

The war on obesity: are drugs part of the answer?

Abstract

The Treat and Reduce Obesity Act is a bill currently before congress that would lobby for easier access to nutrition behavior therapy and FDA approved drugs for weight loss. This article discusses the pros and cons of this bill as it is currently written and proposes what next steps should be for the future.

Volume 3 Issue 2 - 2015

Nicole Hindle

Cedar Crest College, USA

Correspondence: Nicole Hindle, Dietetic Intern, Cedar Crest College, 1304 West College Ave Apt 5, USA, Tel 8145740910, Email nmhindle1@gmail.com

Received: August 21, 2015 | **Published:** October 02, 2015

Opinion

Hello nutrition followers!

If you haven't heard, there is a bill before congress right now titled the "Treat and Reduce Obesity Act." This bill was referred to committee on May 18th, 2015, according to the Library of Congress¹ (Figure 1). The goal of this bill is to make it possible for RD's (among other HHS approved professionals) to use behavior change therapy to address the obesity epidemic. RD's have specifically been recognized as the most qualified professionals to address Americans' increasing weight, according to the Academy of Nutrition and Dietetics' advocacy post on this issue. I certainly think that this recognition is long overdue, especially since excessive energy intake is the number one lifestyle behavior that causes weight gain (aside from physical inactivity, according to the National Institute on Health).



Figure 1 Obesity: the raging success of American capitalism.

As far as the details of the bill, it specifically would make amends to a section of the Social Security Act to allow certain qualified professionals to implement intensive behavior therapy in conjunction with weight loss drugs and for these treatments to be covered by insurance.

I'm sure many of you have surmised this already if you've been following me for some time, but I really only support part of this bill. I think it is wonderful that behavior therapy will be covered to treat obesity, because it is a problem that over 1/3 of Americans face and can lead to many other chronic conditions. I absolutely believe that covering nutrition counseling therapy for obese patients will increase client participation in this treatment option.²

However, I am hesitant to get on board with the weight loss drug aspect of the bill. I have a client whom I met with for the first time last week who was prescribed a prescription weight loss drug called Belviq by his doctor.³ This drug acts through the serotonin 2C receptor in the brain, according to the FDA see Figure 2. The level of significance for the drug is a 5% or greater weight loss in 12 weeks. Now to me, 5% is not going to be significant unless your starting weight is 100lbs., and at that point the likelihood of obesity is incredibly doubtful. Additionally, the Mayo Clinic states that the side effects range from headache and nausea to hypoglycemia (diabetic patients) and serotonin syndrome (the release of too much serotonin into the brain).² This obviously is not the only weight loss drug on the market today (others include Contrave, Tenuate, and Didrex)*. However, the story is usually the same in terms of results and side effects.

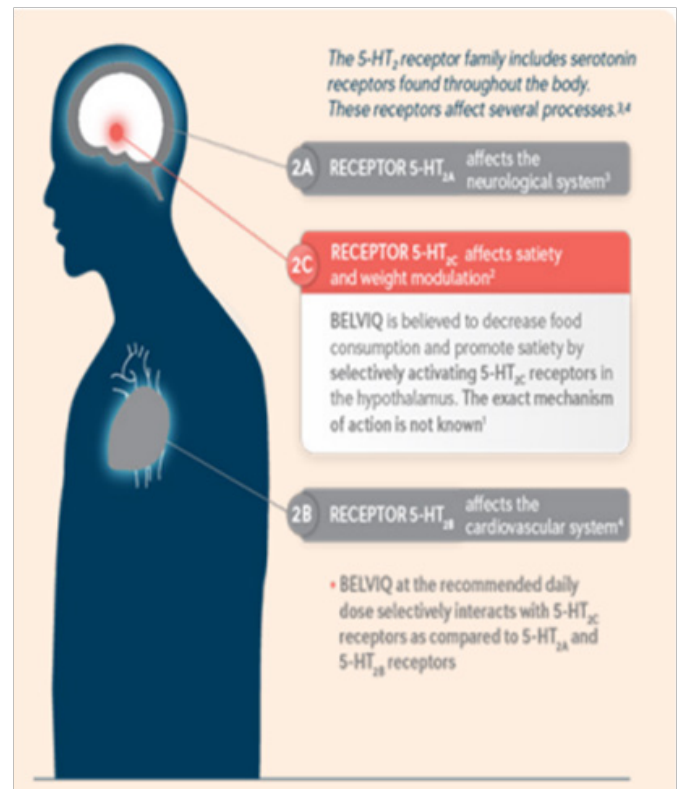


Figure 2 Drug acts through the serotonin 2C receptor in the brain, according to the FDA Dfdvfhg.

Now the bill obviously doesn't specify that providers would *have* to prescribe these weight loss drugs, but my concern is that more and more patients will want to try this treatment option over giving diet modification and exercise a try.⁴⁻⁶ I believe this bill has good intentions and would open up a new group of clientele that may not have been able to afford nutrition care before, but I also feel strongly that the bill needs to be given more stipulations and rules in terms of prescribing weight loss drugs for patients. If it can be documented that the patient has made significant attempts at losing weight through diet and exercise with no results, maybe a weight loss drug could be a possible solution. Many people will often ask me for a "magic pill" to help them lose weight and achieve their ideal body though, and putting the idea out there that there is such a thing that can be covered by insurance doesn't bode well in my mind.

In light of this, I urge you to speak out against this bill the way it is currently laid out, and to lobby for either removal of weight loss drug coverage under the bill or stricter regulations for prescribing these drugs to clients.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

References

1. <http://fabfitover40.com/2015/07/20/obesity-the-raging-success-of-american-capitalism/>
2. <http://www.mayoclinic.org/healthy-lifestyle/weight-loss/in-depth/weight-loss-drugs/art-20044832?PG=2>
3. <https://www.belviquanagedmarkets.com>
4. <http://www.eatrightpro.org/resource/advocacy/disease-prevention-and-treatment/obesity-and-weight/talking-points-treat-and-reduce-obesity-act>
5. <https://www.govtrack.us/congress/bills/114/hr2404>
6. <http://www.nhlbi.nih.gov/health/health-topics/topics/obe/causes>