



skinny little pills

There are more pound-melting potions on drugstore shelves than ever before. Are they really all that bad?

By Virginia Sole-Smith

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hy did your last diet fail?" asks the woman in the

Relacore commercial, tilting her head sympathetically. Aw, she understands: It's just so darn hard to lose weight. Well, you're in luck, because Relacore is the self-proclaimed "number one belly-fat pill across America." What a relief! You can forget about the treadmill and the Tasti D-Lite—all you really need to slim down is a handful of diet pills!

Pills that promise to make you thin have been big business ever since 1950s housewives got hooked on amphetamines. But now we're seeing a swarm of new ones, from TrimSpa to Relacore to NV. Americans spent nearly \$2 billion last year on weight-loss drugs and supplements, according to the pharmaceutical consulting company IMS Health and the Nutrition Business Journal. (To put it in perspective: That's the same amount the government is proposing be set aside for wildlife conservation in 2007.) But can you really find thinness in a bottle? And how does

this stuff affect your health? Here's the dope on the five major kinds of weight-loss pills out there—and why you should examine those “before” and “after” shots with a more critical eye.

Fat Blockers

You've probably heard of orlistat, a drug that binds to the enzymes in your gut that digest fat, preventing it from being absorbed by your body. Right now it's available only by prescription for the obese, under the name Xenical. But you'll soon see a less potent version sold over the counter under the name Alli, expected to be approved by the FDA by the end of the year. Orlistat won't transform you into Jennifer Garner, but it does work. In clinical trials, people taking the prescription dose (120 milligrams) lost an average of 8 to 10 percent of their weight over 6 to 12 months. The OTC version, which will have half the dosage (60 milligrams), was shown in one study to help dieters shed 5 percent of their body weight. The biggest drawback: The fat that orlistat prevents your body from absorbing has to go somewhere. Diarrhea? Flatulence with “discharge”? Oily spotting on your thong? All distinct possibilities. What's more, “orlistat works only when you're taking it, so for most people, it has to be a lifelong therapy,” says Samuel Klein, M.D., the Danforth professor of medicine and nutritional science and direc-

tor of the Center for Human Nutrition and the Weight Management Program at Washington University School of Medicine.

Still, you're better off with orlistat than with chitosan. Sold as a dietary supplement (like OTC drugs, supplements don't require prescriptions) under the names Chitosol and Fat Absorber TDSL, chitosan is an industrial chemical used to soak up oil spills. No kidding. “One small, unpublished study out of Scandinavia touted chitosan's ability to soak up fat in your body just like it soaks up oil,” says David Schardt, a senior nutritionist with the Center for Science in the Public Interest, a nonprofit health and nutrition advocacy group in Washington. “But it's been tested again and again here in the U.S., and we haven't found that it binds to fat in the gut in the same way it does to oil. So we don't have any evidence that it really works.” What's more, chitosan causes the same icky side effects as orlistat—and “we don't have much data about its long-term safety,” Dr. Klein says.

Appetite Suppressants

Two prescription drugs trick your brain into feeling full: sibutramine (prescribed under the name Meridia) and phentermine, the “phen” half of the now-banned diet duo fen-phen (prescribed under names like Adipex-P and Ionamin). Both drugs are amphetamines—they cause your body to release serotonin,

norepinephrine, and other brain chemicals that regulate hunger. Studies showed that people taking sibutramine while on reduced-calorie diets lost 10 to 14 pounds. People taking phentermine lost 10 percent or more of their body weight. But you may also get the kind of intense side effects you'd expect from speed: dry mouth, anxiety, increased blood pressure and heart rate—and, in rare cases, heart attacks, seizures, and death. So if you only need to lose 10 pounds, forget about these drugs. The FDA has approved them only for obese people, for whom the benefits can outweigh the risks.

Which is why it's no surprise that many people looking for appetite suppressants go for the nonprescription kind, such as the herbal supplement hoodia gordonii. Sold under several names, including Desert Burn, HoodiThin, and Hoodoba, it comes from a South African plant that Bushmen supposedly used to stave off hunger during long hunting trips. Some South African researchers claim that a molecule in the plant increases a brain chemical called adenosine triphosphate that makes you feel full, but they have yet to publish their data in a peer-reviewed journal. There's no hard evidence that the stuff works, and its health risks are unknown.

Metabolism Boosters

These supplements claim to raise your body temperature to boost your metabolism, burn fat, and torch calories. Popular ingredients include ephedra, an amphetamine-like herb; bitter orange, an extract from Seville orange peels; yerba mate, a caffeinated herb; green tea extract; caffeine; and synthetic ingredients like Advantra Z, glucosol, and 7-Keto-DHEA, found with many herbal ingredients in supplements like Hydroxycut, NV, Xenadrine EFX, and Zantrex-3.

Of this slew of ingredients, the only two proven to have any effect on metabolism are ephedra and caffeine. And even those don't do much. In studies, people who took ephedra had “only a temporary loss of about a pound a month, or up to 2 pounds when combined with caffeine,” Schardt says. And ephedra has serious risks. In 2004, after receiving more than 16,000 reports of side effects such as insomnia, high blood pressure, heart attacks, and death, the FDA banned ephedra at high doses, though it's still available as a low-dose tea (10 to 20 milligrams). As for caffeine, if you take some of these supplements, you can say goodbye to a good night's sleep. “Zantrex-3's daily caffeine dose is 1,223 milligrams,” says

36
PERCENTAGE
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Out of the Box You wouldn't take your dad's cholesterol meds for a migraine, would you?

IT'S PRETTY TOUGH to fake obesity (yes, your doc will notice that fat suit), so most of us with just a few pounds to lose probably won't get a script for orlistat, phentermine, or sibutramine. But many people are discovering that claiming to feel blue or unfocused can help them get their hands on two drugs that may give their diets a boost: Adderall, an amphetamine prescribed for the treatment of ADHD, and Wellbutrin, used for depression and anxiety. “We are seeing both of these drugs used ‘off-label’ [for purposes other

than those intended] for weight loss with some success,” says Roy J. Boorady, M.D., an assistant professor of psychiatry at New York University Medical Center and a psychiatrist at the New York University Child Study Center. “But it's leading to abuse.”

Adderall and Wellbutrin stimulate brain chemicals like dopamine that regulate your mood and ability to focus. They also suppress your appetite—but not dramatically. In fact, Adderall was originally marketed as a weight-loss drug called Obetrol in 1986, but “results

were poor, so it was pulled and remarketed 10 years later for ADHD,” Dr. Boorady says. Wellbutrin seems to be more effective—one study found that 28 percent of those taking it lost about 5 pounds in 8 weeks. Both drugs carry side effects: Adderall can increase heart rate and blood pressure, while Wellbutrin can cause seizures in as many as 4 in 1,000 patients. Bottom line, says Sidney Wolfe, M.D., director of Public Citizen's Health Research Group, “if you use these drugs off-label, you're taking a big risk.”

Coming soon...

Scientists are hard at work finding better prescription drugs to help you fit into a size 6.

» Lorcaserin hydrochloride works the same way as sibutramine but doesn't seem to have the same cardiovascular risks. The drug's final round of testing should begin later this year.

» Peptide YY is a hormone released in the small intestine when you digest fat; inhaling it may cause people to eat less.

Nastech Pharmaceuticals is in the early stages of testing a nasal spray.

» Rimonabant (marketed in Europe as Acomplia), now under review by the FDA, turns off the part of your brain called the endocannabinoid system. Endocannabinoids are what give marijuana smokers the munchies.

Tod Cooperman, M.D., president of the independent research group ConsumerLab.com. "That's equivalent to more than 30 cans of cola."

Carb Blockers

Chromax, Dietrine Carb Blocker, EZ-Trim, TrimSpa CarbSpa—these supplements all contain basically the same stuff: chromium picolinate and/or vanadium. Makers say that these minerals make it harder for your body to store carbohydrates (like bread, sweets, and pasta) as fat. Docs say: Spare us. Yes, your body needs chromium picolinate to control blood sugar levels, but "unless you're diabetic, you've got enough in your system already," Schardt says. And while there is some preliminary evidence that vanadium may cause weight loss, "you would need to take these drugs at dangerously high doses to see any effect." Although researchers don't know exactly how much of these minerals you'd have to take to get results, they do know that taking more than 1.8 milligrams of vanadium can cause nausea, diarrhea, vomiting, and stomach pain, while more than 0.6 milligrams of chromium picolinate can be toxic to your liver and kidneys, Dr. Cooperman says. The average supplement has 0.4 milligrams.

Cortisol Controllers

The makers of supplements like CortiDiet, CortiSlim, CortiSol, and Relacore can talk all they want about how their pills reduce stress-related eating and burn belly fat by cutting production of cortisol, a hormone that your body releases when you're under stress to prevent your blood pressure from tanking during life-and-death

emergencies. But docs aren't buying it. True, people with naturally higher levels of the hormone tend to carry more weight around their waists. But no good research proves that any of these supplements affects cortisol or causes weight loss. In fact, the Federal Trade Commission sued the makers of CortiSlim for false advertising in 2004; the company has so far shelled out \$4.5 million in damages.

Unfortunately, CortiSlim isn't the only supplement to indulge in a little creative labeling. Last year, ConsumerLab.com analyzed 11 popular weight-loss supplements and found that only six of them contained what they promised on the label. The others had too much or too little of the main ingredient, were contaminated with the metals lead or chromium, or had dangerous levels of stimulating ingredients

like caffeine and ephedra that were not listed. For example, "we found that TrimSpa products contained 42 percent more chromium than the label claimed, while EZ-Trim had only a quarter of the amount advertised," Dr. Cooperman says. (For the full study, go to consumerlab.com/results/wtloss.asp.)

Congress is starting to pay attention. Senator Dick Durbin introduced a bill in June that would require supplement manufacturers to report all "serious adverse events"—from seizures to liver failure—to the FDA. That would be a huge change because the FDA currently doesn't police supplement makers; it regulates only food and drug makers. "The makers of ephedra were able to hide thousands of adverse-event reports until a court subpoenaed the records," says Joe Shoemaker, a Durbin spokesperson. "That's got to change." **WH**

111

NUMBER OF
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