

IN GOOD HEALTH

A Publication Compiled by the Clinical Pharmacy Team of



Health Solutions

PHARMACY BENEFITS MANAGEMENT

WEIGHT MANAGEMENT

Results from the 2003-2004 National Health and Nutrition Examination Survey (NHANES) indicate that approximately 66% of U.S. adults are either overweight or obese. The surveys also indicate that an estimated 17.5% of children (age 6-11) and 17% of adolescents (age 12-19) are overweight. It is important to remember that the term "overweight" refers to an excess of body weight compared to set standards; whereas, "obesity" refers to specifically having an abnormally high proportion of body fat. Excess body weight can come from bone, muscle, fat, and/or body water; therefore, a person can be overweight without being obese (i.e. bodybuilders, athletes).

People who are overweight or obese may have an increased risk for developing health problems such as type 2 diabetes, heart disease, osteoarthritis and/or fatty liver disease among others. Studies show that decreasing body weight by 5-10% can help to lower these health risks. Any weight loss and/or weight maintenance program should employ a combination of low-calorie diets, increased physical activity, and behavior therapy.

DIETARY THERAPY

Caloric intake should be reduced by 500 to 1000 calories per day from current level to achieve a recommended weight loss of 1 to 2 pounds per week. Make sure to educate yourself or ask a nutritionist about food composition, labeling, preparation, and portion size.

PHYSICAL ACTIVITY

Increased physical activity is important in efforts to lose weight because it increases energy expenditure and plays an integral role in weight maintenance. Physical activity also reduces the risk of heart disease more than that achieved by weight loss alone. For people who are obese, activity should generally be increased slowly, with care to avoid injury. All adults should set a long-term goal to accumulate at least 30 minutes or more of moderate-intensity physical activity on most, and preferably all, days of the week. (Make sure to check with your physician before beginning any exercise program.)

BEHAVIOR THERAPY

Behavioral therapies may be employed to promote adoption of diet and activity adjustments. Specific behavioral strategies include the following:

- *Self-monitoring* – This entails observing and recording some aspect of behavior such as caloric intake, exercise sessions, etc., or an outcome of these behaviors, such as changes in body weight. Extending these records to time, place and feelings may help to bring unrecognized behaviors to light.
- *Stress management* – Changing the source of stress and/or changing reaction to it can help to defuse situations that lead to overeating.
- *Stimulus control* – This involves learning what social or environmental cues seem to encourage undesired eating and then modifying those cues. This could entail keeping high-calorie foods out of the house and limiting times and places of eating.
- *Problem-solving* – This includes identifying weight related issues, finding possible solutions and choosing one, planning and executing the healthier alternative, and assessing the outcome of probable changes in behavior.

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- *Cognitive restructuring* – This is the process of learning to refute cognitive distortions, or fundamental “faulty thinking”, with the goal of replacing one's irrational, counter-factual beliefs with more accurate and beneficial ones.
- *Social support* – Physical and emotional comfort given by family, friends, co-workers and others can help to facilitate weight loss.

PHARMACOTHERAPY

Pharmacotherapy should only be used in the context of a treatment program that includes all of the elements mentioned above. If lifestyle changes do not promote weight loss after 6 months, a medication may be considered. All drugs with a Food and Drug Administration indication for weight loss are listed in the table below. Currently, sibutramine and orlistat are the only approved medications for long-term use in weight loss. All other medications should only be used for a short duration (check with your physician or pharmacist for specific lengths of therapy).

Medications with a FDA indication for weight loss

Generic name	Brand name(s)	How it works*
Benzphetamine	Didrex®	It is not known how this medication helps people to lose weight. It may work by decreasing your appetite, increasing the amount of energy used by your body, or by affecting certain parts of the brain. This medication is an appetite suppressant and belongs to a class of drugs called sympathomimetic amines.
Diethylpropion	Depletite™, Durad™, Radtue™, Tenuate Dospan®, Tenuate®	(See benzphetamine)
Orlistat	Alli™, Xenical®	Dietary fats need to be broken down into smaller pieces before the body can absorb them. Orlistat works by blocking the enzyme that breaks down fats in your diet. This undigested fat then passes out of your body in your bowel movement. Orlistat does not block the absorption of calories from sugar and other non-fat foods, so you still need to restrict your total intake of calories.
Methamphetamine	Desoxyn®	This may work by decreasing your appetite.
Phendimetrazine	Bock-Arate™, Bontril®, Bontril® PDM, Bontril® SR, Kraft-Pleg™, Kraft-Stat 35™, Melfiat®, Prelu-2®, Rapdone™	(See benzphetamine)
Phentermine	Adipex-P®, Atti-Plex P™, Fastin®, Ionamin®, Kraft-Obese™, Pro-Fast™ HS, Pro-Fast™ SA, Pro-Fast™ SR, Tara-8™	(See benzphetamine)
Sibutramine	Meridia®	Sibutramine works by affecting the area in your brain that controls hunger, providing you with a sense of fullness and satisfaction.

*All of these products should be used along with a doctor-approved, reduced-calorie diet, exercise, and behavior change program to help you lose weight. They are used in people who are significant overweight (obese) and have not been able to lose enough weight with diet and exercise alone.