

OBESE PATIENTS: ARE DOSE ADJUSTMENTS FOR TREATMENT OF COMORBIDITIES USED?

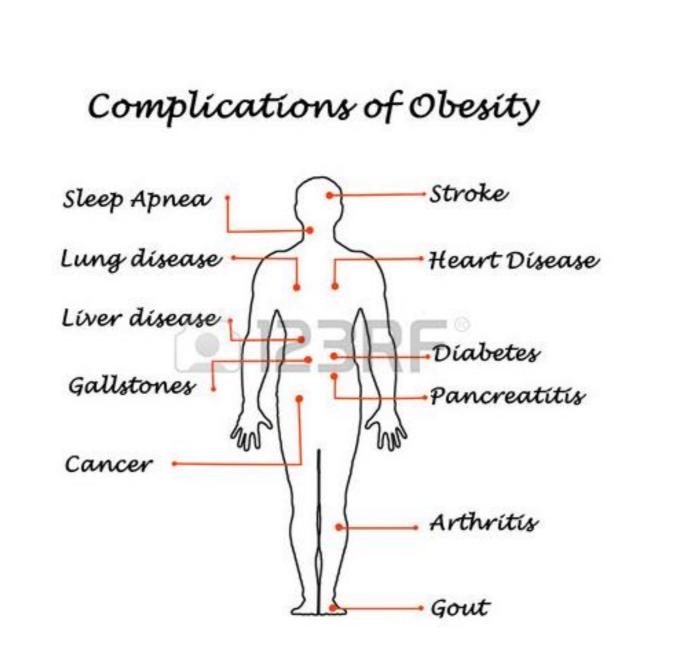


Background

In 2008, 10% of men and 14% of women in the world were obese (BMI≥30).

Obesity

- ⇒ complications requiring appropriate therapy
- ⇒ **BUT** modification of pharmacokinetic parameters



Recommandations for dosage adjustments?

Objectives

- Identify treatments introduced in a population of obese patients.
- Analyze recommendations in terms of treatments strategies and posologies.

Methods

- Retrospective analysis of medical histories of patients hospitalized in 2014 for sleeve in a visceral surgery department → listing main treatments prescribed.
- Literature review about therapeutic strategies or dosage adjustments to be made for the most prescribed molecules in this population.

Results

Patients characteristics

Number of included patients	241
Sex ratio (M/F)	0,16
Average age (years)	40.1 ± 11.7
Average BMI	43.3 [33-76]
Main medical comorbidities	Hypertension (50%) Asthma (21%) Gastric reflux (11%) Type 2 diabetes (11%)

Prescriptions characteristics

At least one prescription	153 patients
Average number of treatments	3,4
Most prescribed therapeutic classes	Antihypertensives (21%) Antiasthmatics (11%) Proton pump inhibitors (9%) Oral antidiabetics (9%)

All dosages were consistent with marketing authorization.

Literature review

Very few recommendations for dose adjustments in obese patients.

Hypertension

- → Recommendations: inhibitors of the reninangiotensin system and calcium channel blockers (1).
- → In the population studied : 63.4% of patients with recommended drugs.

Gastric reflux

- Recommendations: rabeprazole (2).
- → In the population studied : none of the patients received rabeprazole.

Type 2 diabetes

- → Recommendations: metformine (3) and glimepiride (4).
- → In the population studied : 84.6% of patients with recommended drugs.

Discussion

The main comorbidities found in the studied population are consistent with the literature, and the most prescribed therapeutic classes match these complications.

Conclusion

For optimal care:

- Developing local recommendations with the surgery department.
- Developing specific recommendations by medical societies on treatment strategies and dosage adjustments.

A. PARET¹, S. ROY¹, R. COURIE², A. RIEUTORD¹, A. DECOTTIGNIES¹

¹Béclère Hospital, Pharmacy, Clamart, France.

²Béclère Hospital, Endocrinology, Clamart, France.

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