

## Obesity management and evidence-based pharmacy practice

This issue of *AJHP* contains an ASHP Therapeutic Position Statement (TPS) on pharmacotherapy for managing obesity in adults. This TPS, developed by ASHP's Commission on Therapeutics, reflects current knowledge of pharmacotherapy for obesity. Pharmacotherapy, notes the TPS, is only an adjunct to diet, exercise, and behavioral therapy. Pharmacists should work directly with patients and other health professionals to improve outcomes. The TPS does not address obesity management in children because there is little evidence regarding the safety and efficacy of weight-loss drugs in pediatric patients.

The Commission on Therapeutics develops evidence-based documents on the basis of the identification of a common problem in pharmacotherapy. In this case, the Commission hoped to address the problems of disease management and drug therapy of obesity. Obesity poses many social, economic, and medical problems in the United States. The National Health and Nutrition Examination Survey indicated that 55% of adults over 20 years of age are overweight or obese and that the prevalence has increased significantly over the past decade.<sup>1</sup> Rates are even higher among middle-aged people, black women, and Mexican-Americans. The total cost to the United States attributable to obesity in 1995 amounted to \$99.2 billion, with the indirect cost comparable to the economic cost of cigarette smoking.<sup>2</sup> Being overweight or obese increases the morbidity associated with many diseases, such as hypertension, type 2 diabetes mellitus, and coronary heart disease.<sup>3</sup> It may be difficult for health professionals to measure blood pressure or perform physical examinations in obese patients or to obtain and interpret imaging studies. Obesity can alter drug pharmacokinetics.<sup>4</sup> In many cases, the proper dosages of drugs for obese patients are unknown.

Pharmacotherapy of obesity has long been controversial, from the use of amphetamines in the 1960s to the removal of fenfluramine and dexfenfluramine to the warnings against using phenylpropranolamine and certain alternative therapies. However, weight-loss drugs and alternative therapies are in high demand by patients. A 1996–98 survey found that prescription weight-loss drugs were used by 4.6 million adults in the United States.<sup>5</sup> Ironically, 25% of those using weight-loss medications were not overweight by body-mass-index criteria. Another survey found that, of 236 primary care phy-

sicians, 65% had prescribed weight-loss drugs.<sup>6</sup> These physicians had limited knowledge of the adverse effects and food or drug interactions associated with these medications.

The National Institutes of Health (NIH) has published important guidelines on managing obesity.<sup>3</sup> However, the NIH guidelines do not extensively address the drug therapy of obesity. The TPS provides this focus. The Commission strongly believes that the pharmacist has an important role in the care of obese patients. Because obesity management involves diet, exercise, drugs, and sometimes surgery, multidisciplinary care is essential. Pharmacists have the expertise to provide comprehensive drug therapy management for obese patients. Many pharmacists may not have specialized training in obesity management, but they should recognize the need and opportunity to become more involved in this area. This

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TPS will encourage and enable pharmacists to initiate discussion with patients about the health benefits of weight control. Developing an obesity treatment training or certification program modeled after smoking-cessation or diabetes education programs may be valuable to pharmacists. Pharmacists should also consider innovative methods of providing obesity management, such as the use of computer technology.<sup>7</sup>

The new TPS contains important information on the pharmacotherapy of obesity. I encourage readers of *AJHP* to study the document and use it in their practices.

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