



national association
of primary care

REVIEW

Autumn 2010



McKinsey&Company



ADVANCED OBESITY MANAGEMENT TRAINING SOLUTIONS

S.N Kreitzman Ph.D, (Nutritional Biochemistry) R.Nutr. (UK Registered Nutritionist),

S. A. Kreitzman, & V. Beeson

Howard Foundation Research Ltd. Cambridge UK

THE EFFECTIVENESS OF VERY LOW CALORIE DIETS IN MANAGING OBESITY

Obesity is a serious problem in modern society, and one that needs to be urgently addressed by healthcare professionals. Unfortunately, widespread obesity management will not be possible until healthcare professionals accept the brutal fact that advising an obese patient to "eat less" is as misguided as managing an alcoholic by advising him or her to "drink less."

In the first instance, advanced obesity management must recognise that there is a difference between people who become obese and the rest of the normal weight population. Not every drinker becomes an alcoholic, and in the same way, only some people become obese. This is not a trivial comparison. Many people can and do control their eating behaviour and never appear to be in danger of escalation into obesity. For those who do become obese, however, their food behaviour often displays the compulsions and cravings of an addiction. Indeed, it is when food consumption is put into the context of other addictive behaviours that the nature of the problem becomes clear.

The link between addiction and obesity is finally now being reflected in the search for drugs to combat obesity, as can be seen in the 30 July, 2010 report in the Lancet on the use of naltrexone in conjunction with bupropion

as a weight loss treatment. It is important to recognise the basic fact that there is a component of addiction in food abuse and ultimately obesity. The most powerful long term treatment for addictions is complete abstinence from the addictive substance. A reformed smoker is someone who does not smoke, and a reformed alcoholic is someone who does not drink. Comprehending this simple reality explains why total food replacement formula (very low calorie diets) are extremely effective and conventional low calorie diets are much less effective for seriously overweight patients. To treat any addiction (including obesity) effectively it is necessary to stop the substance of abuse. Very low calorie diets – essentially low fat enteral feeds – are absolutely necessary because they permit a patient to safely stop eating for prolonged periods. No lifestyle or behavioural change can be effective while the patient is caught in the biological quagmire of addiction. The advantage of a Total Food Replacement programme is that nutrition is provided by an engineered formula that is nutritionally complete, allowing the dieter to remove the addictive substance (food) from his or her life and remain healthy while the weight is lost.

The value of a total food replacement formula programme in the treatment of overweight and obesity should now be obvious. TOTAL food replacement

is the only means by which those who are subject to food abuse may avoid the addictive stimulus that perpetuates their weight problem.

EVIDENCED BASED CARE

The rapid proliferation of type 2 diabetes is currently one of the more serious healthcare problems. Current estimated costs to the NHS for treatment of this problem are a staggering £1 million per hour. In almost all cases however, a simple treatment exists that costs the NHS nothing, can normalise blood sugars within a few days (even in long standing diabetes) and in most cases actually put type 2 diabetes into remission. This important clinical knowledge is inadequately recognised because of the mantra for evidence based care. It is impossible to design a double blind placebo controlled study of VLCD.

While case studies are often considered to be a lesser level of evidence, the balance of believable evidence must shift, especially when the number of cases being audited becomes virtually the entire treatment population. For the past 25 years GPs and pharmacists have been treating overweight and obese patients with VLCDs and monitoring their progress weekly over the course of their treatment. Those medical details and weekly progress reports have all been recorded over the years, and a number of audits from individual GP practices and a 25 practice meta-audit have been published.

As the population of GP practices and pharmacies has expanded and computerised patient records have become more available, it has become

Training to use VLCD properly requires education

theoretically possible to audit the entire population. A sample from a group of pharmacies in the Republic of Ireland has provided audit data for over 9000 Lipotrim patients. A single pharmacy in Prestwich, Manchester has provided audit data for over 1100 dieting Lipotrim patients. Since these patients are seen weekly and progress recorded by health professionals, the information should be viewed as highly credible and EVIDENCE BASED.

At Prestwich 1148 overweight patients with a median BMI of 33.6 kg/m² were enrolled into the Lipotrim weight management programme. Of these, 25% were morbidly obese with a BMI >40 kg/m². At the time of audit, during which many

Dieters can safely remove the addictive substance (food) and remain healthy

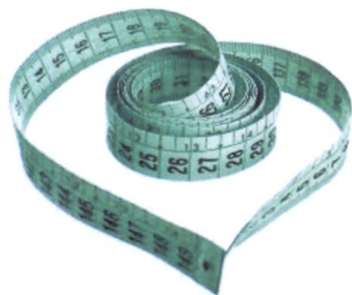
patients were still actively dieting, the median BMI had decreased to <30 kg/m². 94% of the dieters lost more than 5% of their pre-diet weight, 47% lost more than 10% and 21% of the patients lost more than 20%. Importantly, all patients with type 2 diabetes had their medication stopped by their GP.¹

The weight losses (comparable in most cases to that achieved by bariatric surgery) are having the same effect on type 2 diabetes as that reported for surgical procedures. The effect is in fact so dramatic, patients are not permitted to start the diet unless the GP has stopped diabetic medication. Blood sugars will normalize within a few days, and with a

few weeks weight loss it is unlikely that any further diabetic medication will be required.

Training to use VLCD properly requires education. There are simply too many myths. The training programme for pharmacists running the Lipotrim weight management programme was awarded the SMART Best Educational Training Award For Pharmacists in 2002. Based upon sound physiological principles that most professionals know but are continuously seduced to ignore, there must be a greater recognition of need for VLCD, the only widely available tool for obese patients mired in the addiction aspect of food abuse. ■

1. (Data presented at the 2010 National Obesity Forum Conference by Pharmacist Fin McCaul)



Lipotrim

The Weight Management Programme
Managed by Healthcare Professionals
Since 1987
www.lipotrim.co.uk

**New Patient Tracker Software
Provides for Instant Weight Loss
and other Audit Data
At any Time**

**Invaluable
for Commissioning**

**Over 1000 U.K. Pharmacies
Provide the Lipotrim service
At no cost to the NHS**

**Non-invasive Weight Losses comparable to bariatric surgery
without Addiction Transfer**

**Call: freephone 0800 413735
email: info@lipotrim.demon.co.uk
For information pack**