

Primary Care Orlistat Prescribing and Review Guidelines for Adults (over 16yrs of age)

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This document is intended for use in primary care as a guide on the use of Orlistat. This is not a substitute for clinical judgement or any advice given by a clinician. The information provided here is correct at the time of publishing and will undergo periodic reviews to ensure that it remains up to date.

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Orlistat Prescribing and Medication Review Guidelines

(adults over 16 years of age)

Background Information

The National Institute for Health and Care Excellence (NICE) recommend pharmacological treatment (i.e Orlistat) as an option for the management of obesity for people who have not reached their target weight loss or have reached a plateau following dietary, activity and behavioural changes¹. Orlistat is a lipase inhibitor which can also be used to maintain weight loss after achieving an initial weight loss target, rather than to continue to lose weight.

The co-prescribing of Orlistat with other drugs aimed at weight loss is not recommended. Please see **Appendix 1** for further guidance on prescribing and reviewing Orlistat.

Assessment and Identification

Prescribe Orlistat ONLY as part of a weight management plan (diet, activity and behavioural approaches) for managing obesity in adults who are motivated to engage with a weight management plan and meet one of the following criteria:

- BMI $\geq 28\text{kg/m}^2$ **with** comorbidities, e.g. type 2 diabetes, hypertension, sleep apnoea
- BMI $\geq 30\text{kg/m}^2$

Starting Orlistat Therapy

Before prescribing Orlistat:

- discuss potential benefits, risks and limitations of treatment
- explain how the drug works / possible adverse side effects
- explain side-effects and low fat dietary advice
- explain and establish a MONTHLY review plan delivered by the practice OR if the client is seen by the existing Tier 3 weight management team, progress reports will be provided on a 3 monthly basis in line with NICE guidance

Prescribe ONLY if the patient is motivated to engage with treatment and review plan.

If Orlistat is prescribed: please consider referring to Barnsley Tier 3 'Change4Life' weight management service if the referral criteria are met.

Please see: <https://www.southwestyorkshire.nhs.uk/services/barnsley-tier-3-change4life-weight-management-service/>

Recommended Dose

Orlistat (oral treatment) 120mg, TDS

Nutrition Advice

- recommend a low fat (30%) diet, e.g. 22g of fat per meal (based on a diet of 2000 calories and 3 meals per day)
- take Orlistat with meals (immediately before, during or up to 1 hour after a meal)
- distribute fat from the diet evenly over the 3 main meals
- avoid fatty foods in between meals, e.g. cakes, biscuits, crisps
- DO NOT take Orlistat if a meal is missed or does not contain fat

Side Effects
<p>Potential side effects (taken from the British National Formulary (BNF) ²): Abdominal pain (may be minimised by reduced fat intake), anxiety, diarrhoea, gastrointestinal disorders, anorectal haemorrhage, bullous dermatitis, cholelithiasis, diverticulitis, hepatitis, oxalate nephropathy, pancreatitis, renal failure.</p>
Reviewing Orlistat
<p>It is recommended that Orlistat is monitored regularly, ideally monthly and that diet and lifestyle changes are reinforced at each review:</p> <p>Continue treatment >3 months ONLY if people achieve at least 5% weight loss from their initial body weight during the treatment (less strict goals may be considered for those with type 2 diabetes).</p> <p>Treatment can continue past 12 months for weight maintenance (ONLY after discussing benefits, risks and limitations with the patient).</p>
Stopping Orlistat
<p>Orlistat should be discontinued if weight loss <5% after the first 12 weeks or if the patient regains weight at any time whilst receiving drug treatment. Less strict goals may be considered for those with type 2 diabetes.</p> <p>If treatment is withdrawn, please offer alternative support such as reviews at the practice or other local groups which patients may wish to use for support. For more details, please visit: www.livewellbarnsley.co.uk</p>
Contraindications
<p>Breastfeeding, cholestasis, chronic malabsorption syndrome and, people taking Acarbose.</p> <p>Weight loss is not recommended during pregnancy due to potential harm to the health of the unborn child. However, a healthy weight gain during pregnancy is very important if BMI is above 30kg/m² at dating scan. Please consider referral to Barnsley Tier 3 Change4Life weight management service if this is applicable.</p> <p>Please see: https://www.southwestyorkshire.nhs.uk/services/barnsley-tier-3-change4life-weight-management-service/</p>
Other Warnings & Drug Interactions
<p>Cautions: Pregnancy, chronic kidney disease; may impair absorption of vitamins such as vitamin A, E, and D.</p> <p>Vitamin supplementation (especially of vitamin D) may be considered if there is concern about deficiency of fat-soluble vitamins. If a multivitamin supplement is recommended, it should be taken at least two hours after the administration of Orlistat or at bedtime.</p> <p>Potential Drug Interactions: Orlistat may modify the activity of other drugs—consider separating administration. Particular care should be taken with the following drugs: Anticoagulant drugs (e.g. warfarin[®]), Ciclosporin[®], Iodine salts, Levothyroxine[®] (cases of hypothyroidism and/or reduced control of hypothyroidism may occur), Amiodarone[®], antiretrovirals, and antiepileptic drugs.</p>

Contact names and details for further support

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References

1. National Institute for Health and Care Excellence (NICE) (CG189) (2014) Obesity: identification, assessment and management. London. [Internet] Available at: <<https://www.nice.org.uk/guidance/cg189/resources/obesity-identification-assessment-and-management-pdf-35109821097925>> [Accessed 23rd June 2020]
2. British National Formulary (BNF) (2020) BNF. [Internet] Available at: <https://www.medicinescomplete.com/mc/bnf/current/PHP2496-orlistat.htm?q=orlistat&t=search&ss=text&tot=14&p=1#_hit> [Accessed 23rd June 2020]
3. Drug Tariff (2020) June 2020. [Internet] Available at: < <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff> > [Accessed, 23rd June 2020]

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