

Experts recommend weight loss drugs, surgery as supplement to lifestyle interventions

15 January 2015

The Endocrine Society today issued a Clinical Practice Guideline (CPG) on strategies for prescribing drugs to manage obesity and promote weight loss.

The CPG, entitled "Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline," was published online and will appear in the February 2015 print issue of the *Journal of Clinical Endocrinology and Metabolism (JCEM)*, a publication of the Endocrine Society.

Obesity is a worsening public health problem. According to the 2012 National Health and Nutrition Examination Survey, about 33.9 percent of adults ages 19-79 were overweight, 13.4 percent were obese and 6.4 were extremely obese.

The Food and Drug Administration has approved four new anti-obesity drugs - lorcaserin, phentermine/topiramate, naltrexone/bupropion and liraglutide - in the past two years. Medications like these can be used in combination with diet and exercise to help people lose [weight](#).

"Lifestyle changes should always be a central part of any [weight loss](#) strategy," said Caroline M. Apovian, MD, of Boston University School of Medicine and Boston Medical Center, and chair of the task force that authored the guideline. "Medications do not work by themselves, but they can help people maintain a healthy diet by reducing the appetite. Adding a medication to a lifestyle modification program is likely to result in greater weight loss."

In the CPG, the Endocrine Society recommends that diet, exercise and behavioral modifications be part of all obesity management approaches. Other tools such as weight loss medications and bariatric

surgery can be combined with behavioral changes to reduce food intake and increase physical activity. Patients who have been unable to successfully lose weight and maintain a goal weight may be candidates for prescription medication if they meet the criteria on the drug's label.

Other recommendations from the CPG include:

- If a patient responds well to a weight loss medication and loses 5 percent or more of their body weight after three months, the medication should be continued. If the medication is ineffective or the patient experiences side effects, the prescription should be stopped and an alternative medication or approach considered.
- Since some diabetes medications are associated with weight gain, people with diabetes who are obese or overweight should be given medications that promote weight loss or have no effect on weight as first- and second-line treatments. Doctors should discuss medications' potential effects on weight with patients.
- Certain types of medication - angiotensin converting enzyme inhibitors, angiotensin receptor blockers and [calcium channel blockers](#) - should be used as a first-line treatment for high [blood pressure](#) in obese people with Type 2 diabetes. These are effective blood pressure treatments that are less likely to contribute to weight gain than the alternative medication, beta-adrenergic blockers.
- When patients need medications that can have an impact on weight such as antidepressants, antipsychotic drugs and medications for treating epilepsy, they should be fully informed and provided with estimates of each option's anticipated effect

on weight. Doctors and patients should engage in a shared-decision making process to evaluate the options.

- In patients with uncontrolled [high blood pressure](#) or a history of heart disease, the medications phentermine and diethylpropion should not be used.

More information: The Hormone Health Network offers resources on weight and health at www.hormone.org/diseases-and-conditions/weight-and-health

Provided by The Endocrine Society

APA citation: Experts recommend weight loss drugs, surgery as supplement to lifestyle interventions (2015, January 15) retrieved 5 May 2021 from <https://medicalxpress.com/news/2015-01-experts-weight-loss-drugs-surgery.html>

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