

Quick Reference Guide

This Quick Reference Guide to *Drugs in Context* is designed to give you an insight into the numerous key points of information and practical guidance contained in this issue, via carefully selected quotations taken directly from each part of the publication. Each quotation is annotated with a page number which will direct you to its place in the text. We hope that you find this Quick Reference Guide a useful introduction to this issue of *Drugs in Context*.

Editorial

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“There is a growing body of evidence for the benefits of weight loss readily achieved with lifestyle modification and adjunctive drug therapy.”

“Half of all adults are now overweight or obese, with nearly one-in-four clinically obese.”

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“Identification of monogenic mutations leading to childhood obesity have broadened our understanding of the control of body weight, and challenge the view that obesity is merely a lifestyle disease.”

“Population-based preventative strategies are urgently needed, but these are hampered by arguments over whether they should target food intake or energy expenditure.”

“The NSF on Coronary Heart Disease also includes obesity prevention and management in its targets and recognises the importance of delivering local programmes covering smoking cessation, diet, exercise and weight control.”

“Detailed audit of 4000 obese patients' records showed that 83% of GPs and 97% of practice nurses reported that they would raise weight as an issue with obese patients, but few GPs (15%), compared with nurses (76%), reported spending up to 10 minutes in a consultation discussing weight-related issues.”

“These advances will lead to the inevitable challenge for GPs to increase their knowledge of obesity and their skills at offering patients effective treatment.”

Disease overview – Obesity

“Obesity is associated with increased morbidity and mortality and represents a major risk factor for the development of other diseases, including type 2 diabetes, cardiovascular disease, hypertension, stroke, some types of cancer, osteoarthritis and sleep-breathing disorders.”

“...a loss of 10 kg has been associated with a 20–25% reduction in total mortality.”

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“Visceral and intra-abdominal adiposity is strongly implicated as a risk factor for the development of the metabolic syndrome – a complex of disorders interconnected by the occurrence of insulin resistance – which may dramatically increase the risk of cardiovascular disease.”

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“In 1980, 8% of women and 6% of men in England were classified as obese. By 1998, this prevalence had nearly trebled to 21% and 17%, respectively, and by 2001, over a fifth of men and a similar proportion of women aged 16 and over in England were obese.”

“Although an individual may be genetically predisposed to obesity, it is primarily a combination of environmental and behavioural factors, resulting in an imbalance in energy intake and expenditure that has contributed to the sharp rise in its prevalence.”

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“Leptin is a hormone synthesised and secreted by white fat (adipose) tissue that has a major role in the regulation of appetite and food intake and is the gene product of the obese gene.”

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“... a dysfunction in the leptin control pathway may be responsible for the development of obesity in susceptible individuals.”

“There is substantial evidence to suggest that obesity – as part of a cluster of metabolic disorders known as the metabolic syndrome – may predispose an individual to the development of insulin resistance.”

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“... in the UK in 1998, direct NHS costs for the treatment of obesity were estimated at £50 million per year whilst the indirect costs of treating comorbidities amounted to an additional estimated £1.7–1.9 billion. This represents between 3.5 and 4% of total NHS expenditure.”

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Drug review – Orlistat

“Orlistat is effective and well tolerated in patients with type 2 diabetes, hypertension or hypercholesterolaemia and may even slow concomitant disease progression in some cases, probably as a consequence of weight reduction.”

“The anti-obesity agent orlistat is a potent and selective inhibitor of gastrointestinal lipases which promotes weight loss by inhibiting the hydrolysis and absorption of ingested fat.”

Page 205

“At the therapeutic dosage of orlistat – 120 mg three-times daily – the inhibition of fat absorption reaches approximately 30% of ingested fat.”

Page 206

“Orlistat elicited consistently significant improvements in both weight and metabolic parameters, including cholesterol and serum lipid levels.”

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“The percentage of patients losing more than 10% of their initial body weight was 19% following placebo, compared with 28% in the 30 and 60 mg groups, 37% following the 120 mg dose and 38% following 240 mg orlistat.”

“The efficacy of orlistat was rated as good or excellent by 86% of physicians.”

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“The use of orlistat as an anti-obesity agent can reduce the progression to diabetes in obese subjects compared with lifestyle changes alone.”

Page 215

“Of particular note, a greater proportion of orlistat- than placebo-treated patients achieved the target DBP of less than 90 mmHg (67 vs 53%, $p < 0.001$).”

Page 216

“In placebo-controlled clinical trials conducted in obese patients, orlistat elicits dose-dependent weight loss which is sustained over 4 years as long as therapy persists.”

Page 219

“Orlistat is minimally absorbed within the body and so limited associated side-effects are largely gastrointestinal in nature, resolving spontaneously with continued treatment as patients learn to eat a healthy low-fat diet.”

Improving practice

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“...obesity has been implicated in the Planning and Priorities framework for Primary Care Trusts (PCTs) 2003–2006, the National Service Frameworks (NSFs) for CHD and diabetes, the new General Medical Services (GMS) contract and, most recently, the Chief Medical Officer’s 2003 Report.”

“... an estimated 30,000 deaths are directly attributed to the condition each year. Obesity is also one of the primary causes of a number of potentially fatal conditions including coronary heart disease (CHD), congestive heart failure, hypertension, type 2 diabetes, depression and some cancers.”

Page 222

“Some practice stakeholders may need some convincing about the merits of establishing an obesity clinic. However, the evidence of the resultant improvements in comorbid disease management and prevention is clinically and economically overwhelming, and this should help to dispel any remaining doubts about the need for prompt action.”

Page 223

“Many obese people genuinely want to lose weight but are at a loss as where to start.”

“The good news is that even modest weight reduction can improve patients’ quality of life and increase their life expectancy.”

Page 224

“A useful target for projected weight loss is 10% over a 3–6 month period, often followed by a period of weight stability, and then, if appropriate, continuation of weight loss with a further 5–10% reduction thereafter.”

“During an initial presentation, GPs should offer a partnership between themselves and the patients, and should encourage them to attend the clinic for at least 1 year.”

Page 226

“It is important that all practice-team members are available for ongoing support and follow-up, as patient motivation and compliance is bound to wane from time to time.”

Page 227

“A dedicated weight management clinic can help to maintain patient motivation and compliance, whilst addressing any potential weight-loss barriers along the way.”

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