Journal of Pharmacreations

PharmaCreations

Pharmacreations | Vol. 1 | Issue 1 | Mar - 2014
Journal Home page: www.pharmacreations.com

Editorial *Open Access*

The Quandary of Obesity Treatment and Management Strategy in Pakistan

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INTRODUCTION

Pakistani physicians are inclined towards the non-pharmacological approach to manage obesity, only some employ obesity diagnosis by measuring weight, BMI and taking patient's weight circumference[1], though physicians in Pakistan are equipped with an assimilation of scientific, context-free and value neutral medical knowledge assisting them in their reasoning and practice[3], their success in treating obesity by their own opinions seemed less convincing evolving from their experiences of treating obesity.[1] The knowledge tests of the physicians regarding pharmacotherapy revealed that the first line drug used by the physicians in obesity management was anti hyperlipidemics followed by appetite suppressants[1]. This practice does not comply with the guidelines which indicate anti-obesity drugs as first line, exposing an absence of a definitive treatment plan for obesity among physicians[1]. It divulges that physicians in Pakistan seem to lack an understanding of an improved armamentarium of therapeutic approach that is needed to promote and sustain weight loss safely and effectively in over weight and obese patients in Pakistani population.[1]

DISCUSSION

Physicians in Pakistan should upgrade in terms of knowledge to access optimal treatment using pharmacotherapy for a successful management of obesity realizing that there is a need for adjunctive treatments that can assist patients in carrying out the changes in lifestyle needed to produce and sustain weight loss. They should re assess their perceptions and awareness regarding pandemic of obesity facing this country, and realize the threat that it can impose i.e. adiposity leads to cerebrovascular diseases, diabetes, cardio vascular diseases, skeletal muscle diseases and some cancers[2], in order to combat and prevent obesity related metabolic and cardiovascular risk factors patients should be treated with pharmacotherapy, as behavioral treatments result in weight loss only to be regained over time, causing maintenance of weight even harder[2]. Also employ their practices in accordance with guidelines by adopting regular BMI or WHR measurement or weighing on scale for the proper diagnosis of obesity and overweight among visiting patient population of the country, a mandatory transition that can manage obesity more effectively.[2]

Medical Education, in general, is different from

orthodox education, in terms of technicality and application, it is in a perpetual state of unrest.[3] From the early 1900s to the present, more than a score of reports from foundations, educational bodies, and professional task forces have criticized medical education for emphasizing scientific knowledge over biologic understanding, clinical reasoning, practical skill, and the development of character, compassion, and integrity.[3] Physicians are supposed to deal with tough situations under pressure and devise ways to ensure the safety of other human beings[3]. The knowledge in dealing with obesity management using all forms of therapy is lacking because the medical curriculum in Pakistan has room for improvement, a medical student is left alone to swim in the vast sea of knowledge.

Curriculum overload is a fundamental and increasing problem with medical education in Pakistan[3]. Though according to an opinion emphasized by the Alma Atta declaration of 1978 [4], the 'Medical' profession is now expected to help keep the community healthy since the knowledge base of medicine has been profoundly influenced[4]. The historical role of treating the ill who seek the help of the profession has been widened to encompass the wellbeing of the community as responsibility for the care of patients is a powerful stimulus for learning[4]. Still it is unlikely that the well-being of the community is taken care of because of loss of further evidence to prove such a change as medical education is still compromised by the absence of performance standards and assessment methods that can clearly establish that physicians are ready to advance to the next level of independence and challenge.[3]

The clinical practice of routine weight measurement in Pakistan may be lacking due to non- seriousness of the threat that this disease can bring. In comparison to the threat of the complication such as diabetes or heart disease[5], this receives if not complete, but overall better attention on diagnostic tests and optimal therapy by Pakistani physicians[6]. The measurement of BMI in the UK and USA is employed as a daily clinical practice in comparison with our country, this comparison between the practices can provide a justification of seriousness of obesity, hence defining the proposed reasoning. It reiterates the fact that they are more aware of the complications of the disease that can affect the nation on a much larger scale as they might be unaware of the transition of the health profile of the country in the context of obesity during the last decade or more.[1] So the acquisition of skills for practice requires radical transformation in management of this particular disease.[1]

The awareness of pandemic of obesity is also a major issue, though translating that into attitudes for providing best therapy options is still quite misunderstood[1] given that every patient deserves the best possible care, about 80% agreed on the rise of obesity pandemic in Pakistan, their choices however in treating them using all forms of therapy only included diet and exercise, the option of pharmacotherapy came to be almost a half. Surprisingly the decision of initiation of drug therapy according to physicians lied in the patient's hand as obesity for most part was seen with comorbid condition, a common clinical scenario for most part in Pakistan.[1]

Physicians in Pakistan can reconfigure themselves in response to changing scientific, social, and economic circumstances in order to flourish from one generation of diseases to the next, having a mandate to employ flexibility and freedom to change.[3] An educational intervention particularly physician counseling by a pharmacist is one of the best and rapidly effective solution.[1] Update of knowledge can be of frequent practice, time and resources can be arranged for keeping up with the latest in medicine by training sessions which can be conducted by pharmacists to review pharmacotherapy guidelines for practicing physicians so that they can counter the issue of obesity more aggressively.[1] This can also be achieved by learning through outcomes that will prepare graduates and medical professionals to meet the growing challenges posed to health profession locally, however collaboration with pharmacists with determination to treat this epidemic on the whole can be effective, as rigorous assessment has the potential to inspire learning, influence values and reinforce competence. Besides this other solutions include accepting the challenge of exponential growth of information by designing a curriculum based on

integration of basic and clinical sciences that focuses on health promotion and preventive aspects [4], by employing student-centered learning methods that are based on adult learning theory, by providing adequate and balanced training of medical students and physicians in primary, secondary and tertiary care settings, by training physicians for holistic care that focuses on continuity of care to individuals and families in primary care settings and by creating a conducive environment that can foster lifelong self-learning skills along with empathy and ethical values.[4,7] Advances in these areas require the ability to integrate scientific discoveries and context-specific experimentation and interventions by expert bodies such as Pakistan Medical and Dental Association for the continuous improvement of the processes of medical practice. New paradigms that connect these processes are emerging, and they have the potential to revolutionize both the way in which physicians learn and incorporate new skills, as well as the environment in which the up gradation of skills can take place.[3, 8]

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