

Weight management is a medical concern

“Fat people are just greedy, says BMA chief” – www.telegraph.co.uk, 4 August 2007. “Doctor tells fatties to eat less” – www.thesun.co.uk, 3 August 2007. These kinds of headlines are avoidable

Lipotrim

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THERE IS NOW close to a 30-year history of safe and effective worldwide usage of nutrient-complete total food replacements based upon the concept of low-fat nutrient-complete enteral feeds (VLCD). The enormous volume of scientific and medical literature has been thoroughly evaluated by expert committees and they have been recognised as safe and in some cases, such as type 2 diabetes, more effective than standard weight loss methods.

An expanding network of pharmacists are offering a range of treatments for weight problems. They have the training, the respect of the public, the contact hours and the desire to offer weight management as a professional service. NICE recommends that specialists be used for extended VLCD treatment. These pharmacists are trained and experienced specialists in the use of VLCD.

Weight loss is more than a cosmetic issue. Weight loss can lower blood pressure, normalise blood lipids, practically eliminate type 2 diabetes, reduce the severity of asthma, bring relief to patients with arthritis, increase the fertility of women and relieve sleep apnoea. Weight loss can provide an opportunity for patients to be considered for elective surgery. It can decrease the need for antidepressants, make exercise more possible, thus improve cardiovascular health, and can vastly improve the quality of life for patients in a prejudiced and intolerant world.

Minimal calorie gap diets are not always successful. For example, in the 1959 classic study of the published outcomes from the best weight loss programmes, Stunkard showed that regardless of the programme for weight loss, or the expertise of the clinic, after one year 95% had put back on all the lost weight.¹ After two years 98% and by five years virtually all of the dieters had put the weight back on.

VLCD has a vastly better, well-documented, record for weight maintenance. The idea that reducing calorie intake to a sufficiently low level to encourage a more rapid loss of weight, was somehow harmful, can be directly attributed to the fact that the distribution of essential nutrients in ordinary foods makes it very difficult to

create a nutrient-complete diet under conditions of food restriction. It is impossible to achieve a nutrient-complete diet at intakes below 1,200 calories.

Once traditional food diets were attempted below 1,000 calories, dieters were put at risk. When the need for dieting was for a prolonged period, it was inevitable that nutrient stores were depleted. The result was some sort of health compromise. The nature of the compromise and the consequences depended upon which nutrients happened to be depleted by the unique food choices of the dieter.

Supplying the essential nutrients in a preprepared mixture, as in an enteral feed, assures that nutrient deficiencies do not occur. As for energy, the dieter has ample stores of energy in the fat stores of the body – about 37,000 calories in each stone of excess fat weight. These calories are readily available. None are really required from the outside, with the exception of those nutrients in the formula that notionally have a calorie value (such as the essential amino acids and the essential fatty acids). A proper calorie gap provides reliable and continuous weight loss, which is motivating in itself, but has also been shown to provide better glycaemic control in people with diabetes than the same weight loss achieved more slowly.

The modern VLCD can be used with confidence, both in the reliability of the weight loss, and the safety of the monitored programmes. There are contraindications and medical issues that need to be understood, but under the care of an experienced pharmacist, the weight loss needs of seriously overweight patients can be met. ✦

REFERENCE

1. Stunkard A, McLaren-Hume M. Results of treatment for obesity. *Arch Int Med* 1959; 103:79-85.

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