

Editorial

Principles of a medical consultation in areas of nutritional controversy

Mark L. Wahlqvist

Increasingly medical practitioners with an interest in nutrition are confronted with ideas, propositions and practices in the food-health arena which are controversial, untested, or potentially hazardous¹. The array of these topics for consultation is forever broadening, but some topics are re-cycled under new guises. A recent example is the putative use of iodine supplements as seaweed or kelp extracts to stimulate metabolic rate by way of an erroneous idea that thyroid hormone production can be predictably increased over the

physiological range with iodine, but this time not as kelp pills or potions, but as the new medication delivery technology of a transdermal patch, the 'Fat Patch' (Figure 1). The ability of doctors to analyse such propositions in a scientific and understandable way can be valuable for patients, especially if their real concerns, in this case obesity, can be met in safer ways.

The *principles* which might underline such a consultation could be set out as follows:

1. *Be informed* about current community diet-health concerns such as:

- Weight control
- Women's health
 - PMT (premenstrual tension)
 - Menopause
 - Osteoporosis
 - Breast cancer
- Food allergies and sensitivities
- Safety of food supply
 - Additives
 - Pesticide residues
 - Food fortification
- Vitamins and minerals
 - Antioxidants
- Sugar, fat, fibre
- Herbal teas and medicine
- Cancer
- Heart disease
- Bowel habits
- Ageing
- Dementia

Practice goal: Minimize potential adverse effects of medically unsound ideas. Provide constructive advice wherever possible.

2. *Acknowledge* that knowledge has different sources and frameworks for interpretation:

- (1) Traditional/cultural
- (2) Scientific
- (3) New, untested
- (4) Driven by sectoral interest or commercial gain.

Practice goal: Counsel on a scientific basis, living with uncertainty and patient's frames of reference.

THE FAT PATCH

A new way to shed kilos without sweat or self-sacrifice is taking Europe by storm. It sounds too good to be true. ISABEL CONWAY investigates.

RIGHT the low calorie and instant heated, dietetic are now being sold that the hormone that in a three-ounce square of either powder, would be simply fill the ponds in our bodies, in head and waist in days. No exhaustive testing or even extensive use; the only advice for best results is to eat and sleep. A diet, one hour, launched in the past, proved in Europe, it is reported are having significant demand. The fact that no physician has yet approved them, which is a red flag, is not a warning, shows just how far we are prepared to go to shed a kilo.

apparently simple. The seaweed extract is supposedly bonded to the hormone, the thyroid gland. When much to say has been put in the body, it releases 0.75 micrograms of iodine into the bloodstream over a 12 to 18-hour period, which, the promoter claims, are to stimulate the thyroid gland.

This is where criteria-based diet can come unstuck. No matter how many chemical you read, the fat won't stick if your metabolism is not burning the calories you do consume, and every would-be consumer is thwarted by an inefficient thyroid gland. The thyroid gland produces thyroxine, a hormone that, among other things, controls the metabolism by stimulating and regulating the body's distribution of fat.

One way of activating the thyroid is the pure protein diet, but it takes a long time to lose a kilo of fat. The patch is said to do in a mere 10 days very as to speed up the production of thyroxine and to ensure a more effective burning up of fatty acids.

But can this tiny sticking plaster really work the miracle that the manufacturer credits it with?

As a life-long member of the blame-it-on-the-metabolism club, I decided to give it a go. Most people, reportedly, begin with the patch on their wrist as a reminder of their resolve, then move it to a less conspicuous place as they grow used to it.

Full of scepticism, I tried it on my high and round waist with a supply of chocolate bars for mere support, and a glass of wine. As a gesture of goodwill, I gave up smoking for the next week, but that the waist with extra fat and cellulite. I drank the recommended eight glasses of water a day but otherwise my habitual eating and exercise habits did not change.

To my astonishment, my bathroom scales began to register a slow but unmistakable progress. After two months, I had shed two kilograms and there was clearly one kila in my thighs and upper arms where it is usu-

ally most stubborn. As with any weight reduction method, the loss was varied. In a week, I lost 0.5 of a kilogram in waist weight.

Such a simple remedy after so many years of research and experiment sounds too good to be true, so what are the reasons?

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The only clinical proof that the drug had any effect came from his manufacturer, Transdermal Products, to which I referred in the UK, during which I had overnight and women used just the patch over 10 days without any medical attention in their lifetime. All had spent years on British weight-loss programs and all admitted that it was just of help when they had no other way.

"A quarter had to stick in the patch, but most dropped from the 200 to average 10 kilograms lighter," said the manufacturer. "After that, we began selling them in tens of thousands."

But those halcyon days are over, when some real companies marketed by Transdermal Products made claims that it could do it. The patch was not in use in some form, which means it enters the bloodstream directly, it must be re-registered as a new drug. This is an official category for serious drugs presented in new form of dosage.

Refer to a new drug can be approved, it has to undergo clinical test to prove that it's safe and that it works," said Sam Shiner of the FDA. "We withdrew the patch from the market a couple of years ago and since then, the manufacturer has not come

back to us to offer the necessary data." — a biochemist, Isabel Newbauer, not an indication of his opinion.

The Belgian distributor, Promedre, admits that it is unaware of the development but says it will not step into a target market across Europe and in Asia.

WEIGHT-WATCHING regulators have greeted the Fat Patch with suspicion and medical experts worldwide have questioned the safety of the method.

"I'd like to see whether the active ingredients can be absorbed through the skin without being altered or destroyed and what level of increase of thyroxine is caused," said Dr John Stevenson, consultant endocrinologist at London's Westminster Medical Institute.

Newbauer adds that there is no danger of this. "The absorption of the iodine remains constant however many patches you wear. I have it on my arm. This very much to ease the advice."

Expert hostility is, Paul Dora says, only to be expected. "The medical world is inherently hostile towards anything new, especially if it is a slimming product. Its underlying philosophy is that the only way to lose weight is by eating less and exercising more."

Patches as a way of supplying medication are transforming medical treatment. As the drug is absorbed directly into the blood, there can be no irritation in the gut, where up to 85 per cent of the substance is absorbed by the digestive system.

At the moment, the jury is out. While the more sceptical Americans are shrugging their shoulders, the sceptical Europeans seem less concerned about possible medical risks. After all, a single placebo or cellulite patch can register weight-loss in the gym.

— additional reporting by Anne Tims — The European



Fig 1. The Melbourne Age (1995)

3. *Be supportive* of the interest in food and health.

Practice goal: Recruit this interest for the patient's health benefit either

- (a) in a specific area of nutritionally-related health need, declared by the patient or identified by the doctor (eg obesity)
- (b) to improve general health from a nutritional point of view by describing indices of a healthy food and beverage intake (eg food variety)²

Rather than regarding these patient encounters in a negative way, medical practitioners can seize them in the patient's interest and for the furtherance of the scientific discipline of clinical nutrition.

References

- 1 Wahlqvist, M.L. & Briggs, D.R. Food Questions and Answers. Penguin Books, Melbourne, 1991.
- 2 Marks, S.J. & Wahlqvist, M.L. Practical dietary advice in primary care medicine. *Modern Medicine* 1991; 34(1): 43-57.