

Physicians' Personal Intake and Prescription of Weight Loss Products: Are We Practicing What

We Preach?

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Introduction: National guidelines recommend that physicians prescribe prescription weight loss products to treat obesity, but do not recommend nonprescription weight loss products (NPWLP)<sup>1</sup>. In fact phenylpropanolamine (PPA), an over the counter (OTC) sympathomimetic used in some NPWLP, was voluntarily withdrawn from the United States market after reports of excessive risks of hemorrhagic stroke in women<sup>2</sup>. More recently, ephedra, while effective for short term weight loss, has come under greater public and federal scrutiny because of reports of adverse effects ranging from anxiety to tachycardia and death<sup>3;4</sup>. National trends indicate that antiobesity medications are popular tools in the battle against obesity<sup>5</sup>. As part of a physician survey of personal weight management strategies, we set out to investigate physicians' own personal use and their prescriptions for their patients for weight loss products.

Methods: We conducted a descriptive, cross-sectional study using an anonymous mailed questionnaire of a large, suburban, community, non-teaching Midwestern hospital in Fall 2001. We surveyed the entire active, current medical staff (MD or DO degree) which totaled 538; 2 questionnaires could not be delivered. Non-responders did not differ with respect to age, gender and physician specialty. We asked "Have you taken any of the following weight loss products yourself?" and "Have you prescribed or recommended any of the following weight loss products for your patients?"

Results: Of the 536, 402 (75%) responses were returned; 394 (74%) included weight and height data; 8 were blank. Most responders were male (75%); mean age was  $45 \pm 9$  (SD) years. Over 83% spent more than 75% of their total work time in direct patient care. Average BMI was 25.1

kg/m<sup>2</sup> ± 3.32kg/m<sup>2</sup>; 44% of respondents were overweight, including 8% who were obese (BMI >30).

Most physicians surveyed (358 or 89%) had not taken weight loss products themselves. (Table) Of the 35 reports of physician personal use, 19 (54%) were for NPWLP and 16 (46%) were for prescription medication. There was no significant difference between healthy weight respondents and overweight/obese respondents with respect to their personal use of weight loss products. Most respondents (265 or 66%) had not recommended or prescribed weight loss products for their patients, without significant difference between healthy weight and overweight/obese respondents.

In contrast to physician personal use of NPWLP, however, nearly all (273 or 90%) of the 303 physician recommendations reported were for prescription medication. Only 30 or 10% of recommendations were for NPWLP (specifically, “herbal products” or PPA). Orlistat<sup>TM</sup> and Sibutramine<sup>TM</sup> were prescribed more than any other prescription drugs.

Comment:. In 1997, 2.5 million Americans took prescription weight loss products, a number which has fallen somewhat since the withdrawal of dexfenfluramine and fenfluramine <sup>5</sup>. For NPWLP, estimates suggest that 7% of the general American adult population has reported using NPWLP compared to 4.7% of community physicians in our sample <sup>6</sup>. This congruence with nationally representative data suggests that physicians use NPWLP with a similar prevalence to the American public. We hypothesize that the high out-of-pocket expense of prescription weight loss drugs; the ubiquity, convenience and low cost of OTC diet aids; and the potential discomfort

of seeing a fellow physician for weight loss all may contribute to physician personal preference for NPWLP over prescription drugs. When seeing patients, however, these same physicians were much more likely to dispense prescription medication instead of NPWLP. While the sample size of physicians is small and may be representative only of the community identified, it does suggest that NPWLP are used by physicians personally, despite recent safety concerns.

**Table: Physician Reports of Weight Loss Products Personally Taken and Prescribed for Their Patients in the Past 5 Years (1996-2001).**

Weight Loss Product	Physicians by Weight	Personally Taken	Prescribed for Patients+
Dexfenfluramine*	All Physicians	1 (0.2%)	36 (9.0%)
	BMI < 25 kg/m <sup>2</sup>	1 (0.5%)	16 (7.3%)
	BMI ≥ 25 kg/m <sup>2</sup>	0 (0.0%)	20 (11.5%)
Fenfluramine*	All Physicians	3 (0.7%)	29 (7.2%)
	BMI < 25 kg/m <sup>2</sup>	1 (0.5%)	14 (6.4%)
	BMI ≥ 25 kg/m <sup>2</sup>	2 (1.1%)	15 (8.6%)
Phentermine	All Physicians	4 (1.0%)	48 (12.0%)
	BMI < 25 kg/m <sup>2</sup>	1 (0.5%)	22 (10.0%)
	BMI ≥ 25 kg/m <sup>2</sup>	3 (1.7%)	26 (14.9%)
Orlistat	All Physicians	5 (1.2%)	93 (23.2%)
	BMI < 25 kg/m <sup>2</sup>	0 (0.0%)	48 (21.8%)
	BMI ≥ 25 kg/m <sup>2</sup>	5 (2.9%)	45 (25.9%)
Sibutramine	All Physicians	3 (0.7%)	67 (16.7%)
	BMI < 25 kg/m <sup>2</sup>	0 (0.0%)	32 (14.5%)
	BMI ≥ 25 kg/m <sup>2</sup>	3 (1.7%)	35 (20.1%)
Phenylpropanolamine**	All Physicians	5 (1.2%)	11 (2.7%)
	BMI < 25 kg/m <sup>2</sup>	3 (1.4%)	5 (2.3%)
	BMI ≥ 25 kg/m <sup>2</sup>	2 (1.1%)	6 (3.4%)
Herbal Products	All Physicians	14 (3.5%)	19 (4.7%)
	BMI < 25 kg/m <sup>2</sup>	7 (3.2%)	10 (4.5%)
	BMI ≥ 25 kg/m <sup>2</sup>	7 (4.0%)	9 (5.2%)
None	All Physicians	355 (89.3%)	262 (66.1%)
	BMI < 25 kg/m <sup>2</sup>	200 (90.9%)	152 (69.1%)
	BMI ≥ 25 kg/m <sup>2</sup>	155 (89.1%)	110 (63.2%)

+Numbers total more than 394, as physicians could identify more than one drug or product prescribed or recommended.

\*Fenfluramine and dexfenfluramine were withdrawn from the U.S. prescription pharmaceutical market in September 1997.

\*\*Phenylpropanolamine was withdrawn from the U.S. weight loss product market in November 2000

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