

Disordered Eating Affects Treatment Response

BY DEBRA L. BECK

TORONTO – Disordered eating behaviors are common in obese adolescents seeking treatment and were associated with higher body mass index z scores at 6 months, in a small study.

This is the first study to consider the impact that disordered eating might have on adolescent obesity treatment, said Dr. Carolyn B. Jasik, a clinical research

fellow in adolescent medicine at the University of California, San Francisco, at the annual meeting of the Society of Adolescent Health and Medicine.

Dr. Jasik and her colleagues conducted a chart review of 116 adolescents aged 12-18 years (mean age 14.7 years) who presented for weight management.

Disordered eating behaviors are those that do not meet criteria for clinical eating disorders and can lead to weight gain

or loss. At intake, patients were screened for eight disordered eating behaviors in the last month: binge eating without loss of control, eating alone, hiding food, night eating, lying about intake, loss of control, binge eating with loss of control, and guilt or depression about food intake. At least one disordered eating behavior was reported by 63% of participants.

The study's main outcome was change in BMI z score between baseline and fol-

low-up in the 52 participants (45%) who returned for follow-up within 6 months.

The mean change in BMI z score was -0.04 . Patients without any disordered eating behavior showed a greater reduction in BMI z score (-0.09 vs. -0.01) and BMI (-0.9 vs. 0.11 points) than did those with at least one such behavior. ■

Disclosures: Dr. Jasik reported no financial conflicts of interest.



Patients with Renal Impairment: The dose of ONGLYZA is 2.5 mg once daily for patients with moderate or severe renal impairment, or with end-stage renal disease requiring hemodialysis (creatinine clearance [CrCl] ≤ 50 mL/min). ONGLYZA should be administered following hemodialysis. ONGLYZA has not been studied in patients undergoing peritoneal dialysis. Assessment of renal function is recommended prior to initiation of ONGLYZA and periodically thereafter.

Pregnant and Nursing Women: There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.

Pediatric Patients: Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

For more information about Onglyza, visit www.onglyza.com/three.

Please read the adjacent Brief Summary of the Product Information.

*Pioglitazone or rosiglitazone

†Based on Tier 2 coverage and the Onglyza Value Card Program.

See Onglyza Value Card Program details at www.onglyza.com/hcp/value-card.aspx.

Reference: 1. Fingertip Formulary® data as of April 9, 2010. Data on File, April 2010.



onglyza[™]
(saxagliptin) 5 mg
tablets

 Bristol-Myers Squibb

©2010 Bristol-Myers Squibb 422US10A08411 05/10
Onglyza[™] is a trademark of Bristol-Myers Squibb

AstraZeneca 

307520