

Myrtle Beach Diet White Paper on Anorexiant

- **ACTIONS:** Currently, the most effective Anorexiants are all chemical derivatives of phenylethylamine. They include Phentermine (*adipex, ionamin, fastin*), phendimetrazine (bontril), and diethylpropion (tenuate). They afford some appetite suppression but also elevate metabolism, thus altering the body's 'set point' – lowering the body's defense against weight loss.
- **SIDE EFFECTS:** The most common include:
 - Increased energy – transient, abates after 4-6 weeks
 - Dry Mouth – encourages water consumption
 - Insomnia – generally only 3 to 4 days
 - Irritability – generally mild and controllable for 3 to 4 days

One out of every 20 patients will have to change medications or alter dosage because of side effects, most controllably insomnia or irritability. Go over the return evaluation questionnaires carefully. If you feel bad in any way call it to our attention.

On in 50 patients cannot tolerate any of the above medications!

- **CONTRAINDICATIONS:** Anorexiants should not be used in patients who have:
 - Coronary heart disease
 - Hypertension uncontrolled with medication
 - Bipolar disorder
 - Schizophrenia
 - Glaucoma (until cleared by your ophthalmologist)
 - Pregnancy
 - Nursing mothers
- **BLACK BOX WARNINGS:** Manufacturers often issue warnings or precautions regarding medication usage. You will find such warning against the usage of the above Anorexiants with most antidepressants. In 1997 the popular and potent fen/phen combination (fenfluramine/phentermine) was associated with significant, unpredictable and severe heart valve damage. This resulted in the removal of fenfluramine (pondimin and redux) from the market. Some physicians, in effort to duplicate the potency of fen/phen sought alternate combinations. Since fenfluramine affected serotonin receptors etc., other serotonin antidepressants were used in combination with phentermine (prozac, zoloft, celexa, paxil). None of these combinations were effective (increased appetite suppression and weight loss). Others tried effexor and wellbutrin in combination with phentermine, also ineffective. In fact, all antidepressants with the exception of wellbutrin cause significant appetite increase and weight gain.

Drug companies, fearful of heart valve damage and litigation, placed warnings against the combined use of these drugs with phentermine on the package labels. This hysteria even extended to xenical (a fat blocker). No other drug/phentermine combination has been shown to cause heart valve damage nor do they increase weight loss – most reduce weight loss. Extensive research has implicated only fenfluramine (pondimin) and dexfenfluramine (redux) with heart valve damage whether phentermine is used or not!

Patients taking wellbutrin (to help stop smoking or for depression), or taking other antidepressants, should have no fear in taking phentermine.

- **HABIT FORMING POTENTIAL:** The first drugs used as anorexiant were cocaine and amphetamine. These drugs release the neurotransmitter *dopamine* – a chemical that is intimately linked to addictive and drug seeking behaviors. The current drugs such as phentermine have been shown to release the neurotransmitter *norepinephrine* – a chemical that is not associated with addictive behaviors.

Phentermine, phendimetrazine, and diethylpropion are not amphetamines and do not possess the addiction potential of amphetamines.

Psychological dependency is a possibility with phentermine et al as it is with most drugs that act on the central nervous system (i.e. prozac).

- **OFF LABEL USAGE:** The FDA and the manufacturer develop the product label during the clinical investigation process prior to a drug's release for use. Upon a drug's approval it serves as a guideline for marketing by the manufacturer including usage and dosage guidelines. Doctors often find other usages and effective dosages after the FDA has approved a drug. This constitutes off-label usage; i.e. inderal or amitriptyline for migraine headache prevention.

Phentermine was introduced into the market in 1959. The standard duration of clinical testing then was 4 months. Obesity was considered a disease of 'luxosumption'; push away from the table and get control of yourself. It was believed short-term usage (12 weeks) would accomplish this!

Obesity is now recognized as a chronic disease like diabetes and hypertension. It is inextricably linked to genetics and environment. Many experts believe that once the BMI (body mass index) reaches 28-30, obesity can never be cured but only controlled with vigorous-permanent adaptations. Phentermine is no longer under a patent- it is generic. No company is going to fund a clinical study (300 to 400 million dollars) so everyone can change the package label for long-term usage or alternate dosages.

1. **DURATION OF USE:** If an anorexiant is found to facilitate weight loss *it should be used for the long term or not at all*. Usage for only 4 months will only worsen the problem. Most patients will require 6 to 12 months of anorexiant to achieve significant weight loss. Because we live in America, there are too many temptations; we will slip and experience recidivism. Effective maintenance is best achieved with intermittent usage – for most patients 30 to 90 days (on intermittent basis) per year. Some patients with morbid obesity (BMI over 40) require daily lifelong usage.
2. **DOSAGE:** Occasionally a modest increase in dosage over that recommended on the label will maintain effectiveness of the anorexiant. This increase is limited. Some tolerance will always occur and will not be reversed by further dosage increases. The majority of an anorexiant's benefit will be appreciated over the first six months.
3. **EFFICACY:** Although anorexiant medications are often the catalyst that turns futile weight loss attempts into successful-sustained weight loss, anorexiant will never work without a structured change in diet, decreased caloric consumption, and a lifestyle change including a commitment to exercise!
Continuation of anorexiant beyond 12 weeks will be based on your ability to show such changes as well as showing that the drug has effected a significant weight loss- this is 4 pounds per month for 3 months or a total of 12 pounds.

OUR INITIAL GOAL AT THE MYRTLE BEACH DIET IS TO LOSE 10% OF YOUR STARTING WEIGHT. OUR PATIENTS ON AVERAGE LOSE 25%.