Research paper on weight loss drugs

Business, Marketing

The Rainbow Diet Pills & Pharmacotherapeutic Considerations

WEIGHT LOSS DRUGS

THE RAINBOW DIET PILLS

Diet pills have become a household name ever since its emergence during the early 1890s. Desiccated thyroid was believed and was proved to have an effect on one's appetite. Over the years, this was formulated and used with other drugs such as strychnine, amphetamine and even digitalis to counter the adverse effects experienced from thyroid treatment.

Though it was mainly used as a pharmacologic intervention for certain diseases requiring weight reduction before, " the advertising industry and Hollywood's ideal image of the slender woman and athletically trim man" paved its use as over-the-counter medications (Cohen, Goday, Swann, 2012, p. 1677). The pills also saw the use of many unusual marketing schemes such as: (1) the different colors they came in, giving them a more personal touch and its name " rainbow diet pills" and (2) the physician-centered promotions.

Despite many reports of serious adverse events beginning the 1940s, FDA was not able to regulate and ban the use of diet pills until 1968 after two reports, one from an investigative report for Life magazine and another from an investigation of the US Senate Subcommittee on Antitrust and Monopoly, came out claiming enormous evidence on the risks of taking diet pills. Use, however, did not halt there.

Diet pills began to spread over continents during the 1980s particularly in Spain and Brazil wherein thyroid hormones, amphetamines and diuretics

were combined with corticosteroids, benzodiazepines, etc. to prevent adverse effects. They were also dispensed in various formulations and dosages to give a more personal approach, but were compounded in pharmacies instead of manufacturing plants. Pharmacies sold diet pills directly to patients as natural supplements, thus, not needing regulation. This move of marketing the pills as dietary supplements heralded the re-entry of the pills in the US market. Through public support, they were able to prevent FDA attempts to regulate dietary supplements. As a response, the Dietary Supplement Health and Education Act of 1994 was created making regulation impossible unless adverse events were reported. They were back to square one.

With its re-emergence, the country is in grave public health peril. Because it seems that no one, not the manufacturers, the physicians, the pharmacists, and even the government, can seem to regulate consumer use and allow them to realize the seriousness of taking these diet pills. With the market's relative liberty, one might wonder: what is necessary to make people realize the hazards of diet pill use? And just how far are these companies willing to do and sacrifice in order for their products to be sold?

OVERWEIGHT AND OBESITY: PHARMACOTHERAPEUTIC CONSIDERATIONS

Sometimes, weight reduction may become a necessity for a patient's pharmacotherapy based on specific clinical parameters such as height, weight, BMI, waist circumference, etc. These parameters help in assessing if the situation is normal or related to a disease or illness. For both exogenous and endogenous weight gain, the standard approach for weight modification

is diet modification with the inclusion of managing the underlying disease for endogenous weight gain.

The use of pharmacologic interventions for weight reduction is a delicate matter for physicians in deciding who needs drug treatment and who can benefit from just a dietary regime. All of the three BMI categories (i. e. Class I-III) have only diet, exercise and behavioral modifications as recommended first-line treatments. This is because weight loss drugs were mostly associated with serious adverse effects. Such was the case for fenfluramine-phentermine, dexfenfluramine, and sibutramine, where patients had an increased risk for cardiovascular disorders. All of which were withdrawn from the market.

Thorough consideration of risk (i. e. drug pharmacokinetics) versus benefit (i. e. drug pharmacodynamics) of these drugs was advised should they be prescribed solely for weight reduction. Progression from overweight to extreme obesity is usually one reason for opting to use pharmacologic interventions because the risk of worsening illness overcomes the benefits of diet and exercise modification alone. However, as with any other management, a standard plan is generally considered, which involves: (1) Pre-Therapy Assessment, (2) Appropriate medication selection, (3) Surveillance during therapy, and (4) Education (Balkon N, Balkon C, Zitkus, 2011, p. 63).

REFERENCES:

Balkon N., Balkon C., Zitkus B. S. (2011). Overweight and obesity: Pharmacotherapeutic considerations. Journal of the American Academy of Nurse Practitioners, 23 (2011), 61-66. doi: 10. 1111/j. 1745-7599. 2010.

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Cohen P. A., Goday A., Swann J. P. (2012). The Return of Rainbow Diet Pills. Public Health Then and Now, 102(9), 1676-1686.