

# Paradox of the Slimming Pill

“Doctors play a pivotal role in ensuring the proper use of these drugs. After all we are the only people empowered by law to prescribe these drugs and we should use them to benefit our patients”



*Dr Chua Boon Ling*



Obesity has become a problem of modern day affluent societies, due to our lifestyle of over-eating and the lack of exercise. In poorer countries where food is lower in calories and people exercise more in their work and daily activities, the incidence of obesity is low.

In our hectic society where every problem needs a quick fix solution, the slimming pill has taken centre stage. All too often, both patients and doctors have overlooked the importance of exercise and dieting in the management of obesity. This quick fix solution may even give some patients the wrong impression that they can continue to eat, not exercise and yet not get fat because they are on slimming pills. This is the first paradox.

The second paradox is what I term as the “inverse care law” - the ones that need it don’t get it; and the ones that don’t need it, get it. This is my observation and I apologise if this is not the case in some clinics or with some patients.

Obesity can be seen as a continuum of one’s weight. From a medical definition, obesity is when your weight is such that your health suffers, for example anyone with BMI of over 25 or 30. From an individual definition, obesity is what one perceives as obese and what society and fashion perceive as being “fat”. The two groups of people whom doctors

encounter are therefore the medically obese (the ones who need treatment) and the psychologically obese (the ones who think they need treatment).

## THE MEDICALLY OBESE

The medically obese comprises patients that doctors need to counsel and help to reduce weight. These are people who will medically benefit with a regimen of slimming pill, together with diet control and exercise. Some of these patients may already be suffering from obesity related problems; for example hypertension, diabetes and hyperlipidaemia. They may have failed in previous attempts to lose weight and have given up the fight. They need their doctors to motivate them and counsel them on the detrimental health effects of being overweight. They would need the expertise of the medical profession to help and encourage them to achieve a healthier body weight.

It would be a futile uphill battle trying hard to control someone’s diabetes, hypertension and high cholesterol without addressing the overweight problem.

## THE PSYCHOLOGICALLY OBESE

The second group of patients comprises of mainly young fashion conscious ladies. They spend a lot of time and money trying to achieve the model’s figure (gym, aerobics, slimming classes,

etc.) The slimming pill is a very attractive option and they will ask their doctors for it. I have seen underweight girls on Xenical or Phentermine. Prescribing such pills to these patients is not right as we will be reinforcing their misconception of their weights and even worse, helping them to be anorexic. We should instead counsel them on healthy eating and exercise and be on the look out for patients who may have underlying eating disorders. Perhaps the lure of the slimming pill is too strong for these people when they read it in women’s and health magazines everyday and see these pills being displayed at the shop window of doctor’s clinics and surgeries, with a notice saying “we offer slimming treatment”.

The paradox of the slimming pill is not unique to this class of drugs. We can also draw similar analogy from tranquillizers or sleeping pills. Doctors play a pivotal role in ensuring the proper use of these drugs. After all, we are the only people empowered by law to prescribe these drugs and we should use them to benefit our patients. ■

### *Editor’s Note:*

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