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### MEDICAL WEIGHT LOSS... PART 2

# Pharmacotherapy (Drug Therapy) for Medical Weight Loss

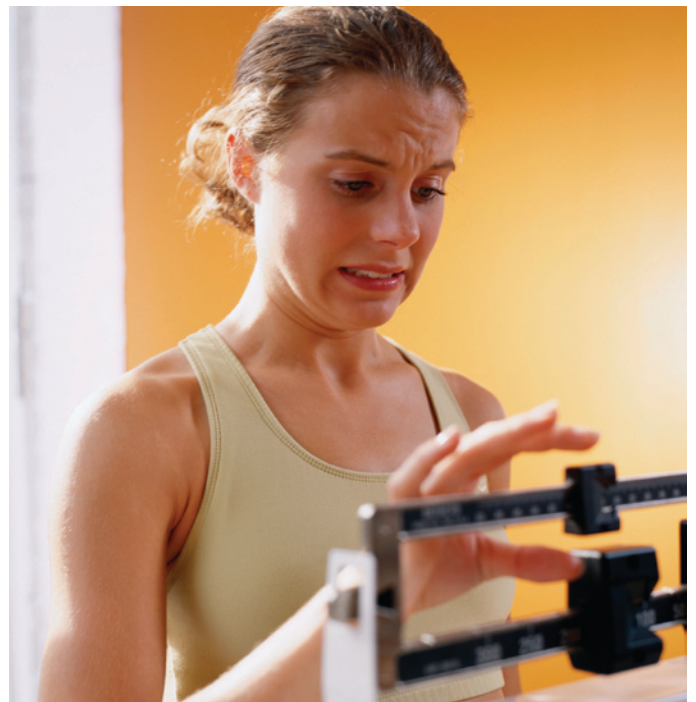
IN MY PREVIOUS article on Pharmacotherapy (Drug Therapy) for medical weight loss I emphasized that chronic diseases like obesity require long term medication (in most cases) for control not cure. Many bariatricians including myself have found that the current medications approved for long term weight loss (greater than one year) Meridia and Xenical to be of limited value and thus prescribed infrequently.

Medications that I as well as hundreds of other bariatricians use for long term weight loss and maintenance include Phentermine,\* (the safe half of Phen-Fen) as an appetite suppressant. Although a good drug for weight-loss,

admittedly by itself not a great drug; for if it were there never would have been the "Phen-Fen" combination. Thus it makes rational sense to replace that which was removed from the market (Pondimin and Redux) with other medications that act in a similar manner but without the rare significant side effects. In fact, several of these drugs have been shown to have cardio-protective effects. These medications belong to a group of anti-depressant drugs known as SSRI's which elevate serotonin (a brain neuropeptide) and include Prozac, Zoloft, Luvox, Lexapro and Celexa. Paxil, the last member of this group is not used due to its weight gain potential. The combination of Phentermine and an

SSRI work to suppress appetite, control cravings, and lower one's metabolic set point. In that many overweight patients are also symptomatic for mild depression, carbohydrate cravings, migraine, irritable bowel syndrome, premenstrual symptoms, etc., the use of an appropriate SSRI is highly effective for these "low serotonin" symptoms.

The additional use of other antidepressant medications such as Wellbutrin, Effexor, Cymbalta, as well as an anti-diabetic medication Glucophage is helpful in some patients. In addition, Topamax, a drug approved for seizure control and migraine prevention is very effective in selective and resistant patients with addi-



tional weight loss of 20-30 pounds frequently observed. Finally, Acomplia will be the first in a new class of weight-loss drugs which block receptors in the cannabinoid system. Possible FDA approval could happen by year's end.

Once desirable weight is achieved, a maintenance program is begun which includes the continued use of medication at the lowest effective dosage.

The medications mentioned above are considered "off label" based on dosage, duration, or combination therapy. Nearly 50% of drugs used in adults and 75% used in children are "off label." Topamax is a typical example. Although FDA approved as an anti-convulsant and to prevent migraines, it is used by many physicians "off label" for chronic pain, peripheral neuropathy, binge eating disorder, alcoholism, bi-polar illness, as a mood stabilizer and weight loss.

The use of safe and effective medications in addition to diet and exercise protocols I believe is key for successful long term weight-loss success.

In many ways the "future" for the medical treatment of obesity has arrived. Sometimes good medical practice requires challenging the "status quo" and many bariatricians including myself have been doing just that for the past 15 years.

*\* footnote (Phentermine is a non-amphetamine schedule IV drug).*

Dr. Skversky is the Medical Director of Weight No More. He has committed the past twelve years of his professional career to the medical treatment of the overweight and obese patient. He is a member of the American Society of Bariatric Physicians, AMA and OCMA. Dr. Skversky can be reached at (949) 645-2930. 