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Special Edition

The Skinny on Weight Management

Completed as a course requirement for Auburn University Harrison School of Pharmacy, Drug Literature I. Also, it calls attention to several observances in January, including:

January 18-24, 2009, **Healthy Weight Week**

Traditionally many Americans begin a diet the first week in January and "blow" it the second week. Healthy Weight Week, the third week, is a time to stop dieting for good and help people normalize their lives.

January 20, 2009, **Rid the World of Fad Diets & Gimmicks Day**

Rid the World of Fad Diets & Gimmicks Day is on Tuesday of Healthy Weight Week. The 20th annual Slim Chance Awards for the "worst" weight loss products of the year are highlighted. Diet quackery defrauds, disables and kills.

January 22, 2009, **Women's Healthy Weight Day**

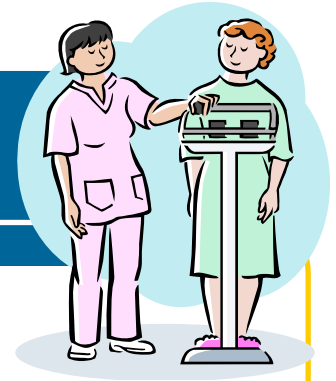
The 16th annual Women's Healthy Weight Day, on Thursday of Healthy Weight Week (the third full week in January), honors size diversity and equity for women in advertising. It confirms that beauty, health and strength come in all sizes, and that talent, love and compassion cannot be weighed.

For more information on these observances, go to: http://www.pohly.com/dates_jan.html

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THE SKINNY

ON WEIGHT MANAGEMENT



Your “ALLI” For Success?

Alli hit shelves in mass in the spring of 2007, becoming the first weight loss product to be approved by the Food and Drug Administration (FDA). Working as manager of a Walgreens store at the time, I found that no matter how many bottles of Alli the store ordered, we were unable to keep the shelves stocked. There was a lot of hype surrounding the new FDA-approved diet pill, with dieters excited about the promises of clinically-proven weight loss success.



Alli is the only FDA-approved over-the-counter (OTC) weight loss pill.

However, despite the promise and excitement surrounding Alli, most individuals were not prepared for the side effects that often result from using Alli or for the commitment to a healthy diet and regular exercise regimen that is necessary to get the most benefit from the product.

In fact, for many customers, one bottle was enough. However, for those who did return for a second bottle, they were happy with their results. So how do you know if Alli is right for you?

Alli, which is comprised of half the dose of the prescription-only weight loss medication Xenical, has been clinically proven to help patients achieve weight loss success if used properly. It works by preventing your body from absorbing all the fat that you eat, limiting the total number of calories that enter your body.¹ One study of Xenical found that those who used the medication maintained a weight loss of more than 10% of their initial body weight

over a two year period.² Another study which analyzed 16 clinical trials involving Xenical determined that participants lost an average of 5-10% of body weight over a one year period.³

So given these results, why doesn't everyone return for a second bottle? One reason is that Alli can cause very unpleasant, even embarrassing, gastro-intestinal (GI) side effects. The most common adverse events reported were oily stools, loose stools, fecal urgency, oily spotting and gas, although the severity of these side effects generally lessens (and they may even disappear completely) with time, especially as users begin to incorporate more low-fat foods into their diet.³

Another reason that some people do not continue taking the capsules is that Alli does not provide rapid weight loss. Many people who buy Alli have the expectation that they will see the pounds melt off overnight once they start taking the capsules, but this is not the case. Alli take time to work, and it must be used as a supplement to diet and exercise, NOT as a substitution for them.

So are these capsules really your Alli for success in achieving your weight loss goals? It all depends on the user's expectations and their determination to meet their weight loss goals. Alli is not intended to replace diet and exercise, and especially when combined with the side effects of the capsules, many who try Alli find that it is simply too much work.¹ But for those who combine Alli with a reduced-calorie, low-fat diet and regular exercise and are dedicated to losing the weight, Alli *can* truly be beneficial.

—Veronica Tallent

Hoodwinked By Hoodia?

In a time when approximately 65% of Americans over the age of 20 are overweight, the subject of weight loss, particularly using natural weight loss products, has come to be a hot topic among those searching for a “silver bullet” of organic diet pills.

For centuries, hunters of the San tribe of South Africa have used the indigenous Hoodia gordonii, a member of the milkweed family, to suppress their appetites while on long hunting expedi-

tions.⁴ Recently, this compound has generated considerable interest in the Western world as a potential weight loss aid.

Preliminary studies show that P57, the active ingredient of Hoodia, may have promise as a safe and effective appetite suppressant but much more time is needed before these investigations can be considered conclusive. Adverse effects of this botanical have yet to be determined, and a recent independent review

by Alkemists Pharmaceuticals showed that many over-the-counter (OTC) Hoodia formulations already on the market contain little or no active ingredient.⁵

Since the FDA does not regulate these products, how does a consumer know which have adequate active (or safe) ingredients and which do not? Until further research has been conducted, it boils down to a situation of “buyer beware.”

—Julianne Worst

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How NOT To Lose — Dieting and Eating Disorders

Shedding pounds is on the mind of many in today's society, and just as there is a wrong way and a right way to do most things, the same is true of dieting. In extreme cases, individuals can actually become so preoccupied with losing weight that they become hypercritical of their body weight and shape, basing their identity and feelings of self worth on their weight and ability to control it. These kinds of thoughts are characteristic of eating disorders such as bulimia nervosa and anorexia nervosa.

Bulimia is a psychological

eating disorder characterized by episodes of uncontrollable binge eating. Following the binge, the person engages in compensatory behaviors such as self-induced vomiting, excessive exercise, or laxative use to rid them of their overindulgence. Bulimia occurs in about 30 persons out of every 100,000, and is more common in females than males (prevalence ratio 29:1).⁶

Anorexia is also a psychological eating disorder, but compared to bulimia, it is characterized by restrictive eating patterns and excessive exercise,

leading to an unhealthy body weight and nutritional deficiency. Anorexia occurs in about 17 to 20 persons out of every 100,000, and is more common in females than males (prevalence ratio 6:1 to 10:1).⁶

But what is the role of dieting in eating disorders? According to one longitudinal study in adolescents, dieting, particularly when involving unhealthy weight control behaviors, can predict outcomes related to obesity and eating disorders five years later. Researchers point to a possible causal relationship between

dieting and future weight related disorders, noting that when short-term dieting behaviors and other drastic weight control measures such as self-induced vomiting are replaced by long-term implementation of healthy eating habits and increased physical activity, the long-term outcomes were greatly improved. This shows the importance of providing adolescents with the skills necessary to implement healthy weight control habits and the support necessary to maintain those behaviors long-term.⁷

—By Heather Patterson



IT'S "NOT ABOUT
'DIETING' BUT
ABOUT HEALTHY,
SUSTAINABLE
LIVING"



“DIET” . . . A Dirty Four-Letter Word

Ever tried dieting and perhaps succeeded for a while only to gain all the weight back, possibly even gained *more* weight? Maybe it is time to “Stop Dieting. Start Living.”⁸ The Weight Watchers program is not about “dieting” but about healthy, sustainable living that includes making good eating choices and engaging in regular exercise. One of the things that sets Weight Watchers apart from typical diet plans is that, with Weight Watchers, you can eat what you like. Rather than cutting out “bad” foods, Weight Watchers focuses on balancing calories with fat and fiber content, thus emphasizing getting the nutrients you need without depriving yourself of the foods you most enjoy (or having to eat only the foods provided to you directly from the specific diet company). In addition, the Weight Watchers program encourages losing weight at a healthy rate while educating you on how to maintain that weight loss, whereas typical diets make promises of helping you to lose weight fast without equipping you with the knowledge base to sustain it.⁸

It can also be difficult to stick to a diet, and Weight Watchers knows that support is key to successful and long-term weight loss and weight management. Besides its “non-diet” approach, Weight Watchers is known for the support net-

work that underlies its program. Whether it be online support through the Weight Watchers website or live through weekly meetings, you can get advice on how to overcome the roadblocks in your weight loss efforts and hear what has worked for others working toward their weight loss goals.⁸

One long-term (two-year) study compared the weight loss outcomes seen in individuals who enrolled in commercial weight loss programs to the outcomes seen in those who relied on brief counseling and self-help products. The results showed that the commercial programs were more efficacious than either brief counseling or self help in terms of helping a person achieve moderate weight loss. While more drastic weight loss may require the intervention of a specialist, these results support the use of programs such as Weight Watchers in helping people to both lose weight and maintain that weight loss.⁹

While there are limitations to commercial programs (i.e., time commitment, financial considerations), these programs seem to be beneficial for those who choose to enroll. For more information visit: www.weightwatchers.com.

—By Kimberly Trobaugh

A Few Good Recipes . . . From Our Kitchen To Yours

A Complete Meal For Two...

Salmon Filets

Ingredients:

- 1 lb fresh salmon filets (approximately two pieces)
- 6 oz light Italian dressing
- 1 large lemon

Directions: Preheat oven to 350°. Place salmon filets in bottom of baking dish. Squeeze ½ of lemon over filets. Cover filets with Italian dressing. Marinate for 30 minutes. Bake salmon for approximately 22 minutes until meat is light pink and flakes with a fork.

Sour Cream Spinach

Ingredients:

- 2 10-oz pkgs fresh spinach
- 8 oz reduced-fat sour cream
- 1 beef bouillon cube

Directions: Cover bottom of 3-quart pan with ½ inch water. Add bouillon cube and bring to boil over medium-high heat. Stir until cube is melted. Add one bag of spinach, stirring from bottom to top. As it shrinks down, slowly add second bag, continuing to stir. Cook until spinach is tender (~10 min). Remove pot from heat and add sour cream. Stir well.

Pesto Mozzarella Tomatoes

Ingredients:

- Roma tomatoes (6-8)
- 1 jar pesto sauce
- ½ c. low-fat shredded mozzarella cheese

Directions: Preheat oven to 350°. Slice tomatoes into thirds, and place in single layer on bottom of 8x8 baking dish. Lightly spoon pesto sauce on top of tomatoes. Place layer of cheese over tomatoes and pesto. Bake until cheese is melted and brown around edges.

—From the kitchen of
Veronica Tallent



Enjoy these healthy, sure-to-please recipes, straight from our kitchen to yours.

It's All Just A Balancing Act

In order to maintain your weight, you have to balance the energy you take in (through food consumption) with the energy you expend (through physical activity). Any unused energy gets stored as fat; however if you use more energy than you take in, then fat (stored energy) is burned and the result is weight loss.¹⁰ Research has shown that a mere 45 minutes a day for 5 days a week of moderate physical activ-

ity is effective in helping overweight and obese young adults achieve weight loss.¹¹

Here are a few exercise tips:

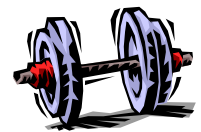
- Park further than normal from your destination when shopping, attending class, etc, and use the stairs instead of the elevator. This can increase your energy expenditure with little interference in your daily life.
- Use a pedometer to track the number of steps in your daily

routine. A pedometer can help you visualize the amount of activity you engage in daily, making it easier to make adjustments. Research suggests 10,000 steps per day for adequate physical activity.¹⁰

- Pair up with a friend. If you find it tough to get motivated, exercising with a friend can help keep you on track toward reaching your goal.

—Stephen Jamison

“RESEARCH SUGGESTS 10,000 STEPS PER DAY FOR ADEQUATE PHYSICAL ACTIVITY.”



OTC Corner: Safety and Efficacy

You walk into the corner drugstore looking for a weight loss supplement. Expecting to be able to simply compare a few products and quickly pick the “right” one, you find yourself faced with shelf after shelf of over-the-counter (OTC) diet pills and a decision that soon becomes overwhelming. There are countless products on the market, each proclaiming to have remarkable weight loss properties that can help you lose inches in mere days. But despite

these claims, the reality remains that most OTC weight loss products are, at best, ineffective, and at worst, dangerous.

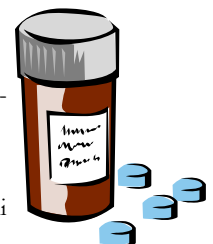
Extensive reviews of the literature indicate that there is not sufficient data to support the effectiveness of any specific dietary supplement in the reduction of body weight, with the exception of ephedrine-containing supplements, which have been associated with severe adverse events (including heart attack, stroke, seizures, and even

death). While the labels of these supplements may boast great results, these products are classified as “dietary supplements,” as opposed to drugs, according to the Food and Drug Administration (FDA), and as such, they are not required to undergo the extensive safety and efficacy testing that conventional medications must pass before being put on the market.¹²

So the next time you are feeling overwhelmed by the multitude of weight loss prod-

ucts staring back at you, remember that the diet pill inside may not necessarily do what the label says it will, and even those that show promise of efficacy are not necessarily safe. So, for the moment at least, the search is still on for a wonder pill to help the many Americans in their fight against obesity.

—Laila Ali



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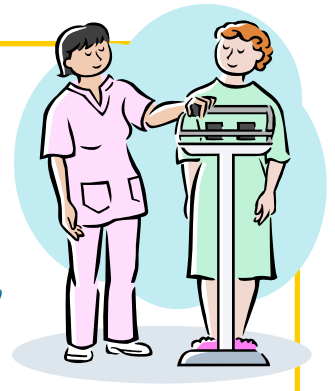
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“Habit is habit and not to be flung out of the window by any man, but coaxed downstairs a step at a time.”

— Mark Twain

“The SKINNY On Weight Management” is a quarterly newsletter published by student pharmacists at the Auburn University Harrison School of Pharmacy. With rates of obesity on the rise and weight management a common concern in today’s society, our staff aims to address major issues and trends related to weight loss and weight management. Each quarter we also assess a topic related to OTC products in our “OTC Corner,” as well as offer healthy recipes and answer individual questions addressed to Dr. O. Beese. If you would like to share a recipe or submit a question, please do so by visiting us online at www.the_skinny.com or sending mail to The Skinny, 378 Trimon Downs, Auburn, AL 36830. You may also subscribe to our newsletter by visiting our website. We hope that you find our newsletter informative and enjoyable!

- The SKINNY Staff



Dear Dr. O. Beese . . .



Dear Dr. O. Beese,

What is BMI and how does it relate to obesity?

—Dubious Dieter

Dear Dubious,

BMI stands for “body mass index,” and it is a measure of an individual’s total body fat based on his or her height and weight. To calculate your BMI, you can use an online “BMI Calculator” like the one found at www.nhlbisupport.com/bmi/ or you can use the following formula: $BMI = \text{weight (kg)} / \text{height}^2 (\text{m}^2)$. You can assess your BMI score according to the following:

- Underweight = <18.5
- Normal weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = BMI of 30 or greater

It is important to note that, while this score is valid for most adults, limitations

do exist. For example, in individuals who have a muscular build (i.e., athletes), the BMI score may overestimate body fat. On the other hand, in individuals who have lost muscle mass (i.e., elderly), the BMI score may underestimate body fat.

For further information visit: www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/patmats.htm

Dear Dr. O. Beese,

I’ve been hearing a lot about children and the “obesity epidemic” lately. I know it’s unhealthy to be obese and that more and more Americans, especially children, are obese nowadays. But exactly does “obesity epidemic” mean and what are the major concerns?

—Concerned For Our Children

Dear Concerned,

Obesity is a problem that has reached epidemic proportions, hence the

term “obesity epidemic.” The World Health Organization (WHO) estimates that there are more than 1 billion overweight adults across the globe, with approximately 300 million of those being clinically obese, and these problems are only getting worse. Being obese increases a person’s risk for various chronic diseases, including type-2 diabetes, heart disease, hypertension, and stroke. Of particular concern is the increasing incidence of child obesity, which leads to an increased risk and earlier onset of these obesity-related health problems. The WHO notes that key causes of obesity include increased consumption of foods that are high in saturated fats and sugars as well as decreased physical activity, and so it is important to encourage children to adopt healthy eating and exercise habits early on.

For further information visit: www.who.int/dietphysicalactivity/en/

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