



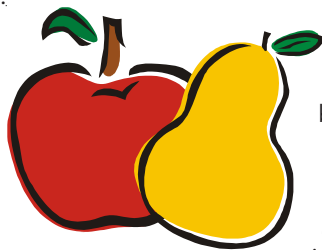
## Rx Focus

### Are you an “Apple” or a “Pear”?

Obesity in the United States has increased markedly over the past decade and keeps rising in both children and adults. Approximately fifty-five percent of adults (an estimated 97 million) in the United States are overweight or obese. These conditions can substantially raise their risk of type 2 diabetes, cardiovascular disease, certain types of cancer, and other diseases. In addition, obese individuals may suffer from social stigmatization and discrimination.

What causes one person to gain weight while another person maintains his or her weight? A person becomes obese when more calories are consumed than he or she can burn. This imbalance between calories taken in and calories used may differ from one person to another. However, obesity is caused by more than just over-eating. Genetic, environmental, psychological, age, and other factors may all play a part in causing obesity. Obesity tends to run in families because, families share diet and lifestyle habits that may contribute to obesity. However, studies of adopted children show that adopted children tend to have weights closer to their biological parents than to their adoptive parents. Environmental factors include lifestyle behaviors such as what a person eats and his or her level of physical activity. The tendency to eat high-fat foods, to use labor saving devices (i.e., elevators, escalators) and a sedentary lifestyle with lack of regular exercise are the causes behind obesity. Psychological factors may also play a role. Many people eat when they are depressed, stressed, bored or angry. Over time, the association between an emotion and food can become firmly fixed. In addition, metabolism slows down with advancing age. You do not require as many calories as when you were younger to maintain your weight. Other factors include food preferences, gender, illnesses, and medications. Certain medications prescribed for inflammatory conditions, seizures, and mental illness tend to increase appetite and may also decrease metabolic rate. Also, drugs such as steroids and some antidepressants may cause weight gain.

Being obese can affect a person's self-confidence as well as their health. Several serious medical conditions have been linked to obesity, including type 2 diabetes, heart disease, high blood pressure, and stroke. Obesity is also linked to higher rates of certain types of cancer. Approximately 280,000 adult deaths in the United States each year are related to obesity. Obese men are more likely than non-obese men to die from cancer of the colon, rectum, or prostate. Obese women are more likely than non-obese women to die from cancer of the gallbladder, breast, uterus, cervix, or ovaries.



Doctors and scientists generally agree that men with more than 25 percent body fat and women with more than 30 percent body fat are obese. However, it is difficult to measure body fat precisely. There are multiple methods for measuring obesity. The Body Mass Index (BMI) has become the medical standard used to distinguish between a person being overweight or obese. It is a height-to-weight system of measurement that applies to both sexes. However, it's not a perfect system because very muscular people may fall into the “overweight” category when they are actually healthy and fit. But it is a useful measurement for most people.

A BMI of 25 to 29.9 indicates that a person is overweight. A person with a BMI of 30 or higher is considered obese. However, if your BMI is 40 or more, you may be a morbidly obese.

Most women typically collect fat in their hips and buttocks, giving them a “pear” shape. Most men usually build up fat around their bellies, giving them more of an “apple” shape. If you carry fat mainly around your waist, you are more likely to develop obesity-related health problems. Women with a waist measurement of more than 35 inches or men with a waist measurement of more than 40 inches have a higher health risk because of their fat distribution.

How is obesity treated? The method of treatment depends on your level of obesity, overall health condition, and motivation to lose weight. Treatment may include a combination of diet, exercise, behavior modification, and sometimes weight-loss drugs. In some cases of severe obesity, gastrointestinal surgery may be recommended. Dietary therapy for weight loss in overweight patients is a low-calorie diet (LCD) (800 to 1,500 kcal/day). This diet is to be distinguished from a very low-calorie diet (VLCD) (250 to 800 kcal/day), which has been unsuccessful in achieving weight loss over the long term. Increased physical activity alone can create a caloric deficit and can contribute to weight loss. In the last 2 years drug therapy began to change from short-term to long-term use. In November 1997, the FDA approved a new drug, Meridia (sibutramine), for use in obesity. In April 1999, Xenical (orlistat) was approved by the FDA for weight loss.

The drugs used to promote weight loss include appetite suppressants, which affect hormones in the brain. For example, Meridia affects norepinephrine and serotonin levels. Adverse effects with Meridia can include an increase in blood pressure and pulse. Thus, people with a history of high blood pressure, congestive heart failure, arrhythmias, or history of stroke should not take Meridia. However, Xenical has a different mechanism of action. It is a fat absorption blocker. With Xenical, there is a possible decrease in the absorption of fat-soluble vitamins such as vitamins A, D, E, K. Overcoming this deficiency may require vitamin supplementation. In addition, all patients taking the medication should have their blood pressure monitored on a regular basis. Because of the tendency to regain weight after

weight loss, the use of long-term medication to aid in the treatment of obesity may be indicated in carefully selected patients. At CBCA Rx, coverage of obesity medications are based on each group's benefit design. CBCA Rx allows plans to elect coverage with quantity limits, require prior authorization, or exclude all medications in this therapeutic class.

The last treatment option for obesity is surgery. It is reserved for patients with severe and resistant obesity. The aim of surgery is to modify the gastrointestinal tract to reduce food intake. Most providers agree that weight loss surgery should be restricted to patients with severe obesity, in whom efforts with other therapy options have failed, and who are suffering from the complications of obesity.

The presence of obesity in a patient is of medical concern because of the increased risk for several other diseases, particularly Cardiovascular Diseases (CVDs) and Diabetes Mellitus. Treatment of the obese patient is a two-step process: assessment and management. Assessment requires determination of the degree of obesity and absolute risk status. Management includes both weight control or reducing excess body weight and maintaining weight loss as well as instituting other measures to control associated risk factors. A healthy diet and regular physical activity are both important for maintaining a healthy weight. Before deciding on a weight loss regimen, please consult with your doctor.

#### References:

1. American Obesity Association website. Retrieved May 2, 2005, from <http://www.obesity.org/>
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3. Godley, P.J., Maue, S.K., Farrelly, E.W., Frech, F. (2005). The need for improved medical management of patients with concomitant hypertension and type 2 diabetes mellitus. The American Journal of Managed Care, 11(4), 206-210.
4. Gregg, E.W., Cheng, Y.J., Cadwell, B.L., Imperatore, G., Williams, D.E., Flegal, K.M., et al. (2005). Secular trends in cardiovascular disease risk factors according to body mass index in US adults. The Journal of the American Medical Association, 293(15), 1868-1874.



## New Drug Approvals

### Aptivus Capsules

Approved: 6/22/2005

Chemical Name: tipranavir

Manufacturer: Boehringer Ingelheim Pharmaceuticals, Inc.

Approved Indication: indicated for combination antiretroviral treatment of HIV-1 infected adult patients with evidence of viral replication, who are highly treatment-experienced or have HIV-1 strains resistant to multiple protease inhibitors.

Average Wholesale Price: \$9.31/Capsule (\$1,117.50/Month)

Special Notes: Administered with ritonavir (Norvir)

### BiDiI

Approved: 6/23/2005

Chemical Name: Hydralazine/Isosorbide dinitrate.

Manufacturer: NitroMed, Inc.

Approved Indication: Treatment of heart failure in self-identified black patients.

Average Wholesale Price: Not Available at this time

Special Notes: First medication approved for a specific race.



## New Generic Approvals

### Desmopressin Acetate Tablets

Approved: 7/1/2005

Manufacturer: Barr Pharmaceuticals, Inc.

Brand Name Equivalent: DDAVP Tablets

Approved Indication: Treatment of central diabetes insipidus and primary nocturnal enuresis.

## Recipe Central

### Turkey Meatballs in Light Tomato Sauce

Prep time: 35 minutes

8 cups hot cooked instant rice	1/2 teaspoon dried basil leaves
1 (14.5 oz) can diced tomatoes, undrained	1/2 teaspoon dried oregano leaves
4 medium carrots, cut into 1/2 inch chunks	1/2 teaspoon dried thyme leaves
1 leek, cut into 1/2 inch slices (white portion only)	1 teaspoon salt
1.5 pounds lean ground turkey	1/2 teaspoon pepper
1 cup rolled oats	1 tablespoon lemon juice
4 oz fresh mushrooms, finely chopped	2 medium zucchini, cut into 1/2 inch chunks

1. While rice is cooking, in dutch oven combine tomatoes, carrots and leek; mix well. Bring to a boil. Reduce heat; cover and simmer while preparing meatballs.

2. In large bowl, combine all remaining ingredients except zucchini; mix thoroughly. Shape mixture into 1 inch balls. Place in sauce; cook 5 minutes.

3. Add zucchini; simmer an additional 5 to 7 minutes or until meatballs are no longer pink in center.

Serve over rice. Yield: 8 servings

#### NUTRITION INFO PER SERVING:

Calories: 400	Sodium: 450mg
Total Fat: 7g	Total Carb: 61g
Saturated fat: 2g	Dietary fiber: 4g
Cholesterol: 55mg	Sugars: 5g
Protein: 24g	



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