

Oligofructose Supplement Tied to Modest Losses

BY FRAN LOWRY
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NEW ORLEANS — Overweight and obese adults who supplemented their meals with oligofructose—a type of soluble dietary fiber derived from chicory root—lost about 1 kg of body fat over a 12-week period in the absence of dieting and exercise.

In the placebo-controlled study, the 21 participants who used the supplement also

decreased by twofold their blood levels of the appetite-inducing hormone ghrelin over a 6-hour meal test. No reduction was seen in the 18 subjects taking a placebo, Canadian investigators reported in a poster presentation at the annual meeting of NAASO, the Obesity Society.

Lead investigator Jill Parnell, a Ph.D. candidate at the University of Calgary (Alta.), and her associates have shown in animal studies that oligofructose modulates satiety-hormone secretion and, as a result,

decreases energy intake. It also improves lipid profiles and blood glucose levels.

To see if oligofructose would have similar effects in a clinical trial, the investigators randomized participants (32 women and 7 men) to receive 21 g of oligofructose or an equicaloric amount of maltodextrin as placebo. Both substances were given as a white powder stirred into a beverage of the subjects' choice before their breakfast, lunch, and dinner.

The average body mass index (BMI) for

individuals in both groups was 30 kg/m².

Those in the supplement group had lost an average of 1 kg of body fat without losing muscle mass. "We used a DXA [dual-energy x-ray absorptiometry] scan to look at body composition, and we could see that all of the reduction was coming from fat mass," Ms. Parnell said.

Placebo group members gained weight (0.5 kg on average), according to findings of the study, which was sponsored by the Canadian Institute of Health Research. ■

In the treatment of very high triglycerides (≥500 mg/dL)

- **LOVAZA** dramatically lowered triglycerides by 45%¹
 - Treatment resulted in a median increase of 45% in LDL-C; treatment with **LOVAZA** resulted in an overall reduction of atherogenic cholesterol, as reflected by a 14% reduction in non-HDL-C ($P=0.0013$)¹⁻⁵
- **LOVAZA** demonstrates an excellent safety profile and proven tolerability¹
 - The most common adverse events reported were: eructation, infection, flu syndrome, dyspepsia, rash, taste perversion, and back pain

Indication:

LOVAZA™ (omega-3-acid ethyl esters) is indicated as an adjunct to diet to reduce very high (≥500 mg/dL) triglyceride (TG) levels in adult patients.

Usage Considerations:

In individuals with hypertriglyceridemia (HTG), address excess body weight and alcohol intake before initiating any drug therapy. Diet and exercise can be important ancillary measures. Look for and treat diseases contributory to hyperlipidemia, such as hypothyroidism or diabetes mellitus. Certain treatments (e.g., estrogen therapy, thiazide diuretics and beta blockers) are sometimes associated with very significant rises in serum triglyceride (TG) levels. Discontinuation of the specific agent may obviate the need for specific drug therapy for HTG.

Consider lipid-regulating agent use only when reasonable attempts have been made to obtain satisfactory results with non-drug methods. Advise patients that lipid-regulating agent use does not reduce the importance of adhering to diet. (See PRECAUTIONS section of full prescribing information.)

In patients with very high TG levels the effect of LOVAZA on the risk of pancreatitis has not been evaluated, nor has its effect on cardiovascular mortality and morbidity been determined.

Please see brief summary of full prescribing information on the adjacent page.

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The US Food and Drug Administration (FDA) has granted approval for the addition of new clinical data in the **LOVAZA** label. Please read our updated prescribing information for more details.

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