

GP/pharmacist: synergy for obesity control

In order for weight loss programmes to be successful, it is essential to conduct post-diet monitoring and provide the overweight patient with long-term support. The Lipotrim pharmacy-based programme, therefore, encourages an interactive approach with GPs to ensure successful, sustained weight management

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Lipotrim

IT SEEMS EASY to justify practice time and resources to assist overweight and obese patients lose weight. The link to type 2 diabetes alone is sufficient. With rapid weight loss, normalisation of blood sugar levels is achieved in days. With further weight loss, the disease can be held in remission.

Better long-term glycaemic control is achieved with rapid weight loss, even after some weight regain, than is achieved by losing the same amount of weight more slowly. Almost 50% of hypertensive patients can reduce drug treatments with weight loss. Surgical interventions can be scheduled when substantial weight is lost. Fewer antidepressants are required and overall, the frequency of GP visits is significantly lower for leaner patients.

There is no shortage of choice to meet the weight loss needs of individual patients: drugs, both current and promised for the future; dietetic referral; exercise on prescription and pharmacy-based treatment programmes. Each has a place depending upon the specific clinical needs of the patient. An exercise prescription may not be the best choice for a 40-stone patient who may struggle simply to walk, which at this weight is considerable exercise.

While willpower can often help people lose weight over a short defined period, upholding control for the months, years or even decades required for maintenance is quite a different story. Loss of weight by any means confers absolutely no lasting legacy for weight maintenance. Weight loss, however achieved, is only the beginning of the treatment, not the end point. When the drug therapy is discontinued, when the counsellor moves on, when the patient is "cured" of excess weight – this is the point at which a dieter requires the maximum attention and assistance.

Weight management requires control of eating behaviour over a sustained period of time. A difficulty comes with justifying practice time and resources for a patient who has achieved weight loss and is now both healthier and at a normal weight. The expectation that this patient will sustain the weight loss without considerable help is naïve.

Lipotrim pharmacy-based programmes are ideal for the varying weight management needs of patients. Obesity prevention is part of the pharmacy complement of health promotion services, dealing with excess weight before it reaches obese levels and exacerbates comorbidities. The care of patients during weight loss is advantageous when monitored by the pharmacist, who understands the implications of other drug treatments that may interact with the weight-loss programme. But it is at the post-diet stage that the pharmacist is best equipped to provide essential long-range guidance, support and education that will increase the length of time that the weight loss is maintained.

Both the new GP and the pharmacy contracts strongly encourage interactive efforts to deal with a range of health problems, most of which have weight-related implications. Weight loss is vital for management of cholesterol, blood lipids, diabetes, hypertension and asthma. It even impacts upon programmes for smoking cessation. The success of the Lipotrim pharmacy-based programmes in dealing with weight loss and maintenance should not be overlooked. ❖

Meet Weight Loss Targets with Lipotrim

Lipotrim Weight Loss Programmes have been extended to include pharmacies.

Over 300 pharmacies are already involved.

Lipotrim is an ideal option for preventing or reversing Type II diabetes. Benefits also for pre-surgical, hypertensive, asthmatic, arthritic and hyperlipidemic patients.

Virtually all compliant patients will lose in excess of 10% of pre-diet weight within a few weeks.

Over 20% of your patients are already obese.
YOU CAN MAKE A DIFFERENCE

PCT funding not required.

Information on practice or pharmacy monitored programmes available from:

Lipotrim

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