

Primary hyperparathyroidism

Does COPD self management work?

10-Minute Consultation: epistaxis

What will the health bill mean?

SPOTLIGHT ON CLIMATE CHANGE



Options for emergency contraception

DIABETES AND OBESITY: HAVE YOU THOUGHT ABOUT LIPOTRIM?

"New NHS research has revealed the shocking toll of preventable deaths caused by just one medical condition - diabetes which is causing 24,000 needless deaths a year in England alone. It's not just the old and middle-aged who are at risk. Young women with diabetes are 6 to 9 times more likely to die than their age group overall. And many more young people who don't die will develop life threatening diseases later due to failure to manage their blood sugar. Badly controlled diabetes can lead to kidney disease, heart conditions, or blindness. It's also the cause of 5,000 amputations a year, mainly of legs or feet. With around 3 million diagnosed sufferers known to the health service, diabetes is said to be costing the NHS £9 billion a year, about a tenth of the total health budget."

File on Four. BBC Radio 4, 21 February 2012

GPs already know this and that diabetes, fuelled by an epidemic of overweight and obesity, is undermining the nation's health. But it has been shown that with the aid of a very low calorie formula diet (VLCD), rapid weight loss leads to rapid remission of type 2 diabetes. A one-year study showed that BMI of obese diabetic patients was reduced by 5kg/m² and that patients were able to discontinue insulin and oral hypoglycaemic agents for the whole year. A five-year follow-up study confirmed that VLCD treatment was safe and effective in overweight diabetic subjects.2 It has also been shown that normalisation of both beta cell function and hepatic insulin sensitivity in type 2 diabetes is achieved by VLCD dietary energy restriction.

Very low calorie diets and bariatric surgery are demonstrably the most effective weight loss methods for diabetic patients. Ultimately, it is the loss of the excess weight that leads to long term improvement in insulin sensitivity and blood sugar control. With both VLCD and surgery, there is an immediate substantial reduction in the oral consumption of either carbohydrates or substances that can be readily converted to carbohydrates and, as a result, the metabolic response is rapid. Circulating glucose and mobilised glycogen stores are rapidly consumed and generally depleted within about 3-4 days, reducing blood glucose to normal levels. The reduction is so dramatic that oral hypoglycaemic agents must be withdrawn prior to the start of a VLCD programme. Rapid weight loss, with reasonable long term weight management, can put diabetes into long term remission.

Both VCLD and bariatric surgery are approved by NICE as options for the treatment of obesity, but the advantages of a VLCD such as Lipotrim are often overlooked. A Lipotrim regime is not accompanied by the problematic aspects of bariatric surgery: high morbidity and mortality risk, prohibitively high cost, possible post operative complications and, in consideration of the large numbers of severely overweight people with or without diabetes, extremely limited availability. Lipotrim is not available on the NHS so treatment costs the NHS nothing, but patients are not out of pocket as the costs of the diet are no more, and can be less, than the costs of the food it replaces.

Lipotrim is supplied in more than 2000 pharmacies nationwide. Overweight or obese patients taking medication for diabetes can only start on the Lipotrim programme with the cooperation of their GP. Potential dieters undergo an initial assessment by the pharmacist. The dieters must return to the pharmacy each week to collect their supplies. when the pharmacist monitors their progress and to check compliance with the diet. Once the target weight is attained, patients can elect to use specially formulated Lipotrim maintenance products along with healthy eating, which effectively assists post diet calorie control. Pharmacists also provide lifestyle advice and support to help prevent the lost weight from being regained. Each patient's progress is recorded and many pharmacists use the Lipotrim Pharmacy Patient Tracker software, which audits the results of patients' dieting and illustrates the patient's progress in graphic form. Pooled audits from pharmacies have demonstrated their outstanding success in helping patients to lose weight and achieve remission from diabetes.

There is really no excuse for the situation reported by the File on 4 programme. Many patients can be helped to escape diabetes permanently by following a VLCD regime, and while not every diabetic patient may be able to defeat the addictive lure of a subsequent return to overeating, many can. But even for those who cannot, the time away from the condition allows for dealing with other medical problems and an improved quality of life. So, it is surely worth giving the patients a chance and Lipotrim a try.

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