
Guidance on The Use Of Drugs In The Treatment Of Obesity

May 1993

1. The Council wishes to remind doctors of their responsibilities when prescribing drugs in the treatment of obesity and weight control. The matters addressed below derive directly from, and expand, the guidance published in the booklet 'Professional Conduct and Discipline: Fitness to Practise'. Doctors are advised to read, in particular, those sections of the guidance which deal with the standards of care expected of registered medical practitioners and the acceptance of patients by specialists.

2. Attention is drawn to the British National Formulary (March 1993), which makes it clear that centrally-acting appetite suppressants, diuretics and thyroid hormones are of no real value in the treatment of obesity, as they do not benefit patients in the long-term and can produce harmful side-effects. The British National Formulary states:

The main treatment of the obese patient is an appropriate diet, carefully explained to the patient, with support and encouragement from the doctor. Attendance at groups (for example 'weight-watchers') helps some individuals. Drugs can play only a limited role and should never be used as the sole element of treatment; their effects tend to be disappointing.

The use of diuretics is **not** appropriate for weight reduction.

Centrally acting appetite suppressants are of no real value in the treatment of obesity since they do not improve the long-term outlook. They are sympathomimetics and most have a pronounced stimulant effect on the central nervous system.

Use of amphetamine-like drugs diethylpropion, mazindol and phentermine is **not** justified as any possible benefits are outweighed by the risks involved; abuse particularly of diethylpropion is an increasing problem.

Thyroid hormones have no place in the treatment of obesity except in hypothyroid patients.

3. If a doctor decides, exceptionally, to prescribe drugs for the purpose of weight loss, it is essential that the doctor should take an adequate history from the patient, including details of any current medical condition and of any medication which the patient is already taking, and that the doctor should examine the patient before prescribing. In addition, the doctor must not prescribe in excess of the proper dosages for such drugs, and must monitor the patient's health and any side-effects which might be caused by the drugs.

4. The Council also wishes to stress that if a doctor other than the patient's usual general practitioner accepts a patient for treatment of obesity or weight control without a referral, he or she should inform the patient's general practitioner before commencing any treatment unless the patient, having been advised by the doctor that informing the general practitioner would be in his or her best interests, nonetheless, refuses to allow this information to be disclosed. In that event the doctor providing the treatment **must take responsibility for the continuing care of the patient** and, if the doctor proposes to prescribe appetite-suppressant drugs, for ensuring that the patient is not suffering from any medical condition or receiving any other treatment which would make the prescription of such drugs unsuitable or dangerous for that patient.

Withdrawn - 1999