

FAQS

Which patients are suitable candidates for TDR weight loss programmes?

In general, most people who are obese (BMI >30kg/m²) are eligible to undertake a TDR programme in one form or other. Commercial providers have their own screening processes, which may involve notifying the patient's GP of their decision to undertake a TDR programme or seeking approval.

Which patients are not suitable candidates for low-energy TDR programmes?

TDR programmes are not appropriate for all patients. Patients who meet any of the following criteria are usually not suitable candidates for this type of weight loss programme:

- ✗ aged <18 years,
- ✗ have a BMI <20 kg/m²,
- ✗ alcohol dependent or dependent on other substances other than tobacco,
- ✗ taking anti-obesity medication,
- ✗ having cancer treatment,
- ✗ experienced a heart attack or stroke in the past 3 months,
- ✗ taking monoamine oxidase inhibitor (MAOI) medication,
- ✗ pregnant, breastfeeding or have given birth in the past 3 months.

Why do some patients require additional monitoring?

Due to the greatly reduced energy intake, changes in hydration and substantial weight loss that tend to occur during the TDR phase of the programme, patients taking certain medications should have these medications adjusted when they start the TDR. Please see our medication adjustment guide for more information.

Which patients may need additional monitoring?

Commercial providers screen potential patients before a TDR weight loss programme. Usually they will send you a letter to tell you the patient is taking part and perhaps ask you to check some medication or medical history details. We suggest you put this in the patient's record. You need to monitor and adjust medication for any people who are:

- ✓ treated for hypertension or take medications that lower blood pressure, (e.g. diuretics, ACE inhibitors or β blockers),
- ✓ treated for diabetes using oral medications,
- ✓ treated with lithium,
- ✓ treated with warfarin but there are no concerns about people on NOAC/DOAC treatment.





Please see our medication adjustment guide for details. Also consider asking people with hypertension and diabetes to do home-monitoring and report back to you. It's really important that people on lithium drink enough fluid, and people taking warfarin should have their INR measured in the first weeks of the programme.

Are there any other drugs to watch out for?

Drugs that can irritate the stomach lining are more likely to do so as people will have empty stomachs. You may wish to consider adding gastric protection for people taking non-steroidal anti-inflammatory drugs and steroids, if not already prescribed. People on bisphosphonates can continue these as normal with the usual precautions. Patients prone to gout attacks may be at increased risk of an acute attack during TDR phase. You may wish to increase uricuric agents as a preventative measure, starting on the first day of the TDR phase. Some prescribed medication doses may have been adjusted for bodyweight, and review of these should be ongoing, but particularly following weight loss.

Which medications can be used normally?

Most other medications can be used normally. However, if you or your patient have any queries regarding the use of a specific medication in combination with a TDR programme, they should contact their consultant, counsellor, group leader or TDR programme provider.

I'm uneasy about making adjustment to medications when a patient is stable, what should I do?

It's certainly unusual to stop or drastically reduce medications for high blood pressure and diabetes, but this was done safely in the recent trials. There is a risk of hypoglycaemia and symptomatic hypotension unless you reduce medication in people who are following the diet. Caution in reducing doses should be considered alongside the risk of adverse events occurring, such as hypoglycaemia, if doses are not reduced. The medication adjustment guide should help you make changes to patients' medications to avoid these problems. We recommend that you follow the guide by dropping the doses or stopping medications on the first day of the TDR programme. Ask your patients to self-monitor their conditions (see a patients guide to self-monitoring) and review after a month when the rate of weight loss for individual patients will be apparent.

What if my patient is using insulin?

Recent trials have not included patients who take insulin. It is possible that patients taking insulin could undertake TDR programmes, however they will require the medical departments of the commercial providers provide guidance on a case by case basis.



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