

Rebuttal: Should family physicians prescribe medication for obesity?

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YES As Dr Shaw points out, two-thirds of men and more than half of women in Canada are overweight or obese.¹ Adiposity is a concern, as it is a risk factor for other diseases, including diabetes and cancer. The far-reaching health consequences and prevalence of obesity highlight the importance of maximizing bariatric treatment options.

Lifestyle interventions remain central for obesity treatment, but used alone they might not result in clinically significant long-term weight loss. After 4 to 7 years, one-third to two-thirds of patients treated with dietary interventions regained more weight than they had lost.² In contrast, 2 studies of patients following a lifestyle program and randomized to placebo or medication (orlistat or 3.0 mg of liraglutide in 4- and 3-year long studies, respectively) demonstrated that significantly more patients taking medication were able to maintain 5% or more or 10% or more weight loss ($P < .001$).^{3,4} It is important to note that obesity is a chronic disease, and like other chronic diseases, if treatment is stopped relapse can occur.

Dr Shaw comments about the risks of medications; the main risks of orlistat and liraglutide are gastrointestinal side effects—relatively benign compared with the consequences of no obesity treatment, which can include a shortened life span of up to 8.4 years.⁵

La traduction en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de février 2017 à la page e84.

Ultimately, guidelines are clinical frameworks, but each patient is an individual, and we as physicians are there to help tailor therapy—not deny valid tools for therapy. For these reasons family physicians should feel comfortable prescribing pharmacotherapy for the treatment of obesity in combination with lifestyle interventions. 🌿

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Competing interests

None declared

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References

1. Shaw E. Should family physicians prescribe medication for obesity? No [Debate]. *Can Fam Physician* 2017;63:103-5 (Eng), 108-9 (Fr).
2. Mann T, Tomiyama A, Westling E, Lew A, Samuels B, Chatman J. Medicare's search for effective obesity treatments: diets are not the answer. *Am Psychol* 2007;62(3):220-33.
3. Torgerson JS, Hauptman J, Boldrin MN, Sjörström L. XENical in the prevention of diabetes in obese subjects (XENDOS) study: a randomized study of orlistat as an adjunct to lifestyle changes for the prevention of type 2 diabetes in obese patients. *Diabetes Care* 2004;27(1):155-61. Erratum in: *Diabetes Care* 2004;27(3):856.
4. Le Roux C, Astrup A, Fujioka K, Greenway F, Lau D, Van Gaal L, et al. Reduction in the risk of developing type 2 diabetes (T2D) with liraglutide 3.0 mg in people with prediabetes from the SCALE Obesity and Prediabetes randomized, double-blind, placebo-controlled trial. Paper presented at: Obesity Week; 2015 Nov 5; Los Angeles, CA.
5. Grover SA, Kaouache M, Rempel P, Joseph L, Dawes M, Lau DC, et al. Years of life lost and healthy life-years lost from diabetes and cardiovascular disease in overweight and obese people: a modelling study. *Lancet Diabetes Endocrinol* 2015;3(2):114-22. Epub 2014 Dec 5.

These rebuttals are responses from the authors of the debates in the February issue (*Can Fam Physician* 2017;63:102-5 [Eng], 106-9 [Fr]).
