

[IMAGE]

Too Many Americans Taking Diet Pills

Long-term weight loss depends on overall lifestyle changes: eating fewer calories and exercising more often. Yet many Americans turn to nonprescription weight loss pills or prescription diet pills because they require little effort to achieve weight loss. These products contain substances that reduce your appetite and stimulate calorie burning in your body.

However, some research studies have reported negative side effects of these products, such as heart attacks; strokes; anxiety; sleeplessness; migraines; and seizures. Diet pills are of particular concern to those who have diabetes or high blood pressure. Information from the Behavioral Risk Factor Surveillance System (BRFSS) was utilized in this two-year study, recently published in the *Journal of the American Medical Association*. Researchers questioned nearly 15,000 adults about weight-loss product use; physical characteristics; presence of diabetes; and various lifestyle choices.

Seven percent of the participants had used at least one nonprescription weight-loss product. The authors of the study suggest that this translates into over 17 million people in the U.S. using these products from 1996-1998. Young, obese women were much more likely to take diet pills - nearly a third had used a weight-loss product. Many diabetic women and women with a healthy weight also reported using the drugs, however.

Obesity rates in the U.S. are increasing, which may lead to an increase in the use of diet pills. If you are trying to lose weight for any reason, avoid taking diet pills. The Food and Drug Administration has taken steps to remove phenylpropanolamine (PPA), the active ingredient in Acutrim and Dexatrim, from all drug products. Sound nutrition and consistent, moderate exercise, although not as simple as popping a pill, are safer alternatives.

Reference:

Blanck HM, Khan LK, Serdula MK. Use of nonprescription weight loss products: Results from a multistate survey. *Journal of the American Medical Association* 2001;286(8), pp. 930-935.

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