

The Management of Hypertension in the Overweight and Obese Patient

Is Weight Reduction Sufficient?

Douketis and Sharma^[1] recently reviewed the use of dietary and lifestyle modification, anti-obesity or antihypertensive drug therapy in managing hypertension in overweight and obese patients.

In their abstract, they describe orlistat as having "...inconsistent effects on BP and may benefit only patients who have uncontrolled or non-medicated hypertension". Considering that all clinical studies with orlistat consistently show that orlistat-treated patients always demonstrate at least a trend to lowering BP, and in most cases, significant reductions in systolic BP (SBP) and diastolic BP (DBP), then the conclusion of "inconsistent effects" is somewhat surprising.

As no major BP reduction could be expected in patients with normotension or controlled hypertension,^[2-4] the data on subjects with (uncontrolled) hypertension at baseline are much more interesting. In these studies, orlistat treatment significantly reduced SBP and DBP from baseline over 1 year,^[5,6] as noted also by the authors of the review.^[1] In addition, all analyses indicate that orlistat has no intrinsic activity on BP and that the lowering effects on BP are due to weight loss.

Very recently, XENical in the prevention of Diabetes in Obese Subjects (XENDOS),^[7] a large 4-year, placebo-controlled study of orlistat in addition to lifestyle changes, underlined the safety of prolonged use of this anti-obesity treatment. Apart from significantly greater weight losses maintained over 4 years with orlistat, XENDOS showed that in the whole group (i.e. normo- and hypertensive subjects included), both SBP and DBP were significantly lower in orlistat-treated patients than in placebo recipients at study end (SBP: -4.9 vs -3.4mm Hg, $p < 0.01$; DBP: -2.6 vs -1.9mm Hg, $p < 0.01$).^[7]

In addition, orlistat-treated patients who entered the XENDOS study with hypertension achieved significantly greater reductions in SBP (-11.5 vs

-8.6mm Hg, $p = 0.002$) and DBP (-8.1 vs -6.2mm Hg, $p = 0.006$) compared with those receiving placebo after 4 years (F. Hoffmann-La Roche, personal communication).

As mentioned above, the XENDOS data confirm the safety and tolerability of prolonged treatment with orlistat. Therefore, the prescribing label of orlistat has been updated and includes new information on the long-term efficacy, safety and tolerability of orlistat for 4 years from the XENDOS study, and the restriction on the use of orlistat for 2 years has been removed.

In summary, the review's conclusion of inconsistent effects on BP could be misleading, as it leaves the impression that obesity treatment with orlistat in some cases has negative effects on BP. The data clearly indicate that in those patients with hypertension, orlistat treatment is associated not only with better weight loss than is placebo but also with a significantly greater reduction of BP compared with placebo. The XENDOS data confirmed that orlistat has a good long-term safety profile, and produces clinically beneficial weight losses and BP reductions, both over the short (1 year) and long term (up to 4 years).

Stephan Jacob

Albert Schweitzer Klinik, Königsfeld, Germany

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