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**Convenient Healthcare VA Guidelines to Weight**

**Management**

**Introduction**

Obesity is one of the most common medical problems in the United States and it increases the risk for many other illnesses such as diabetes, hypertension, atherosclerosis (hardening of the arteries), heart disease, strokes, kidney failure, and breast, endometrial, gallbladder, kidney and colon cancer. "Obesity should not be considered a character weakness and should not be thought of as a result of being out of control." (Blackburn, *Advanced Studies in Medicine-Johns* Hopkins, 1/2002). Rather, it should be treated as a chronic disease like hypertension and diabetes for which long-term drug treatment may need to be continued "for years and perhaps a lifetime to improve health and maintain a healthy weight." *(NIHPub #97-419],* 12/1996)

**Benefits of Weight Loss**

Innumerable medical studies have now shown that weight reduction in obese patients and overweight patients with increased comorbid risks provides significant medical benefit. In 1996, in attempt to thwart our nation's obesity epidemic, The National Institutes of Health and Surgeon General C. Everett Koop, M.D. in the *Shape Up America* program proposal stated, "Comorbid conditions increase the risk of disability or premature mortality" (subsequently., obesity has been shown to decrease life expectancy by more than four years).

The National Institutes of Health delineated comorbid conditions as:

-Hypertension

-Cardiovascular disease

-Dyslipidemia

-Type 1 or 2 diabetes

-Obstructive sleep apnea

-Osteoarthritis

-Female infertility

-Lower extremity venous stasis disease

-Gastroesophageal reflux disease

-Urinary stress incontinence, and

-Idiopathic intracranial hypertension.

It also stated "An increased risk for all-cause mortality has been shown for BMI >27.

"**Life-style Modification**

Lifestyle modification through diet, exercise, and changes in behaviors associated with eating is essential to lose and then to maintain weight loss. Although a 5 -10% weight loss may be perceived by a patient as insignificant, such success should be praised as it improves many obesity-related conditions. At Convenient Healthcare VA (CHCVA), our goal is to assist our patients in the long-term management of their weight. We continually stress and reinforce a cardiovascular exercise program (for example, walking for *1/2 -3/4* hrs six days per week) and prescribe a diet that is low in simple sugars with reduced saturated fats and carbohydrates.

Eating within two hours of going to bed (hibernation) must be stopped. Fast foods, fried foods, all-you-can-eat buffets, high-density/high calorie sit down restaurants, sweet-teas, sodas, bottled juices, and other sugar/carbohydrate snacks need to be eliminated. Alcohol, because of both calories and potential interactions with medications, is not allowed. "Because obesity is a chronic condition, pharmacotherapy should be initiated with the expectation that long-term use will most likely be needed" *(National Task Force on the Prevention and Treatment of Obesity. JAMA, 1996).* Use of anorectic medications assist in weight loss while providing reinforcement that lifestyle modifications are effective.

**Use of Diuretics**

Since many of our patients have increased total body salt-water due to a number ofc factors including body habitus and high salt intake, we frequently will prescribe a diuretic. We most commonly prescribe Maxzide, a potassium-sparing diuretic. If this is prescribed, periodic monitoring of both blood sugar and potassium levels is necessary as diuretics can cause both increased blood sugar and decreased potassium. It is the policy at CHCVA to test these blood levels every ten weeks. If the patient does not get these tested, the diuretic cannot be prescribed (the appetite suppressant can be prescribed)