

Small Goals Can Add Up to Big Weight Loss

BY BRUCE JANCIN
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COLORADO SPRINGS — When it comes to helping patients manage overweight and obesity, the best strategy is to focus on small, concrete, readily achievable goals, Dan Bessesen, M.D., said at a meeting of the Colorado Chapter of the American College of Physicians.

Behavioral scientists insist that the key to lasting behavior change is mastery of a series of modest but measurable goals, added Dr. Bessesen, head of the section of



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DR. BESSESEN

endocrinology at Denver Health Medical Center. He suggested ways to address the obesity epidemic in a busy primary care practice, including these:

► **Put a BMI in every patient's chart, and measure waist circumference selectively.**

The strongest recommendation contained in the most recent update from the U.S. Preventive Services Task Force is that every adult should know his or her own body mass index and its implications for disease risk. Waist circumference is most helpful in

Be Cautious About Off-Label Weight-Loss Rx

COLORADO SPRINGS — By far, the most effective weight-loss medication on the market is one that isn't even approved for that indication, Dan Bessesen, M.D., said at a meeting of the Colorado Chapter of the American College of Physicians.

Topiramate (Topamax) is approved by the Food and Drug Administration for treating epilepsy and for migraine prophylaxis. It also causes as a "side effect"—a 10%-13% weight loss. Nothing comparable in terms of efficacy has been seen since the phentermine/fenfluramine combination (phenfen) that was ultimately derailed by a blizzard of lawsuits due to safety issues. By comparison, the various approved weight-loss drugs provide a modest 5%-8% weight loss. But topiramate also has unwelcome neurocognitive side effects, said Dr. Bessesen, head of the section of endocrinology at Denver Health Medical Center.

Another drug that causes weight loss as a side effect is the antidepressant bupropion (Wellbutrin). In one large double-blind trial in obese patients, 300 mg/day of bupropion SR produced a placebo-subtracted 2.2% net weight loss at 24 weeks, while 400 mg/day yielded a 5.1% loss (Obes. Res. 2002;10:633-41).

—Bruce Jancin

those with a BMI of 25-34.9, since in that range a waist circumference greater than 40 inches in men or 35 inches in women indicates higher disease risk than in a trimmer-waisted person of the same BMI.

"One strategy in your office would be to train your check-in staff to do a BMI in every patient, and when the BMI is 25-35, you have them do a waist circumference," Dr. Bessesen said. "When people lose weight, the waist circumference can be one of the first things to move. It can then

become something that makes the person feel like they're making some progress."

► **Be realistic about currently available treatment options.** Diet and exercise typically provide a modest 3%-5% weight loss; that's medically useful in terms of reduced risk of diabetes and other chronic diseases, but most patients want to lose much more. Drug therapy on top of diet and exercise gives an additional 5%-8% weight loss. Surgery yields a 20%-30% long-term weight loss, but with substan-

tially greater risk than diet, exercise, and drugs. Explain that whatever the patient decides to do to lose weight, it will need to be done permanently—or at least for as long as the patient wants to keep the weight off.

► **Read some popular diet books.** "I used to resist diet books. I kept them at arm's length. I thought they were for people who are stupid and gullible. It's always dangerous to think that way. Now I realize they're being bought by people who

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See adjacent page for brief summary of prescribing information.

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