary therapy, physical activity, and behavioral therapy. Strong evidence supports the recommendation that a combined intervention is most effective for weight loss and maintenance.

It is important to note that nondrug or lifestyle interventions should be attempted for at least 6 months before considering any type of drug treatment.

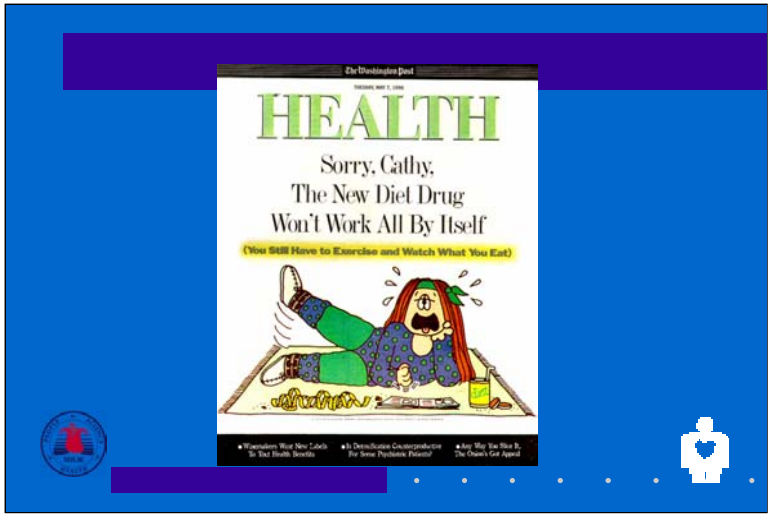


If after at least 6 months on a weight loss regimen of an LCD, increased physical activity, and behavior therapy, pharmacotherapy can be considered as part of a comprehensive program for the following patients:

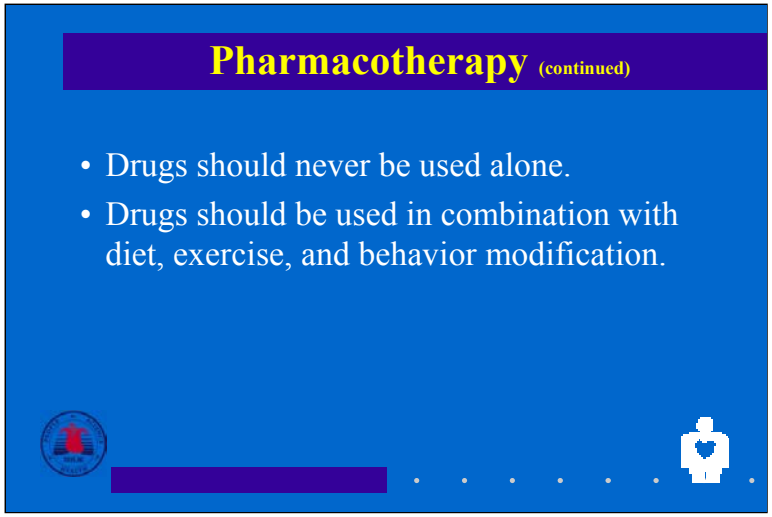
- Patients with a BMI ≥ 30 who have not lost the recommended 1lb/week on lifestyle therapy.
- Other patients with a BMI of 27 to 29.9 if they have hypertension, dyslipidemia, CHD, type 2 diabetes, or sleep apnea.

There are few long-term studies evaluating the safety or effectiveness of many currently approved weight loss medications. At present, sibutramine and orlistat are the only drugs available for long-term use.

Weight loss medications should be used only by patients who are at increased medical risk because of their weight and should not be used for cosmetic weight loss.

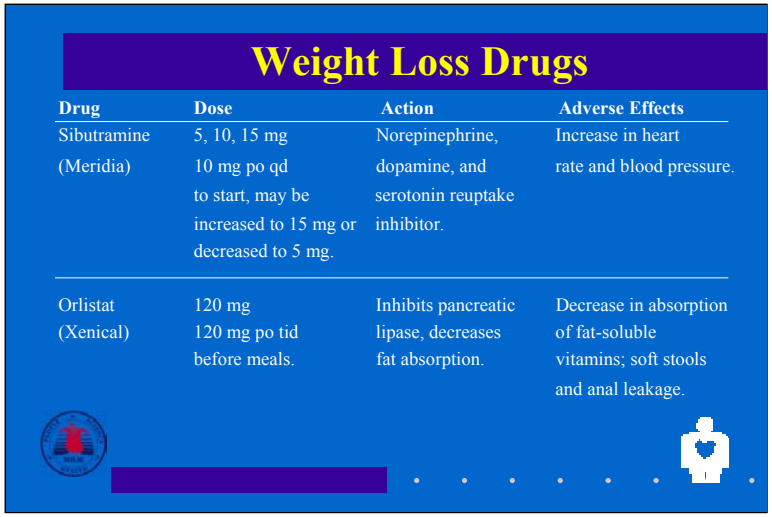


This Cathy cartoon nicely sums up the issues related to pharmacotherapy. No diet drug is a magic pill; if used, diet drugs need to be considered as part of a comprehensive program for weight loss in carefully selected patients.



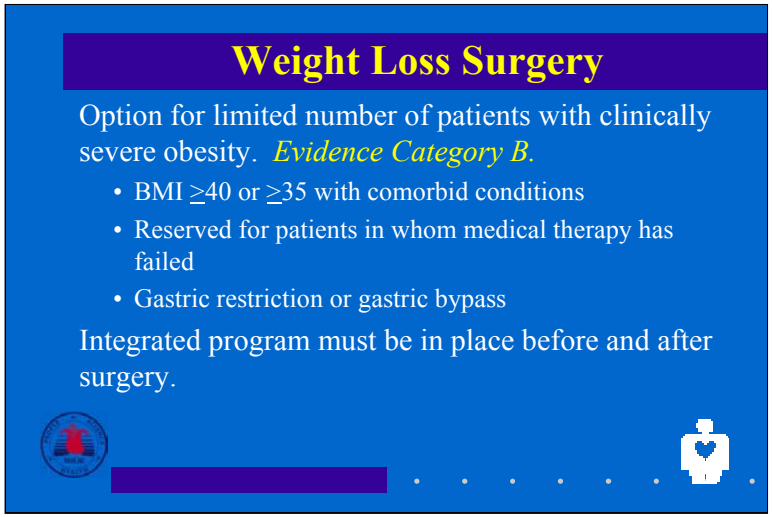
The major role of medications should be to help patients stay on a diet and physical activity plan while losing weight.

- Medication cannot be expected to continue to be effective in weight loss or weight maintenance once it has been stopped.
- The use of the drug may be continued as long as it is effective and the adverse effects are manageable and not serious.
- There are no indications for specifying how long a weight loss drug should be continued.



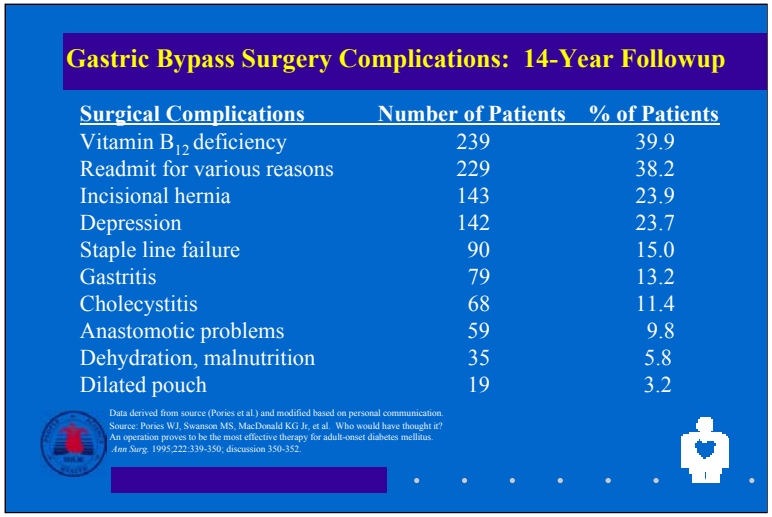
The drugs used to promote weight loss have been anorexiants or appetite suppressants. Two new drugs are sibutramine (Meridia) and orlistat (Xenical). Sibutramine and orlistat are FDA-approved drugs for weight loss.

- Very few trials longer than 6 months have actually been done with any of these new drugs.
- These drugs are associated with adverse health effects, including an increase in heart rate and blood pressure for sibutramine and, for orlistat, a decreased absorption of fat-soluble vitamins.
- Ephedrine, caffeine, and fluoxetine have also been tested for weight loss but are not approved for use in the treatment of obesity. Mazindol, phentermine, benzphetamine, and phendimetrazine are approved for only short-term use for the treatment of obesity.
- Herbal preparations are not recommended as part of a weight loss program. These preparations have unpredictable amounts of active ingredients and unpredictable and potentially harmful effects.



Weight loss surgery is also an option for some patients with severe or resistant obesity. It should be reserved for those patients who have failed in other attempts to lose weight and are suffering from the complications of obesity.

- Patients whose BMI equals or exceeds 40 kg/m^2 are potential candidates for surgery if they strongly desire substantial weight loss.
- Less severely obese patients (BMIs between 35 and 39.9 kg/m^2) also may be considered for surgery if they are at high risk with other comorbid conditions (cardiovascular disease, sleep apnea, uncontrolled type 2 diabetes) or weight-induced physical problems interfering with performance of daily life activities.
- Surgical procedures in current use (gastric restriction [vertical gastric banding] and gastric bypass [Roux-en Y]) can induce substantial weight loss and serve to reduce weight-associated risk factors and comorbidities.
- Compared with other interventions available, surgery has produced the longest period of sustained weight loss. Assessing both perioperative risk and long-term complications is important and requires assessing the risk/benefit ratio in each case.
- An integrated program that provides guidance regarding diet, physical activity and behavior therapy should be in place.



This slide presents some of the data compiled by Dr. Walter Pories on the number and the percentage of patients who suffered from some of the various complications associated with weight loss surgery. The complications range from vitamin B_{12} deficiency, as the most common, to dehydration and malnutrition.