Continuous and intermittent sibutramine were equally effective at 44 weeks for reducing weight in obesity

**QUESTION:** In obese people, is sibutramine effective for reducing weight?

**Conclusion**

In obese people, continuous or intermittent sibutramine were equally effective for reducing weight.

**COMMENTARY**

Given the unabating rise in obesity prevalence, our treatment armamentarium clearly leaves something to be desired. Pharmacological choices are limited and have a questionable safety record, and none is impressively effective. The study by Wirth and Krause of sibutramine, an anorexigenic noradrenaline and serotonin reuptake blocker available since 1998, is of some interest to clinicians who are challenged by the prospect of helping their obese patients. The interest in this study is not so much because of its redundant finding that sibutramine has a modest salutary effect over placebo for initial weight loss, but because it showed that intermittent treatment (about 75% of the time on, 25% of the time off) was about as effective as continuous treatment. One 36 week controlled trial of an older agent, phentermine, also found this effect when alternating 4 week blocks of time on and off the drug.

Because most patients I see take antiobesity medications in an intermittent fashion anyway, this finding is reassuring. Intermittent use is also probably safer than the never ending treatment of obesity that is often advocated but has yet to be shown effective in studies of > 2 years. Whether any antiobesity agent that acts systemically will prove entirely safe in the long term is, unfortunately, unknown. Sibutramine has certain known problems, notably its propensity to raise blood pressure and pulse (in part undermining one of the main reasons to use it in the first place). Nonetheless, sibutramine has some proven efficacy, and we should not hold antiobesity drugs to a higher standard than drugs used to control hypertension or diabetes. If only we had as many good choices and combinations for obesity as we do for hypertension and diabetes: to begin with, we would not need to treat nearly as many patients for the latter two.

Given the high stakes, we have no choice but to keep trying to find effective and safe pharmacological and other treatments for obesity. Basic science and pharmacology will no doubt uncover further options as the years unfold.

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**Table:** Outcomes at 44 weeks of continuous, intermittent, and placebo sibutramine treatment

<table>
<thead>
<tr>
<th>Outcomes at 44 weeks</th>
<th>Comparisons</th>
<th>Event rates</th>
<th>RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5% weight loss</td>
<td>CS v placebo</td>
<td>65% v 35%</td>
<td>86% (54 to 130)</td>
<td>4 (3 to 5)</td>
</tr>
<tr>
<td></td>
<td>IS v placebo</td>
<td>63% v 35%</td>
<td>81% (49 to 123)</td>
<td>4 (3 to 6)</td>
</tr>
<tr>
<td>10% weight loss</td>
<td>CS v placebo</td>
<td>32% v 13%</td>
<td>148% (71 to 266)</td>
<td>6 (4 to 9)</td>
</tr>
<tr>
<td></td>
<td>IS v placebo</td>
<td>33% v 13%</td>
<td>154% (75 to 276)</td>
<td>6 (4 to 8)</td>
</tr>
</tbody>
</table>

*Abbreviations defined in glossary; RBI, NNT, and CI calculated from data in article.*