



Side Effects Associated with 100 Pound Weight Loss for Severely Obese Individuals in a Medically-Supervised Behavioral Program

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Abstract

The prevalence of severe obesity is increasing rapidly. Intensive or aggressive therapy is required for successful weight management and reduction of risk factors. Intensive lifestyle intervention is the preferred treatment while bariatric surgery is justifiable. Our medically supervised behavioral weight management program prescribes meal replacements, physical activity, and weekly medical visits/classes. Between January 1995 and December 2003, 703 severely obese (BMI ≥ 40 kg/m²) patients enrolled in the Health Management Resources (HMR[®]) Program for Weight Management at the University of Kentucky. Of these patients, 504 completed the 12-week core program with an average weight loss of 75.0 pounds that represents a reduction in initial body weight of 23.9%. Of those patients, 122 (24.2%) lost at least 100 pounds. Average weight loss was 137.1 ± 4.0 pounds in an average of 49.4 ± 3.3 weeks. Medical progress notes from 86 charts were available and rigorously reviewed for side effects. Patients who reported side effects on 2 consecutive weeks were tabulated. Dizziness (35%) and constipation (30%) were the two most common side effects reported. Dizziness was related to medication, inadequate fluid intake, or orthostatic hypertension. Other reported side effects included: fatigue/weakness (18.6%) increased liver function tests (18.6%), nausea (12%), pain (10.5%), diarrhea (8%), and hair loss (1.2%). Most side effects were transient with constipation being persistent in 15% of patients. Four patients underwent surgery unrelated to weight loss treatment for hernia repair (2), ovarian cyst (1), and hyperparathyroidism (1). One patient had a cholecystectomy. These side effects contrast sharply with the reported 1% mortality and 20% adverse event rate for patients undergoing bariatric procedures. Weight loss via a medically supervised behavioral weight management program is a safe alternative to bariatric surgery.

Subjects

- ✓ Data taken from patients with a BMI ≥ 40 who enrolled in the HMR Program for Weight Management at the University of Kentucky between January 1995 and December 2003.

Results

- ✓ 504 patients completed the 12 week core program with an average weight loss of 75 lbs. (23.9% of initial body weight).
- ✓ 122 patients lost at least 100 lbs. with an average weight loss of 137.1 ± 4.0 in an average of 49.4 ± 3.3 weeks.
- ✓ Medical progress notes from 86 charts were available and rigorously reviewed for side effects.

Patients reporting side effects on 2 consecutive weeks

Side Effect	% of Patients
Dizziness	35%
Constipation	30%
Fatigue & Weakness	18.6%
Increased Live Function Tests	18.6%
Nausea	12%
Pain	10.5%
Diarrhea	8%
Hair Loss	1.2%

- ✓ Most side effects were transient with constipation being persistent in 15% of patients.
- ✓ Four patients underwent surgery unrelated to weight loss treatment for hernia repair (2), ovarian cyst (1), and hyperparathyroidism (1).
- ✓ One patient had a cholecystectomy.

Conclusions These side effects contrast sharply with the reported 1% mortality and 20% adverse event rate for patients undergoing bariatric procedures. Weight loss via a medically supervised behavioral weight management program is a safe alternative to bariatric surgery.