

Orlistat Prescribing and Medication Review Guidelines

Contents

Background information	2
Assessment and identification	2
Starting Orlistat therapy	2
Recommended dose and cost	2
Nutrition advice.....	2
Side effects	2
Reviewing Orlistat	3
Stopping Orlistat.....	3
Contraindications	3
Warnings and drug interactions	3
Contact names and details for further support	4
References	4
Appendix 1: Guidance for Prescribing and Reviewing Orlistat	

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

Author: Arelis Rodriguez-Farradas, Prescribing Support Dietitian, NHS Barnsley Clinical Commissioning Group

Date: April 2018

Recommended Review Date: April 2020

Ratified by Barnsley Area Prescribing Committee on: 9th May 2018

Acknowledgements

We would like to thank Twané Celliers, Specialist Dietitian from South West Yorkshire Partnership NHS Foundation Trust for her valuable contribution to the development of this guidance.

Orlistat Prescribing and Medication Review Guidelines

(adults over 16 years of age)

Background Information

The National Institute for Health and Care Excellence (NICE)¹ recommends pharmacological treatment 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 changes, e.g. Orlistat therapy. Orlistat is a lipase inhibitor which can also be used to maintain weight loss after achieving 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: <http://www.southwestyorkshire.nhs.uk/our-services/directory/change4life-weight-management-service/>

Recommended Dose & Cost

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

Potential side effects (taken from the British National Formulary (BNF)²): Abdominal distension; abdominal pain (gastro-intestinal effects minimised by reduced fat intake); anxiety; faecal incontinence; faecal urgency; flatulence; gingival disorders; headache;

hypoglycaemia; liquid stools; malaise; menstrual disturbances; oily leakage from rectum; oily stools; respiratory infections; tooth disorders; urinary tract infection.

Reviewing Orlistat

It is recommended that Orlistat is monitored regularly, ideally monthly and that diet and lifestyle changes are reinforced at each review:

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).

Treatment can continue past 12 months for weight maintenance (ONLY after discussing benefits, risks and limitations with the patient).

Stopping Orlistat

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.

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

Contraindications

Breastfeeding, cholestasis & chronic malabsorption syndrome.

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.

Please see: <http://www.southwestyorkshire.nhs.uk/our-services/directory/change4life-weight-management-service/>

Orlistat is not recommended for people taking Acarbose[®].

Other warnings & Drug Interactions

Cautions: Pregnancy, chronic kidney disease; may impair absorption of vitamins such as vitamin A, E, and D.

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.

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.

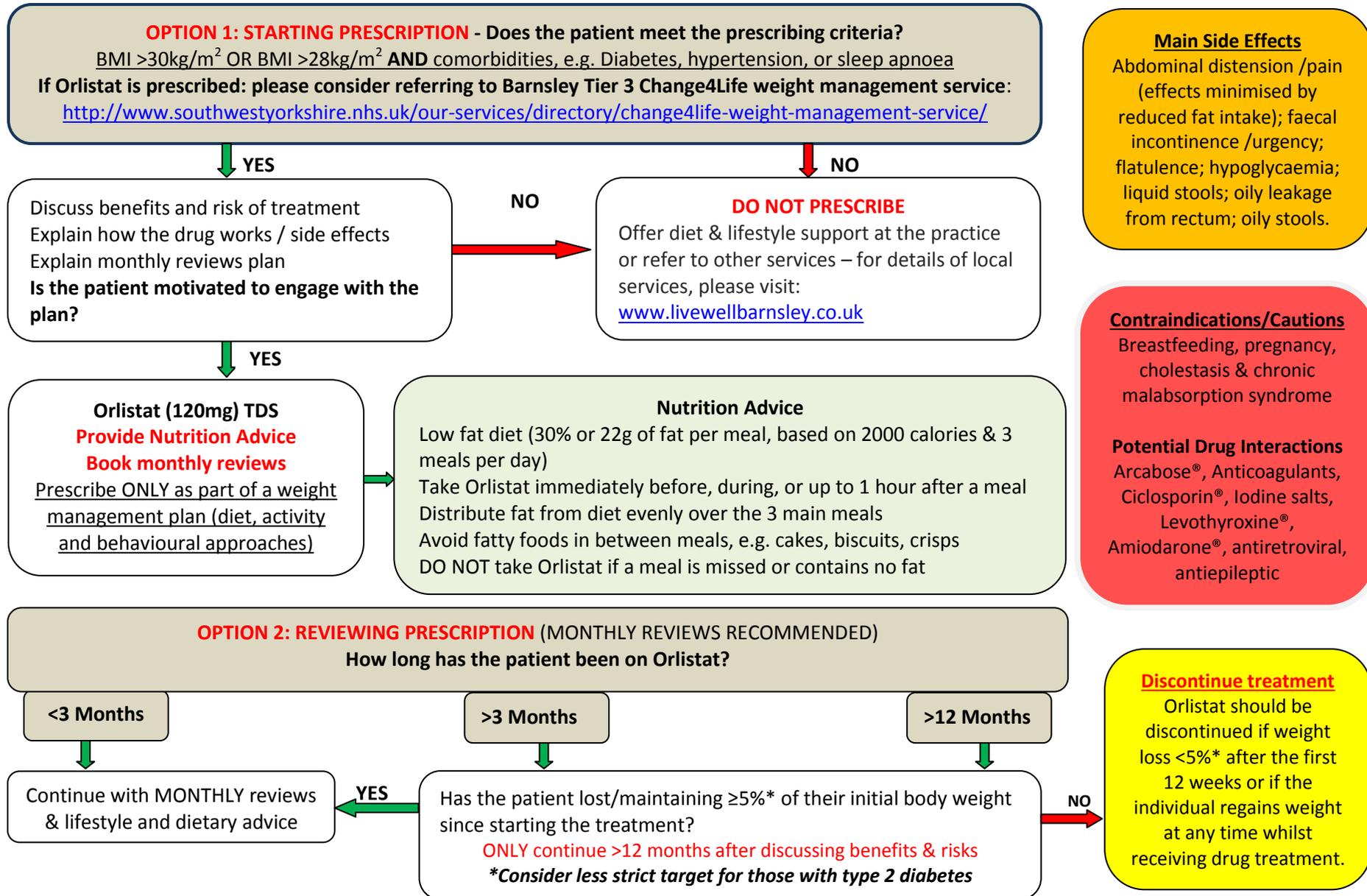
Contact names and details for further support

Contact Details	Telephone number	Email
Arelis Rodriguez-Farradas, Prescribing Support Dietitian	01226 433733 07717 850238	a.rodriquez-farradas@nhs.net
Medicines Management Team, Barnsley Clinical Commissioning Group (CCG)	01226 433669	

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>>
 2. British National Formulary (BNF) (2018) 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 13th, March 2018].
 3. Drug Tariff (2018) March 2018. [Internet] Available at: <<https://www.nhsbsa.nhs.uk/sites/default/files/2018-02/March%202018.pdf>> [Accessed, 13th, March 2018].
-

Appendix 1: Guidance for Prescribing and Reviewing Orlistat



For Queries, please contact Arelis Rodriguez-Farradas, Prescribing Support Dietitian on 07717 850238

Review Date: March 2020