Pharmacists’ winning role in weight management

Amid worldwide concern about the overweight and obesity pandemic and the apparent inability of healthcare systems to cope with either the medical consequences, or the costs of treating excess weight, pharmacists are emerging as the leading the winning teams.

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A number of ideas are being heavily promoted, all of which seem attractive, but a negative literature is currently evolving about each of these approaches and each propels the achievements of pharmacies further and further into the lead.

The National Institute for Health and Care Excellence (NICE) wants overweight people sent to slimming classes with the aim of a 3 per cent weight loss. The aim is to “lose a little and keep it off” for life. While this should be achievable, the goal of 3 per cent seems inadequate for medical benefit. For example, a patient measuring 5 foot 7 inches tall and weighing 127kg who lost 3 per cent of their weight would see their BMI drop from 44 to 43, but would still be classed as morbidly obese.

Five a day

One of the more prominent solutions being debated in the media is how many daily portions of fruit and vegetables are needed in order to cause weight loss. However, a recent article in a highly-respected journal concluded that: “Studies to date do not support the proposition that recommendations to increase fruit and vegetable intake or the home delivery or provision of fruit and vegetables will cause weight loss”.

Currently, there are no truly effective weight loss drugs available for medical professionals to offer obese people, but when any future developments become available, the pharmacist will have a dispensing or even a prescribing role. Until these drugs are available, the most promising medical treatment for obesity, especially at levels promoting serious co-morbidities, is surgical.

NICE has recommended offering weight loss surgery for obesity, and especially to type 2 diabetics. It is argued that surgery is extremely effective in causing large amounts of weight loss and the surgery will result in remission of the diabetes. In July this year, NHS Choices reported that: “It actually could be the case that increasing access to bariatric surgery will save the NHS money in the long term if this helps combat the obesity epidemic”. It is not clear where enough surgeons could come from to treat the 850,000 or more people that could qualify for the surgery, or where enough money could be found. Even more problematic was a recent paper in the Journal of the American Medical Association. The researches concluded, from actual costs to insurance providers, that “Bariatric surgery does not reduce overall healthcare costs in the long term. Also there is no evidence that any one type of surgery is more likely to reduce long-term healthcare costs.”

Disturbing evidence

Even more disturbing is a growing body of evidence that bariatric surgery is not always effective in promoting remission of type 2 diabetes. An article in the British Journal of Surgery stated: “It is not clear where enough surgeons could come from to treat the 850,000 or more people that could qualify for the surgery, or where enough money could be found. Even more problematic was a recent paper in the Journal of the American Medical Association. The researches concluded, from actual costs to insurance providers, that “Bariatric surgery does not reduce overall healthcare costs in the long term. Also there is no evidence that any one type of surgery is more likely to reduce long-term healthcare costs.”

Reference

The patient is secure in the understanding that monitoring is by members of the healthcare team. The pharmacist benefits by providing an absolutely essential public health service for which he is being compensated without depending on the NHS for funding and usually secures a loyal and satisfied customer. The NHS benefits from being able to invest its considerable savings into other desperately needed activities. Pharmacy is by far, the gold standard.

Further Information

Howard Foundation Research provides and supports the Lipotrim weight management programme for over 2,000 doctors and pharmacists in the UK and Ireland. Weight loss sufficient for remission of type 2 diabetes, reduction of high blood pressure and relief of a host of co-morbid conditions are routine. Free support includes: training, suitable weighing scales, height measure, tracker software for patient records and audit, training materials, paperwork for the pharmacy and patients, counter leaflets, posters and more (including an initial supply of free product to compensate for the time required to learn the programme). Lipotrim is a pharmacy service, and not on general sale. Weight loss is monitored and recorded weekly and maintenance is monitored long term, proving the effectiveness of your service and assuring long term follow-up for the pharmacy.