

## ACP Releases Obesity Treatment Guidelines

New guidelines for management of obesity from the American College of Physicians (ACP) recommend diet and exercise for everyone and drugs and surgery only for obese patients who are not able to achieve weight-loss goals with diet and exercise alone.

The guidelines, "Pharmacologic and Surgical Management of Obesity in Primary Care: A Clinical Practice Guideline from the American College of Physicians," were published in the April 5 issue of *Annals of Internal Medicine*.

People with a body mass index (BMI) over 30 might consider drug therapy after an appropriate trial of diet and exercise has failed. Surgery is for those with a BMI over 40 who also have obesity-related health problems such as high blood pressure, diabetes, or sleep apnea, ACP guidelines say.

People with a body mass index from 25–29.9 are considered overweight. Those with BMI from 30–39.9 are considered obese; people with a BMI over 40 are considered morbidly (or extremely) obese. BMI is a measure of height and weight. ACP's new guidelines apply to patients with BMI's of 30 and over.

"BMI should be considered another vital sign," says Vincenza Snow, MD, director of clinical programs at ACP. "Patients should know their BMIs like they know their age, blood pressure, and cholesterol numbers, and doctors should track their patients' BMIs like they follow blood pressure."

To view the guidelines online, visit [www.annals.org](http://www.annals.org).

### FDA Pushes Pharmacogenomics To Aid Health Care

As part of an agency-wide initiative to speed development of new medical products through the science of pharmacogenomics, the Food and Drug Administration (FDA) recently issued a final guidance, "Pharmacogenomic Data Submissions."

Pharmacogenomics allows health care providers to identify sources of an indi-

vidual's profile of drug response and predict the best possible treatment option for this individual. For example, genomic tests are helping to identify cancers that have a good chance of responding to a particular medication or regimen. This technology has enabled the development of targeted therapies such as Herceptin for metastatic breast cancer, Gleevec for chronic myeloid leukemia, and Erbitux for metastatic colorectal cancer.

Instead of the standard hit-or-miss approach to treating patients, where it can take multiple attempts to find the right drug and the right dose, doctors will eventually be able to analyze a patient's genetic profile and prescribe the best available drug therapy and dose from the start. FDA says both the guidance and a new web page are part of a broad effort to foster pharmacogenomics during drug development.

The guidance clarifies how pharmacogenomic data will be evaluated. The final guidance describes what data will be needed during the marketing application review process, the format for submissions, and the data that will be used during regulatory decision making. The guidance also explains a new mechanism for industry to voluntarily submit research data to further the scientific exchange of information. The voluntary data, which will be reviewed by an internal, agency-wide group and will not be used for regulatory decision making, will help FDA and industry gain valuable experience as this new field continues to evolve.

FDA's new pharmacogenomics web page is available at [www.fda.gov/cder/genomics/default.htm](http://www.fda.gov/cder/genomics/default.htm).

### Waistline a Good Indicator Of Men's Diabetes Risk

A man's waist size seems to be a stronger indicator of diabetes risk than the body-mass index, new research suggests. Johns Hopkins scientists reviewed data from 27,270 men tracked over 13 years and put

### June Health Events Calendar

#### Dystonia Awareness Week

June 4–11

Dystonia Medical Research Foundation  
[www.dystonia-foundation.org](http://www.dystonia-foundation.org)

#### National Headache Awareness Week

June 5–11

National Headache Foundation  
[www.headaches.org](http://www.headaches.org)

#### Helen Keller Deaf-Blind Awareness Week

June 26–July 2

Helen Keller National Center for Deaf-Blind Youths and Adults  
[www.hknc.org](http://www.hknc.org)

#### National HIV Testing Day

June 27

National Association of People With AIDS  
[www.napwa.org](http://www.napwa.org)

#### National Aphasia Awareness Month

National Aphasia Association  
[www.aphasia.org](http://www.aphasia.org)

them into five groups according to their waist size; 884 of the men had diabetes.

Compared to those in the group with the smallest waists, between 29 and 34 inches, men with larger waist sizes were at least twice as likely to have diabetes. Those with the largest waist size—40 inches and above—were up to 12 times more likely to have Type 2 diabetes, the kind associated with obesity.

When the men were divided into groups based on their body-mass index—a formula based on weight and height—or waist-hip ratio, the level of risk wasn't as pronounced.

The study's lead author, Youfa Wang, an assistant professor with the Center for Human Nutrition at the Johns Hopkins Bloomberg School of Public Health, said waist size can indicate a strong risk for diabetes whether or not a man's BMI indicates he's overweight or obese.

"It's a better predictor for the risk of

Type 2 diabetes," Wang said. "When we look at the association it's much stronger."

Wang also said the findings show the commonly used 40-inch waist circumference benchmark for diabetes risk should be lowered. Exactly how much has not been determined. Other studies have suggested about 37 1/2 inches, he said.

Alan Cherrington, president of the American Diabetes Association, said the results support previous research that has found waistline fat "is worse for you than other kinds of fat."

Researchers believe fat cells in that area may affect the liver differently, or there are signaling molecules in that type of fat cell that may affect diabetes, said Cherrington, who is also the chairman of the Department of Molecular Physiology and Biophysics at Vanderbilt University.

Cherrington said the results appear to show your waistline is a better predictor of diabetes risk and "if you combine BMI and waist circumference, you're getting the best of both worlds."

The findings were published in the March issue of the *American Journal of Clinical Nutrition*.

### **Mega-Doses of Vitamin E Could Be Risky**

Large doses of vitamin E—widely touted as an elixir of youth—do not protect against heart attacks and cancer and might actually raise the risk of heart failure in people with diabetes or clogged arteries, a study found.

The study, published in the *Journal of the American Medical Association*, is just the latest to cast doubt on the safety and effectiveness of vitamin E supplements and other antioxidants.

The study was designed to examine whether vitamin E pills protect against heart attacks and cancer. Echoing other recent findings, it found no benefit against those conditions.

But the heart failure finding was unexpected and should prompt more research to confirm the results, said Dr. Eva Lonn, a McMaster University cardiology professor who led the study.

Lonn said it is unclear how vitamin E pills might be linked with heart failure, but she theorized that high doses might disturb the balance of beneficial, naturally occurring antioxidants.

Vitamin E has been touted in recent decades as a powerful weapon against

aging, capable of protecting against everything from wrinkles to cancer and dementia. Preliminary research over the past 15 years has suggested that antioxidants fight the harmful effects of oxygen, warding off blood-vessel damage and cell abnormalities that can lead to cancer.

About 12 percent of U.S. adults—more than 20 million people—take vitamin E pills containing the same dose used in the study, and about 40 percent—almost 80 million—use supplements containing some amount of vitamin E, according to the industry.

Research released recently on nearly 40,000 healthy women showed no heart benefits from vitamin E pills. And a study reported at an American Heart Association conference in November found that people taking high doses were 10 percent more likely to die of any cause than those taking smaller amounts.

The JAMA study involved 7,030 patients with diabetes or cardiovascular disease other than heart failure. Patients 55 and older who took about 400 milligrams of vitamin E every day for about seven years on average were 13 percent more likely to develop heart failure than those on dummy pills. Heart failure was diagnosed in 641 vitamin E patients, compared with 578 patients in the placebo group.

The dosage was typical of vitamin E pills widely available at health food stores and pharmacies but well above the recommended 15 milligrams daily for adults, which can be obtained from food. Lonn said the findings pertain only to vitamin pills, not a diet containing vitamin E-rich foods, including nuts and leafy green vegetables.

### **Exercise Key to Longevity For Type 2 Diabetics**

Staying active at work and during leisure time may help reduce the risk of death from cardiovascular disease or any other cause for men and women with Type 2 diabetes, according to the findings of an international study.

The benefits of physical activity are consistent in subjects with and without obesity, with and without hypertension, with normal cholesterol and with hypercholesteremia, in subjects who report never smoking or current smoking," study author Dr. Gang Hu said.

Researchers expect that Type 2 dia-

betes, a growing public health concern in developed and developing nations, will affect an estimated 366 million individuals in 2030, up from 171 million in 2000.

More than three out of every four people with Type 2 diabetes die from cardiovascular disease, but previous studies have shown that a high level of leisure-time physical activity may reduce cardiovascular disease-related deaths, as well as death from any other cause, among these individuals.

Previous studies have not, however, taken into account the combined effect of physical activity and factors that increase a person's risk of death from cardiovascular disease such as obesity, blood pressure, and cholesterol levels.

To investigate, Hu, of the National Public Health Institute in Helsinki, Finland and colleagues followed 3,708 Finnish men and women, between 25 and 74, with Type 2 diabetes. Over almost 19 years, 1,423 patients died, 906 of cardiovascular disease.

Study participants who reported moderate or high levels of physical activity were less likely to die from cardiovascular disease or from any other cause than less active adults, the researchers reported in the April issue of *Diabetes Care*. These active individuals included those whose occupation afforded them some type of exercise, including standing, walking or lifting; those whose daily commute involved walking or cycling; and those who participated in light or heavy gardening, running, swimming or other exercise for at least three to four hours during their leisure time.

Physically active adults tended to be younger, weighed less for their height, had lower levels of systolic blood pressure and were less often smokers than were their inactive peers, the report indicates. Still, moderate or high levels of physical activity reduced the risk of death for men and women of all ages, smokers and nonsmokers alike, regardless of body mass index, blood pressure or cholesterol level—all of which are known to increase a person's chances of dying of cardiovascular disease. □

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