Obesity pills no magic bullet—prof

General internal medicine professor Dr Rajdeep Padwal warns that many diet pills currently on the market are either ineffective, untested, or unsafe.

According to Dr Rajdeep Padwal of the University of Alberta, the majority of over-the-counter weight loss products sold, if ever, work, and therefore are unlikely to improve or even prevent weight while ignoring other health issues.

Currently, Padwal said, 45-60 per cent of Canada's population is overweight or obese, and while there may be several products on the market offering weight loss solutions, he argues people avoid the majority of these products and just try to make healthy lifestyle changes.

"The over-the-counter (...) sort of stuff you see, either it has no science behind it or the science shows it doesn't work, or the medication may be potentially harmful," Padwal explained.

Padwal said many individuals that take over-the-counter or commercial weight loss products expect a weight loss of 45-60 per cent of their initial weight. However, such drastic weight loss is difficult to achieve, and Padwal said that few individuals are able to do so.

He also made an important distinction between overweight or obese people and people who are obese through weight gain. "In medical circles, the term 'anti-obesity drugs' is generally used to refer to prescription medications used in the treatment of obesity, and [their] goal is a little different" from that of weight loss products, he said.

"It's to cause people to lose weight, no question, but also help them to improve their medical problems and their quality of life.

"And that's a bit different from a weight loss supplement, which is often exclusively advertised to people specifically focusing on just weight, weight, weight, and they don't talk much about other medical problems getting better," he explained.

Padwal noted that many over-the-counter products undergo no scientific testing, and those that do are often shown to be ineffective. He also said that there are products on the market that have some evidence of effectiveness, which are still harmful to the user.

"In Canada there are only two medically tested anti-obesity drugs available: Sensata, which presents fat from being absorbed into the body encouraging the user to eat less fat, and Meridia, which helps the patient to feel fuller so that they have less of a desire to eat," Padwal said.

"But as Padwal pointed out, neither of these products is available without a prescription, and neither has any affect on weight loss—they only help to avoid further weight gain.

However, despite the lack of evidence to support their use, Padwal said weight loss products continue to promote unrealistic results to their users.

"I read one ad on the radio the other day. I think this stuff will help you to lose 10 pounds, 10 pounds over a week or two, and that simply just doesn't really happen," Padwal said.

Study: classifying sex offenders with intellectual disabilities problematic

A new research project led by a University of Alberta professor is examining the possible overlap between intellectual disabilities and sex offending.


COMMENTS

According to youma Centre for intellectual and Developmental Disabilities, the research suggests that some people with intellectual and Developmental Disabilities who committed sexual offenses are likely to have certain characteristics that make them more likely to offend.

"Coercion theory suggests that some people with intellectual and Developmental Disabilities commit acts that look like sexual offenses, but it really has to do with their lack of knowledge about what is appropriate to do sexually and also just a lack of knowledge of sex in general," explained Dr Yona Lunsky, the lead researcher for the study and a professor of psychology at the University of Toronto.

Even though sex offenders with intellectual disabilities were more likely to have undergone sexual education programs, the study found that compared to offenders with a similar group of non-offenders with comparable disabilities that the two groups had almost identical levels of sexual knowledge.

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Instead, Lunsky believes that these individuals might benefit more from sex education that's tailored to their intellectual capacity by assessing their knowledge and abilities towards sexuality. Through such interventions, the offenders would be able to guide their behaviour in public by learning what's socially acceptable.

"If you're working with someone who has a more severe disability, and their sexual offense was public, they should be encouraged to try to fix the problem," Lunsky said.

"We can't just say across the board that if you have an intellectual disability, it's not your fault; you didn't mean it," she said. But we also can't say that sex offenders with intellectual disabilities are just like sex offenders without intellectual disabilities, and even with education, they can't control their behaviours and it really depends on the person."