

Submission No. 80
(Inq into Obesity)
18108/08



13 June 2008

The Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO BOX 6021
Parliament House
Canberra ACT 2600

Dear Committee Secretary

RE: Inquiry into Obesity in Australia

Please find attached sanofi-aventis' submission to the House of Representatives Standing Committee on Health and Ageing Inquiry into Obesity in Australia.

Sanofi-aventis welcomes the opportunity to make a submission on this issue. The prevalence of obesity in Australia is rising and it is a key risk factor for a range of chronic diseases including cardiovascular disease and type 2 diabetes mellitus.

In our submission, sanofi-aventis has proposed a set of principles around the treatment of obesity as a chronic condition. We are of the view that there is a need for a formal process of obesity prevention, management and treatment directed by the Australian Government, including a spectrum of treatments and interventions from diet and exercise through pharmacological interventions to surgery.

We look forward to the outcomes of this inquiry.

Yours sincerely


Paul Lindsay
Public Affairs Director

Submission to the Standing Committee on Health and Ageing Inquiry into Obesity

Sanofi-aventis appreciates this opportunity to make a submission to the Standing Committee on Health and Ageing Inquiry into Obesity on the prevention and management of Australia's obesity epidemic.

We welcome the Rudd Government's emphasis on prevention as an integral part of health service planning and funding. Sanofi-aventis strongly believes that investment in appropriate and timely preventative health care is essential for those people with chronic conditions or those carrying a severe risk of co-morbidities that lead to high-cost acute care if not treated early and effectively.

Two thirds of Australians are overweight or obese¹. With obesity comes disease and disability, as well as personal and societal problems².

Recommendations for action

Sanofi-aventis proposes a set of principles around the treatment of obesity as a chronic condition. These are:

Prevention of obesity:

- Good nutrition and levels of physical exercise are important in preventing and managing overweight and obesity;
- Investment in appropriate and timely preventative health care is essential to prevent the development of obesity;
- Early management is important to control obesity and limit the development of related chronic disease that leads to high-cost acute care;

Treatment of obesity:

- As almost 20% of Australians are obese, prevention is too late for these individuals. Effective treatment should involve the full range of clinically-effective and cost-effective treatments that are available to patients and their health professionals;
- Effective, well tolerated and appropriately prescribed pharmacological interventions may help many obese patients at major risk of further health complications and resulting acute and chronic care;
- Reimbursed prescription medications for treatment of obesity should be available as part of a multidisciplinary management and treatment program;
- Multidisciplinary interventions not only benefit patients but also benefit the entire community by helping to contain health and care costs for eligible patients, including reducing frequent hospital stays and reducing the ongoing treatment of chronic conditions which arise due to obesity;
- Sanofi-aventis is of the opinion that the treatment continuum for obesity and its disease burden requires strong guidelines on effective treatment use.

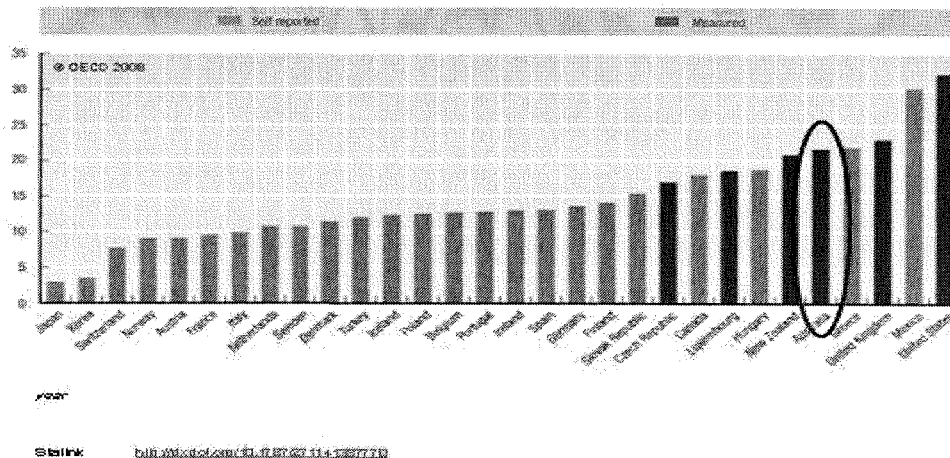
These principles complement and supplement Commonwealth, State and Territory government goals and priorities. If such an intervention avoids or reduces the long-term consequences of a patient's obesity, it not only reduces the burden on taxpayers, but it makes the patient a healthier and more productive person and a more satisfied client of the Australian health system.

This submission seeks to provide perspective on the impacts of obesity on Australian society and the interaction between obesity and disease. Further, it seeks to propose a multidisciplinary-based continuum of care based on prevention, management and treatment for those dealing with obesity and its disease burden.

Background: obesity and its implications in Australia

The prevalence of obesity in Australia is rising. In 2004-05, 62 per cent of male and 45 per cent of female adults were overweight or obese, with a Body Mass Index (BMI) ≥ 25 kg/m². Of the total population, 19 per cent of male and 17 per cent of female adults were classed as obese (BMI of ≥ 30 kg/m²)¹.

Obesity Rates (Source: OECD Fact Book 2008)



Obesity is one of a group of a cardiometabolic risk (CMR) factors which, in combination, increase the overall risk of developing cardiovascular disease (CVD) and type 2 diabetes mellitus (T2DM). Classical, or well known risk factors include elevated LDL or “bad” cholesterol, hypertension and impaired glucose metabolism. Obesity is an emerging risk factor along with insulin resistance, low HDL or “good” cholesterol, high triglycerides, the presence of inflammatory markers and dysfunction of the lining of blood vessels³.

2.8 million Australians were affected by obesity related CVD in 2005⁴. CVD is the number one cause of death in Australia, claiming around 50,000 lives annually⁵.

Obese Australians are 3.2 times more likely to develop T2DM than those of normal weight⁶ (BMI ≤ 25 kg/m²). T2DM is also a significant cause of premature death and

disability.⁷ Nearly one in four Australian adults has either type 2 diabetes or pre-diabetes, and the prevalence of the disease is growing⁸. Type 2 diabetes has serious implications that remain little understood among members of the general public. It is the leading cause of end stage renal failure, blindness and non-traumatic amputation.

Obesity, lack of physical exercise and poor nutrition are also key risk factors for a range of chronic diseases, including osteoarthritis and muscular problems, fertility and reproductive problems, respiratory problems, some cancers, renal failure and non-alcoholic fatty liver disease (NAFLD) which is an increasing cause of cirrhosis⁹.

The risks associated with obesity are not widely recognised. A recent survey showed that while classical cardiometabolic risk factors like blood pressure are being adequately managed by Australian doctors, obesity is under managed and few doctors measure it in their patients¹⁰.

The economic impacts of obesity

The community is ageing rapidly. It is expected that by 2021, 7.2 million people will be over 55, up from 4.2 million in 2001. Older people are also 6-7 kg heavier than their counterparts 20 years ago¹¹. The ageing of the community in concert with the obesity epidemic will place a heavy burden on tax payers as well as medical and health resources and the health budget¹².

There is also expected to be an increased demand for health services from younger overweight and obese adults as they become chronically ill. Stressed Australian hospital systems, already operating near capacity, will struggle to cope with increased levels of physical disease in combination with reduced mobility of patients.

Access Economics has estimated the annual direct cost of overweight and obesity as \$3.7 billion, of which about \$1.7 billion are productivity costs, \$873 million were health system costs and \$802 million were carer costs⁴.

When indirect costs, including the effects of disability, loss of good health and premature death caused by obesity are valued, the annual impact to the Australian economy is estimated as \$21 billion⁴.

The way forward: a continuum of prevention, management and treatment

Most of the chronic diseases linked to obesity are incurable. Obesity, however, is preventable, manageable and treatable.

A small amount of weight loss can result in a significant medical benefit. Even a 5-10% loss in total body weight leads to improvements in CMR factors, which may contribute substantially to a reduced risk of acute coronary events in high risk patients¹³.

Sanofi-aventis is of the view that there is a need for a formal process of obesity prevention, management and treatment directed by the Australian Government. This includes a spectrum of treatments and interventions from diet and exercise through pharmacological interventions to surgery.

Preventing obesity requires a whole of society change, and a whole of government approach to support improved nutrition and levels of physical exercise in people of all ages and weight levels.

Evidence-based lifestyle changes should be an important part of overweight and obesity prevention and management. These include: maintaining good levels of physical activity and controlling diet to reduce the intake of saturated fats and to include fish, fruit and vegetables in the diet^{5,6}. The National Physical Activity Guidelines for Australians recommend at least 30 minutes of moderate physical activity a day.

However for many high-risk people, lifestyle changes alone may not be sufficient.

The multidisciplinary care system is a useful method for addressing the complexity of obesity and its related co-morbidities through the treatment and management continuum.

Multidisciplinary care, as used in the treatment of T2DM, allows the delivery of a range of comprehensive treatments in accordance with evidence based guidelines. Doctors work in collaboration with other care providers to meet each patient's complex needs. Self-management is enhanced by collaborative goal-setting between medical providers and the patient¹⁴.

The use of a multidisciplinary care system to manage obesity and control the associated disease burden may help ensure more effective provision of care. A team of appropriately trained and accredited health care providers sited in multidisciplinary clinics may also be useful in treating obesity and its disease burden cohesively.

One single method of management may not be enough on its own to control this complex condition and its various co-morbidities. Effective management should involve the full range of clinically-effective and cost-effective options that are available to patients and their health professionals.

This includes the use of proven pharmacological therapies where clinically appropriate.

As indicated in the following table, pharmacotherapy is useful in a patient population of BMI ≥ 27 kg/m² with co-morbidities. Studies indicate that new therapies assist appropriate patients to lose weight with significant associated

benefit, by managing cardiovascular and metabolic co-morbidities. The key, therefore, is to treat with pharmacotherapies where the benefit from weight loss is greatest, namely those patients who are at greatest risk from related conditions¹⁵.

Guide to treatment for Overweight and Obesity

Treatment	BMI Category (kg/m ²)				
	25-26.9	27-29.9	30-34.9	35-39.9	≥40
Diet, physical activity, behavior therapy	Yes with comorbidities	Yes with comorbidities	Yes	Yes	Yes
Pharmacotherapy	-	Yes with comorbidities	Yes	Yes	Yes
Weight-loss surgery	-	-	-	Yes with comorbidities	Yes

Obesity is a chronic disease that in the past has not responded well to behavioural and dietary management. Newer pharmacological treatments have produced more promising results than older therapies. They are not habituating, have been studied long term and have demonstrated health benefits¹⁵.

Weight is a regulated variable of the body, as is blood pressure and blood glucose, and attempts at weight loss are mitigated by the body's counter-regulatory systems. Weight will return to higher levels if patients cease to be intensively managed. Therefore, medication continues to be effective when a plateau is reached¹⁵.

Pharmacotherapies can help manage not only weight, but also some of the symptoms of chronic obesity, and importantly can help retard or prevent progression of co-morbidities of obesity, especially diabetes.

Within the continuum of care for obesity, pharmacotherapies are a non-invasive and highly cost effective management treatment. Anti-obesity medications have been found to produce clinically relevant reductions in weight¹⁶.

Further, the presence of obesity should trigger comprehensive testing for and treatment of other risk factors, including blood pressure, blood glucose levels, LDL and HDL cholesterol^{5,6}.

Bariatric surgery is an option for some patients. Currently, patients are considered for bariatric surgery if they have a BMI ≥ 35 and identifiable medical, physical or psychosocial problems¹³. Laparoscopic gastric banding, the least invasive surgical treatment costs an estimated \$12,000¹⁴ in initial costs alone. Possible adverse events include malfunctioning or slipping of the band and the procedure requires

up to two weeks off work. Patients are only able to consume meals of 30mls but can eat sweets or liquid fatty foods to circumvent restrictions.

Bilio Pancreatic Diversion requires an open operation, results in up to eight weeks off work and requires the removal of the gall bladder. Side effects can include increased stool production, severe diarrhoea and flatulence¹⁵. The potential side effects, possible complications and high costs of the procedures make them suitable for a minority of patients.

Conclusion

Sanofi-aventis is of the opinion that the treatment continuum for obesity and its disease burden requires strong guidelines on effective treatment use. An appropriate treatment continuum including pharmacotherapy will allow for a non-invasive alternative between diet and exercise and bariatric surgery.

Obesity constitutes a major public policy challenge for the Australian Government. It requires a response that makes use of all available preventative and management tools, as a one-size policy, funding or treatment approach will not fit all causes, consequences and individuals.

A multidisciplinary approach encompassing all available therapies and management options means not only a better quality of care and quality of life for the patient, but real savings to the taxpayer and private insurers of many thousands of dollars per patient for better clinical outcomes.

Sanofi-aventis is of the view that pharmacotherapies have an important role to play in a well balanced and clinically supervised multidisciplinary care system. In terms of the overall cost to the Australian community, pharmaceutical treatments for obesity can help to minimise or avoid high-cost medical and surgical interventions immediately or at a later stage. These therapies are best delivered as part of a plan tailored for each patient working with a group of health professionals to maximise positive outcomes.

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