

# MEDNEWS

Weight Management News for Physicians

Volume 1, Issue 1

By Robard Corporation

## What's New in Obesity Treatment? ~ Drug Therapy Update ~

**B**ecause obesity stems from psychological, social and physical factors, treating obesity requires a long-term, multi-dimensional approach. Practitioners must help patients improve their ability to sustain, rather than to simply achieve, weight loss. As a result, there is much interest in long-term medically supervised therapy.

A currently popular long-term approach includes drug therapy as an adjunct to a treatment regimen of nutrition, behavior and exercise. With the 1996 approval of Redux™ and the continued use of Fen-Phen for obesity treatment, the focus is now on the safety and efficacy of long-term drug use for weight loss and maintenance. To address this concern, the National Task Force on the Prevention and Treatment of Obesity reviewed the related scientific literature and issued a report which includes guidelines for practitioners on the risks and benefits of prescribing such drugs.

According to the December 18, 1996, issue of JAMA, the Task Force concluded the following:

- ◆ Physicians who administer anorectic medications should do so only in the context of a comprehensive program which includes nutrition education and behavioral treatment.

- ◆ The effectiveness of long-term pharmacotherapy lies in its potential to enhance long-term maintenance when combined with conventional therapies.


- ◆ Until more data is available, pharmacotherapy cannot be recommended for routine treatment of obese individuals, although it may help certain patients.

- ◆ The potential benefits of long-term weight loss must be of medical significance to maintain a suitable risk/benefit ratio for using anorectic medications.

To select appropriate candidates for pharmacotherapy, the Task Force recommends using Body Mass Index (BMI), Waist to Hip Ratio (WHR) and family history, together with the pres-

ence of existing co-morbidities to evaluate the patient's *overall health risk*. As is generally recognized, anorectic medications are indicated as appropriate for obese patients with a BMI of 30 kg/m<sup>2</sup> or 27 kg/m<sup>2</sup> in the presence of obesity-related risk factors.

The Task Force reinforces current views on the management of obesity that support a modest weight loss as being effective in improving health and reducing the risk of disease. Counseling patients to set goals to achieve medically significant weight loss rather than their "ideal body weight" should be an important focus of all weight management programs.

*If you would like further information on the task force report, please refer to the December 18 issue of JAMA (1996:276, 1907-1915) or feel free to call Robard's Medical Nutritional Division (800-222-9201, ext. 2275) for further information.* 



### In This Issue ...

Bridging the Gap in Obesity Treatment .....	2
Medical Research Abstracts.....	2
Bringing Research to Practice with Advanced Health Systems.....	3
Questions and Answers.....	3
Take the Marketing Challenge.....	4
Success Story .....	4
Proactive Checklist .....	4






## Bridging the Gap in Obesity Treatment: Practical Applications for Recent Research

**T**he technical focus of this issue of MedNews is hypertension and heart disease. More than 50 million Americans have chronic high blood pressure -- a leading risk factor for cardiovascular disease. The use of anti-hypertensive medications is a common mode of management, but as much as 50% of this drug use could be reduced or eliminated with weight loss. Most patients can significantly improve their hypertension and overall health with as little as a 5% to 10% reduction in body weight.

**Practical Implication:** Weight management should play an integral role in managing certain diseases, including hypertension. By offering weight management services to your hypertensive patients, you can provide the added support they really need while growing your practice.

The Medical Research Abstracts presented underscore the connection between overweight and hypertension as common cardiac risk factors. 

# Medical Research Abstracts

David A McCarron and Molly E Reusser

## BODY WEIGHT AND BLOOD PRESSURE REGULATION

*Am J Clin Nutr* 1996;63(suppl):423S-5S

Excess body weight correlates closely with increased blood pressure. Virtually every prospective study of factors that influence blood pressure regulation has identified weight, or body mass index, as the strongest predictor of human blood pressure. In normotensive persons, longitudinal and intervention studies have documented that weight gain, over as short a period as 1 to 2 months, is associated with predictable rises in arterial pressure. Conversely, in borderline hypertensive persons, similar types of studies have reported that weight reductions of as little as 4 to 5 kg result in normalization of blood pressure. During periods of weight loss, decreases in blood pressure are evident within the first 2 to 3 weeks; the greatest proportionate blood pressure change occurs during the earliest phases of weight reduction. The decline in blood pressure with weight loss has been shown to be unrelated to variations in nutrient intake. However, the association between blood pressure decreases and increased amounts of physical activity, which generally accompany weight loss efforts, is less clear. For many overweight individuals, reductions in blood pressure that occur with weight loss may be due specifically to the initiation of a regular physical exercise regimen. Weight loss in hypertensive persons has been shown to dramatically reduce, and in many cases eliminate, antihypertensive medication requirements. It is estimated that in up to 50% of the adults in the United States (whose hypertension is being pharmacologically managed) the need for drug therapy could be alleviated with only modest reductions in body weight.

Kathryn M Rexrode, JoAnn E Manson, and Charles H Hennekens

## OBESITY AND CARDIOVASCULAR DISEASE

*Rapid Science Publishers* 1996:490-495

Obesity is strongly associated with cardiac risk factors including elevated blood pressure, glucose intolerance, and dyslipidemia. Clinical trials have indicated that weight loss significantly improves these risk profiles. Epidemiologic studies consistently have shown that obesity is a strong risk factor for coronary heart disease in both men and women. In addition, abdominal adiposity may confer added risk for coronary heart disease. Although obesity is a modifiable and preventable cardiac risk factor, management of this disorder remains both challenging and vexing to clinicians. To prevent cardiovascular disease we must find ways to decrease the rising prevalence of obesity and to help overweight individuals achieve and sustain weight loss.

MJ Carella, SL Mantz, DR Rovner, PW Willis III, VV Gossain, RR Bouknight and GS Ferenchick


## OBESITY, ADIPOSITY AND LENGTHENING OF THE QT INTERVAL: IMPROVEMENT AFTER WEIGHT LOSS

*International Journal of Obesity* 1996;20:938-942

**Objectives** - To determine the prevalence of QT interval prolongation in patients referred to an outpatient clinic for treatment of obesity; and to describe the change in the QT interval during rapid weight loss with a very-low-calorie diet.


**Subjects** - Five hundred twenty-two obese patients (411 female, 112 males) with a mean age 44 (18-78 y) and a mean initial weight of 116 kg (63-285 kg) completing 26 weeks of treatment between Sept. 1989 to Dec. 1993.

**Results** - The QT<sub>c</sub> interval before treatment was  $0.42 \pm 0.026$  s by manual measurement and  $0.41 \pm 0.021$  s by automated measurement. Forty-one to 53% of patients showed a QT<sub>c</sub> interval greater than 0.42 s and 10-24% demonstrated moderate prolongation ( $>0.44$  s). In those patients for whom repeat EKGs were performed, QT<sub>c</sub> showed shortening with weight loss by both methods (mean  $\pm$  s.e. of  $0.42 \pm 0.003$  to  $0.41 \pm 0.003$  s,  $P < 0.01$  manually and  $0.41 \pm 0.003$  to  $0.40 \pm 0.003$  s,  $p < 0.005$  by automated program). By regression analysis, gender and fat mass (FM) percentage above normal predicted the QT<sub>c</sub>.

**Conclusions** - QT interval prolongation is common in obesity. For each 50% increase in FM% above normal, there is a 5 ms increase in QT<sub>c</sub> above a 'normal' upper limit of 0.40 and 0.38 s in women and men, respectively. Moreover, the QT interval shortens with weight loss. This change may represent an additional benefit of weight loss along with the improvement in other cardiovascular risk factors. 



# Bringing Research to Practice with Advanced Health Systems

- ◆ Remind patients that *even a 5% to 10% weight loss can help reduce high blood pressure and reduce their risk of developing heart disease*. Patients will experience a decrease in their blood pressure in as little as the first two to three weeks of weight loss. This early sign of success will enhance your patients' motivation.
  - ◆ Point out to patients that blood pressure is strongly correlated with Body Mass Index (BMI) and that weight loss offers the most effective intervention for lowering blood pressure, even compared to stress management and sodium restriction.
  - ◆ Remember to continually monitor each patient's blood pressure during weight loss, and adjust their hypertension medication accordingly. The first few weeks of weight loss are usually when patients experience the greatest proportionate change in blood pressure. Use this as another source of motivation since it demonstrates that even modest weight loss has a real impact on medication dosage. With continued weight loss many patients may even be able to eliminate their medications.
- "... Diet and physical inactivity currently rank ... as the major preventable causes of death."**
- ◆ Point out to patients that diet and physical inactivity currently rank with tobacco and heavy alcohol consumption as the major *preventable* causes of death. Empower patients with the knowledge that they can take matters into their own hands to prevent serious health problems.
  - ◆ Understanding patients' motivation for wanting to lose weight can help you in your discussions with them. Help patients realize that losing weight is vital in preventing serious health problems. By highlighting the health benefits, you may even help turn an original "appearance" oriented goal into a health goal and help patients adopt a more positive, broader outlook toward the benefits of long-term weight management.
  - ◆ Since the mechanism for the relationship between blood pressure and BMI is not fully understood, stress to your patients the value of a comprehensive weight management program including regular exercise and a healthy diet. Using high quality protein supplementation to preserve lean body mass is especially important during caloric restriction.
  - ◆ Since obesity is a strong risk factor for cardiovascular disease, EKG can be an important tool in monitoring overweight patients. You should monitor the QT interval every 4-6 weeks in patients with moderate to marked QT prolongation ( $>0.44s$ ) and after every 15% (or 20 kg) of weight loss in patients with a shorter QT interval. 



## Questions and Answers

**Q:** What role does sodium restriction play in hypertension?

**A:** Excessive intake of sodium chloride increases the amount of water retained in the body, which results in edema and high blood pressure *in some people*. But not all people who consume an excessive amount of sodium chloride respond with increased blood pressure. One possible reason: some people are insensitive to the potential effects of sodium or salt on blood pressure. Therefore while some people might benefit from a sodium restriction, others would not – and worse still, some might be harmed. (Source: Am J Hypertension 1994 10:1, 926-32)

Since sodium restriction does not always represent a significant factor in hypertension, you may want to reconsider recommending a salt-restricted diet to all hypertensive patients and consider other options, such as a weight loss and exercise program.

**Q:** Is there an easy way to calculate BMI ( $kg/m^2$ ) without converting weight to kg and height to meters?

**A:** Yes, there is a formula that already has the conversion factors built in that you can use:

$$\frac{\text{Weight (in pounds)} \times 703}{\text{Height} \times \text{Height (in inches)}}$$

Example: 5'7" patient, 186 pounds

$$\frac{186 \times 703}{67 \times 67} = 29.1 \text{ BMI}$$



## Take the Marketing Challenge!

**The Challenge:** According to the National High Blood Pressure Education Program, the majority of Americans with high blood pressure do not have it under control. Of these, only half are under the care of a physician for their blood pressure. Untreated, high blood pressure dramatically increases a person's risk for stroke and heart attack.

**The Opportunity:** Beginning with your current patient base, assess those who require treatment for hypertension. Do not wait for patients' blood pressure to skyrocket before you step in to help. Discuss the dangers of high blood pressure during office visits. Catch the problem in its early stages and offer a solution that best meets your patients' needs. For overweight patients with high blood pressure, take a proactive approach by suggesting they begin a weight loss program. As

you have read throughout this newsletter, being overweight plays a critical role in hypertension. As you help patients understand the link between excessive weight and high blood pressure, you can also take an active role in helping them with the comprehensive weight loss program they need.

Remember you may also have the opportunity to reach out to the community. Think of those 50% of Americans who walk around with untreated high blood pressure. With your staff, you might want to investigate offering a free blood pressure screening in your office and invite community residents to stop by. Or, take your "free clinic" to the public at a community health fair or at the local library. You can supply brochures and information on the medical dangers of high blood pressure and the benefits of weight management in normalizing this condition. ~

## Success Story

When Paul\* visited Leslie Meyer-Grimes, M.D. of New Jersey, he weighed 340 pounds and had a history of spinal surgery, herniated disk and high blood pressure. He also needed to use a cane to help him walk and, occasionally, an oxygen tank to help him breathe.

Dr. Meyer-Grimes put Paul on the Advanced Health Systems (AHS) program in August 1996. Paul has been following the protocol, which incorporates AHS nutritional supplements and educational materials including exercise, nutrition and behavior modification. His treatment also includes Phen-Fen.

Since August, Paul has lost 12% of his body weight (41 pounds) and weighs 299 pounds. Paul's blood pressure has dropped to 130/86. He has also reduced his need to use the cane and oxygen tank. Paul's positive lifestyle changes

include eating better, reading food labels carefully and increasing his activity level.

Paul's weight loss has reached a plateau, yet his interest and motivation has been renewed as Dr. Meyer-Grimes introduced him to AHS weight maintenance strategies. He would like to continue losing more weight because he is pleased with his health improvements. However, he has accepted his Doctor's advice to focus on maintaining his weight loss of 41 pounds for at least two months before tackling further weight loss.

Paul's family has been a great source of encouragement. And now, after witnessing his success, Paul's sister has decided to enter the AHS program to pursue her weight loss and health goals. ~

\*Name has been changed.



## Proactive Checklist

When patients come in for their weight loss or maintenance visits, don't forget to update them on the progress they've made to date.

Continually achieving goals – even small ones – serves as a powerful motivator for patients to stick with the program. Use your observations and the information collected in your *Program Guide's* Patient Progress Chart to inform the patient about any of the following:

- ☒ weight they've lost (even if it's only a few pounds)
- ☒ drop in blood pressure
- ☒ decrease in cholesterol
- ☒ decrease in total body fat
- ☒ reduction in medication
- ☒ increase in mobility
- ☒ improvement in lifestyle
- ☒ increase in self-esteem ~

MedNews is published by Robard Corporation, 821 East Gate Drive, Mt. Laurel, NJ 08054.

Material provided in MedNews is obtained from a wide range of medical scientists and peer-reviewed technical journals. The research findings and their applications presented herein may not be applicable to all patients. Remember to consider your patients' individual needs when reviewing these recommendations.

©1997 Robard Corporation. Reproduction in whole or in part is forbidden without the Publisher's written permission.

For reader's questions and/or subscription information, please call Robard's Customer Service Department at 800-222-9201.

*Robard Corporation's mission is to develop innovative programs and products that help people enjoy longer, healthier and more productive lives.*