

## PHARMACIST ASSESSMENT – OBESITY

Patient			
Name:	HSN:		
Address:	DOB: ( <small>&lt;18 → Refer</small> )	<input type="checkbox"/> male <input type="checkbox"/> female	
Telephone:	Height :	BMI:	
<input type="checkbox"/> Pregnant → Wt loss medication not recommended <input type="checkbox"/> Lactating → Wt loss medication not recommended	Weight:		

**Medical History:**  
**Prior assessment for comorbidities by nurse practitioner or doctor (within 1 year?)**  
 Yes → Continue   ☐ No → Refer

Contraindications to orlistat:

- ☐ Malabsorption syndrome (celiac disease, pancreatitis etc.)
- ☐ Cholestasis (liver disease, gall bladder obstruction, etc.)
- ☐ Eating disorder
- ☐ No to all → Continue   ☐ Yes to any → Refer

Condition(s) that might cause or contribute to obesity:

- ☐ Medical: \_\_\_\_\_
- ☐ Mental health: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ None → Continue
- ☐ Yes to any, but treated and stable → Continue
- ☐ Yes to any, NOT treated or treated but NOT stable → Refer

Cardiovascular (CVD) risk factors (e.g., hypertension, type 2 diabetes, dyslipidemia, excess visceral fat).

- ☐ No → Continue
- ☐ Yes → Orlistat therapy can be considered if BMI of  $\geq 27 \text{ kg/m}^2$  → Continue

**Drug History:**  
 On medications that might cause or contribute to obesity (certain antidiabetics, antipsychotics, antidepressants, antiepileptics, corticosteroids, etc.) ?

☐ No → Continue   ☐ Yes → Refer with suggestions for medication adjustment/change if appropriate

Previous use of any non-prescription or prescription medication to treat obesity?

☐ No → Continue   ☐ Yes → What was used?  
 Effect?

**Review of Symptoms**

Patients BMI (weight (kg)/ height (m)<sup>2</sup> ) = \_\_\_\_\_

☐ No CVD risk factors

- ☐ BMI  $< 30 \text{ kg/m}^2$  → Lifestyle modifications, pharmacologic treatment not recommended
- ☐ BMI  $\geq 30 - 40 \text{ kg/m}^2$  → Lifestyle modifications PLUS pharmacologic treatment
- ☐ BMI  $> 40 \text{ kg/m}^2$  → Refer

☐ One or more CVD risk factors, comorbidities

- ☐ BMI  $\leq 27 \text{ kg/m}^2$  → Lifestyle modifications, pharmacologic treatment not recommended
- ☐ BMI  $\geq 27 - 35 \text{ kg/m}^2$  → Lifestyle modifications PLUS pharmacologic treatment
- ☐ BMI  $> 35 \text{ kg/m}^2$  → Refer

<b>Treatment recommended</b>	
<p>Has the patient tried lifestyle modification (diet, exercise, behaviour modification) for at least 6 months?</p> <p><input type="checkbox"/> No → Recommend six months trial of lifestyle modification before considering medication for weight loss.  <b>Refer/consult with dietitian, exercise specialist or other healthcare provider as appropriate.</b></p> <p><input type="checkbox"/> Yes → Reinforce importance of continuing with these measures. Orlistat is more effective when combined with lifestyle modifications.</p> <p><input type="checkbox"/> Prescribe orlistat 120mg PO three times daily (during or up to 1 hour after each meal)*. Omit dose if meal is skipped or meal contains no fat. <i>*Separate dosing times with cyclosporine, levothyroxine, anti-epileptic drugs and antiretrovirals by 3 to 4 hours; monitor for reduced efficacy of these drugs.</i></p>	
<b>Prescription Issued for minor ailment</b>	
<p>Rationale for prescribing:</p>  <p>Rx:</p>  <p>Quantity (may give a one year supply):</p>  <p>Directions: 1 TID with or within 1 hour after each main meal  <b>pseudoDIN 00951325</b></p>	
<b>Counseling</b> <input type="checkbox"/> May have prescription filled at pharmacy of choice <input type="checkbox"/> PAR will be communicated to primary care provider as part of collaborative practice	
<p><input type="checkbox"/> GI side effects. Worse with high fat meal. Start with 120 mg once daily, increase up to 3 times daily as tolerated.</p> <p><input type="checkbox"/> Monitor for signs of renal dysfunction and kidney stones: back pain, pain on urination, pink/bloody urine</p> <p><input type="checkbox"/> Monitor for signs of hepatic dysfunction: dark urine, light colored stools, anorexia, jaundice, pruritis, abdominal pain</p> <p><input type="checkbox"/> Recommend multivitamin with vitamins ADEK and beta-carotene (≥ 2 hours before or after orlistat dose)</p> <p><input type="checkbox"/> Average weight loss expected (with diet and exercise): 6.5-7.5 lbs/year</p>	
<b>Follow-up scheduled in 14 days:</b>	
<p><input type="checkbox"/> In pharmacy <input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> GI effects tolerable, continue medication</p> <p><input type="checkbox"/> Signs of hepatic or renal dysfunction?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes → Discontinue orlistat and refer</p> <p><input type="checkbox"/> Discontinued therapy due to adverse effects – if high fat diet, educate and retry orlistat or refer</p> <p><input type="checkbox"/> Encourage patient to continue with lifestyle modification</p>	
<b>Follow-up scheduled in 90 days:</b>	
<p><input type="checkbox"/> GI side effects tolerated</p> <p><input type="checkbox"/> Signs of hepatic or renal dysfunction?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes → Refer</p> <p><input type="checkbox"/> Discontinued therapy due to adverse effects</p> <p style="padding-left: 20px;"><input type="checkbox"/> if high fat diet, educate and retry orlistat otherwise refer</p> <p style="padding-left: 20px;"><input type="checkbox"/> Encourage patient to continue with lifestyle modification</p> <p><input type="checkbox"/> Weight loss ≥ 5% of body weight?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes → Continue orlistat for up to one year. Monitor for weight loss complications eg: hypoglycemia, cardiac arrhythmias, electrolyte imbalances</p> <p style="padding-left: 20px;"><input type="checkbox"/> No → Discontinue orlistat and refer</p>	
<b>Prescribing Pharmacist</b>	
Name:	Signature:
Pharmacy:	Telephone:
	Fax:
Email:	Date:
Primary Care Provider:	Fax:

### Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I discussed weight loss pharmacotherapy with your patient. The patient has had an assessment for obesity comorbidities within the last year. After discussing with the patient, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

#### Patient Demographics:

Name:	HSN:
Address:	DOB:
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding

Prescription Issued on \_\_\_\_\_

MEDICATION:

DIRECTIONS:

QUANTITY:

#### Rationale for prescription / relevant patient information:

I will follow-up with the patient twice on \_\_\_\_\_ and \_\_\_\_\_ to discuss these items:

- ☐ GI side effects tolerated?
- ☐ Signs of hepatic or renal dysfunction?
  - ☐ Yes → Refer
- ☐ Discontinued therapy due to adverse effects
  - ☐ If high fat diet, educate and retry orlistat otherwise refer
  - ☐ Encourage patient to continue with lifestyle modification
- ☐ Weight loss  $\geq$  5% of body weight (at 3 months)?
  - ☐ Yes → Continue orlistat for up to one year then refer to physician for further prescriptions and monitor for weight loss complications, eg. loss of glycemic control, cardiac arrhythmias, electrolyte imbalances
  - ☐ No → Discontinue orlistat and refer

#### Prescribing Pharmacist:

Name:	Signature:
Name of Pharmacy:	Telephone:
Email:	Fax:

#### Primary Care Provider notified:

Name:	Fax:
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