

# Obese Less Likely to Eat Three Meals a Day

BY DOUG BRUNK

FROM THE ANNUAL MEETING OF  
THE OBESITY SOCIETY

SAN DIEGO – More than half of American men and women report a pattern of consuming breakfast, lunch, and dinner daily, results from a large survey found.

However, obese adults are less likely than normal-weight adults to report a three-meal daily eating pattern. They

also are less likely than their normal-weight counterparts to consume four or more snacks per day.

The findings come from a sample of 1-day dietary data extracted from “What We Eat in America” (National Health and Nutrition Examination Survey, 2007-2008), which was released this year. Donna G. Rhodes, a nutritionist at the U.S. Department of Agriculture’s Agricultural Research Service, presented findings from

a 24-hour dietary recall made by 2,662 men and 2,758 women, aged at least 20 years, who participated in the survey.

In all, 59% of men and 64% of women reported consuming the standard three-meal pattern of breakfast, lunch, and dinner, and about 90% of both sexes reported at least one snack occasion per day, which consisted of at least one food or beverage item that contained calories.

Obese adults were less likely than nor-

mal-weight adults to report a three meal per day eating pattern (58% vs. 65%, respectively). However, a smaller proportion of obese adults reported four or more snack occasions per day, compared with normal-weight adults (15% vs. 22%).

“Snacking may not contribute to weight gain,” concluded Ms. Rhodes, who said that she had no relevant financial conflicts to disclose. ■

control in your adult patients with type 2 diabetes when treatment with both saxagliptin and metformin is appropriate



## A dynamic duo

Combining complementary mechanisms  
of action of saxagliptin and metformin XR

- Adverse reactions reported in ≥5% of patients treated with saxagliptin and more commonly than in patients treated with placebo were: upper respiratory tract infection (7.7% vs 7.6%), urinary tract infection (6.8% vs 6.1%), and headache (6.5% vs 5.9%).
- Adverse reactions reported in ≥5% of treatment-naïve patients treated with coadministered saxagliptin and metformin immediate-release (IR) and more commonly than in patients treated with metformin IR alone were: headache (7.5% vs 5.2%) and nasopharyngitis (6.9% vs 4.0%).

**Drug Interactions:** Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, limit KOMBIGLYZE XR to 2.5 mg/1000 mg once daily when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

### Use in Specific Populations

- **Pregnant and Nursing Women:** There are no adequate and well-controlled studies in pregnant women. KOMBIGLYZE XR should be used during pregnancy only if clearly needed. It is not known whether saxagliptin or metformin are secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when KOMBIGLYZE XR is administered to a nursing woman.
- **Pediatric Patients:** Safety and effectiveness of KOMBIGLYZE XR in pediatric patients have not been established.

—Metformin: Hypoglycemia does not occur in patients receiving metformin alone under usual circumstances of use, but could occur when caloric intake is deficient, when strenuous exercise is not compensated by caloric supplementation, during concomitant use with other glucose-lowering agents (such as sulfonylureas or insulin), or with use of ethanol. Elderly, debilitated, or malnourished patients and those with adrenal or pituitary insufficiency or alcohol intoxication are particularly susceptible to hypoglycemic effects.

- Intravascular contrast studies with iodinated materials can lead to acute alteration of renal function and have been associated with lactic acidosis in patients receiving metformin. KOMBIGLYZE XR should be temporarily discontinued at the time of or prior to the procedure, and withheld for 48 hours after the procedure and reinstituted only after renal function is normal.
- There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with KOMBIGLYZE XR or any other anti-diabetic drug.

### Adverse Reactions

- Adverse reactions reported in >5% of patients treated with metformin extended-release and more commonly than in patients treated with placebo were: diarrhea (9.6% vs 2.6%) and nausea/vomiting (6.5% vs 1.5%).

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