



Medical Monitoring Plan

Patient Information

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Physician Consent

I acknowledge that the patient listed above intends to enroll in the Weigh Beyond weight management program offered at ALIVE. I have reviewed the patient's health history as well as the Medical Monitoring Guidelines and I agree to medically monitor this patient throughout the duration of the 26 week program.

Physician Name (Print): _____

Physician Signature: _____ Date: _____

Phone: _____ Fax: _____

Please fax completed form to ALIVE at (517) 543-9509



Medical Monitoring Guidelines

Rapid weight loss is very safe, but may require medical supervision because of lowered insulin requirements and other diet induced changes. The medical guidelines listed below may be helpful in monitoring patients with diabetes, hypertension, and other medical conditions that can be affected by rapid weight loss.

Monthly visits for your patients with complicated health problems or multiple medications are suggested. Since changes in blood glucose, potassium, lipids, liver function & blood count are common, consider a baseline blood chemistry & hematocrit, with follow up labs in a month for patients on medications affecting these tests. Also consider monitoring Coumadin doses every 1-4 weeks. The following are some general guidelines for medication adjustments; as always, medication changes must be individualized.

Insulin & Oral Agents

For Type II diabetic patients, insulin requirements fall dramatically during the first 1-2 weeks of dieting as calorie intake falls from around 3000 to 900 kcal/day, and insulin resistance is lowered. Instruct patients to self-monitor sugars frequently (usually 2-4x/day for the first few weeks). A general guideline is to reduce long acting insulin (eg. Lantus) by ½ initially. Short acting insulin (eg. Humalog) can be cut in half before meals, or used only for pre-meal sugars >150. The goal is to avoid hypoglycemia. Most patients can adjust insulin doses by 5 units up or down using a sliding scale: 5 units less if sugar is <100; 5 units more if sugar is >150.

Short acting oral agents (eg. glyburide and glipizide, and many newer drugs) can be stopped or used at ½ original dose 1-2x/day prn glucose >150. This avoids low daytime sugars related to decreased mealtime calories and carbohydrates. Metformin can be continued. Other longer acting drugs may be reduced after several weeks.

Diuretics & Antihypertensives

Rapid weight loss accentuates fluid and potassium losses. Diuretics may need to be reduced by ½, used "as needed", or discontinued at diet onset. When BP falls after weight loss of 20 lb. or more, other HBP meds may be decreased to avoid orthostatic hypotension.

Other Medical Effects of Rapid Weight Loss

- Patients on Coumadin often need dose adjustments especially during the first few weeks.
- Patients on high dose diuretics for CHF or renal insufficiency may need med adjustments to avoid dehydration.
- Gall bladder attacks can occur with any diet.
- Cholesterol and LDL may fall by 25%. Hematocrit may fall slightly. About 1 in 5 patients has an increase in liver function tests requiring no treatment as long as transaminase levels are <3x normal.
- Menstrual cycles may be altered by weight loss.
- Patients may complain of being cold or bruising as they lose subcutaneous fat.