

Small Goals Can Add Up to Big Weight Loss

BY BRUCE JANCIN
Denver Bureau

COLORADO SPRINGS — When it comes to helping patients manage overweight and obesity, the best strategy is to focus on small, concrete, readily achievable goals, Dan Bessesen, M.D., said at a meeting of the Colorado Chapter of the American College of Physicians.

Behavioral scientists insist that the key to lasting behavior change is mastery of a series of modest but measurable goals, added Dr. Bessesen, head of the section of



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DR. BESSESEN

endocrinology at Denver Health Medical Center. He suggested ways to address the obesity epidemic in a busy primary care practice, including these:

► **Put a BMI in every patient's chart, and measure waist circumference selectively.** The strongest recommendation contained in the most recent update from the U.S. Preventive Services Task Force is that every adult should know his or her own body mass index and its implications for disease risk. Waist circumference is most helpful in

those with a BMI of 25-34.9, since in that range a waist circumference greater than 40 inches in men or 35 inches in women indicates higher disease risk than in a trimmer-waisted person of the same BMI.

"One strategy in your office would be to train your check-in staff to do a BMI in every patient, and when the BMI is 25-35, you have them do a waist circumference," Dr. Bessesen said. "When people lose weight, the waist circumference can be one of the first things to move. It can then

become something that makes the person feel like they're making some progress."

► **Be realistic about currently available treatment options.** Diet and exercise typically provide a modest 3%-5% weight loss; that's medically useful in terms of reduced risk of diabetes and other chronic diseases, but most patients want to lose much more. Drug therapy on top of diet and exercise gives an additional 5%-8% weight loss. Surgery yields a 20%-30% long-term weight loss, but with substan-

tially greater risk than diet, exercise, and drugs. Explain that whatever the patient decides to do to lose weight, it will need to be done permanently—or at least for as long as the patient wants to keep the weight off.

► **Read some popular diet books.** "I used to resist diet books. I kept them at arm's length. I thought they were for people who are stupid and gullible. It's always dangerous to think that way. Now I realize they're being bought by people who

Be Cautious About Off-Label Weight-Loss Rx

COLORADO SPRINGS — By far, the most effective weight-loss medication on the market is one that isn't even approved for that indication, Dan Bessesen, M.D., said at a meeting of the Colorado Chapter of the American College of Physicians.

Topiramate (Topamax) is approved by the Food and Drug Administration for treating epilepsy and for migraine prophylaxis. It also causes as a "side effect"—a 10%-13% weight loss. Nothing comparable in terms of efficacy has been seen since the phentermine/fenfluramine combination (phen-fen) that was ultimately derailed by a blizzard of lawsuits due to safety issues. By comparison, the various approved weight-loss drugs provide a modest 5%-8% weight loss. But topiramate also has unwelcome neurocognitive side effects, said Dr. Bessesen, head of the section of endocrinology at Denver Health Medical Center.

Another drug that causes weight loss as a side effect is the antidepressant bupropion (Wellbutrin). In one large double-blind trial in obese patients, 300 mg/day of bupropion SR produced a placebo-subtracted 2.2% net weight loss at 24 weeks, while 400 mg/day yielded a 5.1% loss (Obes. Res. 2002;10:633-41).

—Bruce Jancin

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want something more intensive than I can give them in 10 minutes, and they're finding it in a book. Who am I to ignore that?

"A better approach is to read a few diet books—they're an easy read—and find some you're comfortable with. It's not that you're going to promote that particular diet, but when somebody comes in and wants a book, maybe we can use it with them and have a discussion," he said.

► **Refer patients to Weight Watchers and similar programs.** Not every physician has the time and interest to promote slow, gradual lifestyle change. For those who don't, Weight Watchers is a good program that provides the structure that

many people need, Dr. Bessesen said.

► **Suggest meal replacements.** The Slim-Fast organization has sponsored an impressive study with 10-year follow-up showing that individuals who regularly used their products had a 3% net reduction in body weight, while controls on an energy-restricted diet experienced a 6% weight gain over time.

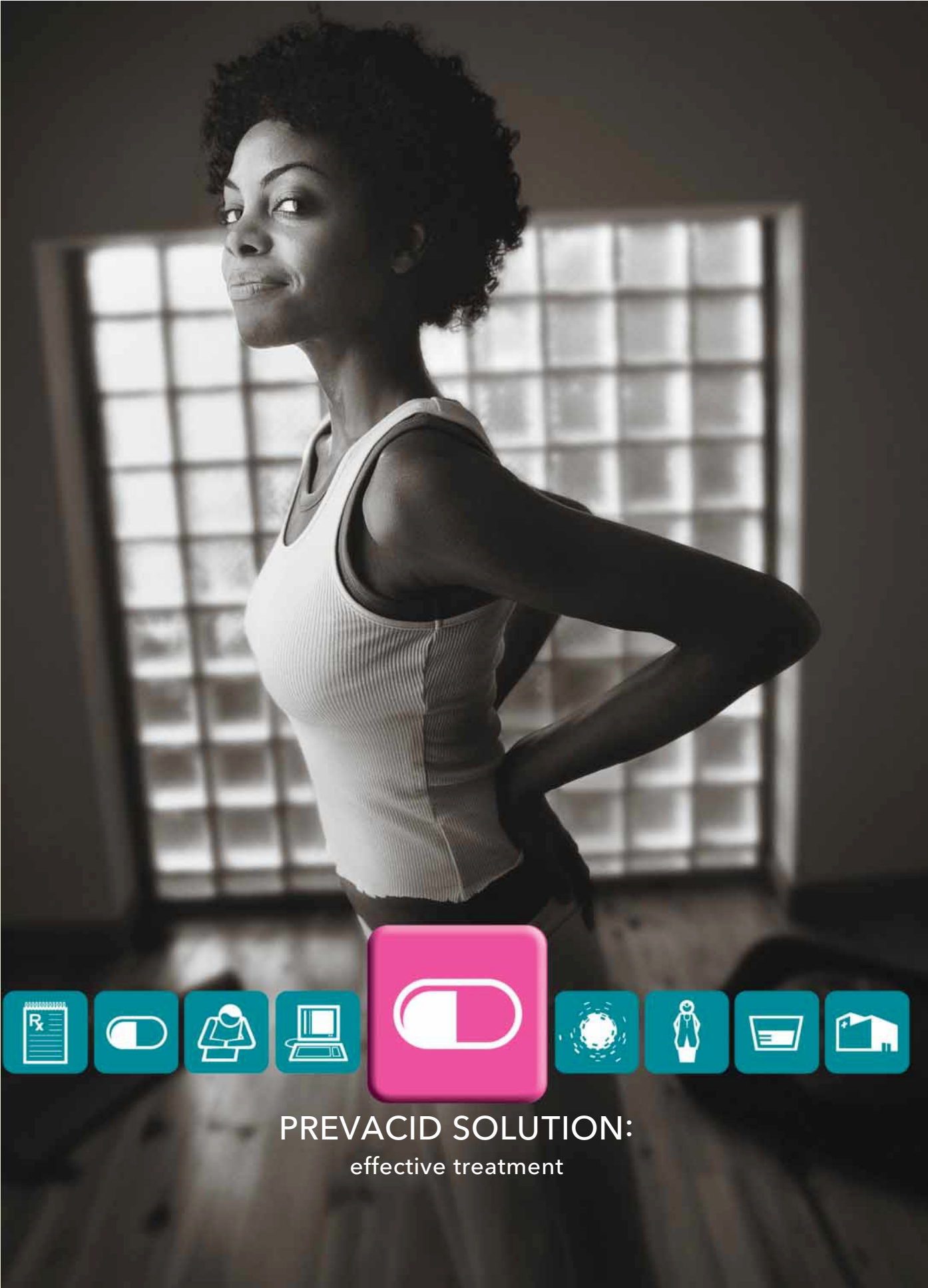
"Slim-Fast is 99 cents per can. It's cheap. It's practical. It fits into a busy lifestyle. So having some materials about Slim-Fast in your office is another strategy that might be helpful for your patients," said Dr. Bessesen, who stressed he has no financial interest in Slim-Fast or Weight Watchers.


► **Recommend use of a pedometer.** Physical activity doesn't result in much weight loss, but it's critical for maintenance of weight loss. A pedometer enables patients to quantify their activity. At, for example, a cost of \$26 for a basic pedometer from Digiwalker.com, it's a good investment. Many obese patients have a baseline activity level of 3,000-5,000 steps per day. The goal for weight loss is 10,000 steps per day.

► **Learn from the success of others.** The National Weight Control Registry maintained by James Hill, Ph.D., a colleague of Dr. Bessesen's at the University of Colorado, includes roughly 3,000 peo-

ple who have lost more than 50 pounds through behavioral change and kept the weight off longer than 2 years. How did they do it? Lots of physical activity—12,000-15,000 steps per day, including a self-reported 45-50 minutes of physical activity 6 or 7 days per week. Most eat a low-fat diet. And they do lots of self-monitoring, weighing themselves almost daily in addition to counting steps.

► **Consider other weight-loss goals.** Switch from regular to diet soda. Keep a diet log. Cut back on fast food to once per week. Start eating breakfast. Go on a weight-loss drug. (See accompanying story on opposite page.) ■





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