“Lose 40 pounds in 4 weeks”: Regulating commercial weight-loss programs

The $50 billion North American weight-loss industry comprises a morass of fantastical claims of products and programs promising quick, easy, long-lasting results.1 Given this wealth of magical weight-loss aids, why is obesity still a problem? Perhaps because magic exists solely within consumers’ hopes and dreams, which many commercial weight-loss providers happily exploit.

Although experts agree that obesity management requires long-term behavioural, medical or surgical intervention,2 the majority of commercial weight-loss providers manipulate vulnerable consumers with impunity, cultivating unrealistic expectations and false beliefs. Consequently, we regularly see posteroer claims, such as claims that subcutaneous B vitamin injections aid in weight loss by accelerating lipolysis (a claim lacking published medical evidence) and claims of “magical” herbal supplements that curb appetite, accelerate metabolism and reduce cravings (claims deemed “not convincing” in a 2004 meta-analysis of dietary supplements and weight loss).3

Recognizing the substantial morbidity and mortality associated with obesity, physicians, public health campaigns and nongovernmental organizations fuel the fire of the public’s weight-loss desires by promoting awareness of obesity’s risks. However, by not explicitly recommending evidence-based treatments, these well-intentioned messages drive consumers to blindly navigate in an unregulated weight-loss wilderness. This has, at times, had fatal consequences, as with the administration of ephedra4 and with medically unsupervised very-low-calorie diets.1

Failure to impose and enforce penalties for false or misleading weight-loss claims results in a major public health hazard. Not only are patients being swindled, but it is also reasonable to assume that those who have had multiple failed attempts at fraudulent programs are less likely to engage in evidence-based approaches. This increases the risk that these individuals will suffer or succumb to the myriad health consequences of excess weight and, in so doing, increase society’s burden of illness and global health care expenditures.

Physicians, governments and public health departments all share medical and moral obligations to protect consumers from shady weight-loss practices. Since weight loss addresses a medical concern for which treatment guidelines exist, weight-loss products and services must be regulated to protect consumer health. Precedents from other areas of health care suggest that the weight-loss industry can indeed be regulated and consumer protection enforced. Currently, hospitals and other health care facilities, both public and private, are subject to mandatory accreditation. Also, professional associations can be given authority to oversee and set standards for health care practices that provide specialized services, as has occurred recently in Ontario with private cosmetic surgery facilities.

Before we can truly address the devastating obesity epidemic, we must first stem the centuries-old flow of snake oil.4 We call on governments to require formal accreditation of weight-loss providers to ensure quality and to provide consumers with an easily recognizable means of identifying evidence-based services. Simultaneously, governments must pass legislation to subject weight-loss products to regulatory approval before they can be marketed, as has recently been proposed for other therapeutic products not presently covered by current drug-approval regulations. This would give health and drug directorates the power to require manufacturers of weight-loss supplements to substantiate their claims scientifically and eliminate the lure of “weight-loss in a bottle” scams.

Neither public health agencies nor the medical community are doing enough to solve the problem of obesity. Those suffering with obesity are often desperate for solutions and hence prone to exploitation. It’s time we put an end to this nonsense.

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REFERENCES