**orlistat** (or-li-stat)

**Classification**
- Thelapeutic: weight control agents
- Pharmacologic: lipase inhibitors

**Pregnancy Category X**

### Indications

Obesity management (weight loss and maintenance) when used in conjunction with a reduced-calorie diet in patients with an initial BMI ≥ 30 kg/m² or ≥ 27 kg/m² in the presence of additional risk factors (diabetes, hypertension, hyperlipidemia). Reduces the risk of weight regain after prior loss. May delay onset of type 2 diabetes in prediabetic patients.

### Action

Decreases the absorption of dietary fat by reversibly inhibiting enzymes (lipases), which are necessary for the breakdown and subsequent absorption of fat. Therapeutic Effects: Weight loss and maintenance in obese patients. Delayed onset of type 2 diabetes.

### Pharmacokinetics

**Absorption:** Minimal systemic absorption.

**Distribution:** Action is local, within the GI tract.

**Protein Binding:** Minimally absorbed drug is 99% bound to plasma proteins.

**Metabolism and Excretion:** Major route is fecal elimination of unabsorbed drug.

**Half-life:** 1–2 hr.

### TIME/ACTION PROFILE (effects on fecal fat)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>24–48 hr</td>
<td>unknown</td>
<td>48–72 hr†</td>
</tr>
</tbody>
</table>

†Following discontinuation

### Contraindications/Precautions

- **Contraindicated in:** Hypersensitivity; Chronic malabsorption syndrome or cholestasis; OB: Pregnancy (weight loss not recommended during pregnancy).
- **Use Cautiously in:** Lactation: Breast-feeding; OB: Children <12 yr (safety not established).

### Adverse Reactions/Side Effects

With initial use; incidence decreases with prolonged use. GI: Hepatotoxicity, fecal urgency, flatus with discharge, q defecation, oily evacuation, oily spotting, fecal incontinence. GU: Nephrolithiasis, renal impairment.

### Interactions

**Drug-Drug:** Decreased absorption of some fat-soluble vitamins, beta-carotene, levothyroxine (separate orlistat and levothyroxine by ≥ 4 hr), and cyclosporine (give cyclosporine 3 hr after orlistat). May ↓ effectiveness of anticonvulsants.

### Route/Dosage

**PO (Adults and children ≥12 yr):** 60–120 mg 3 times daily with each meal containing fat.

### Nursing Implications

#### Assessment

- Monitor patients for weight loss and adjust concurrent medications (anti-hypertensives, antidiabetics, lipid-lowering agents) as needed.

#### Potential Nursing Diagnoses

- Disturbed body image (indications)
- Imbalanced nutrition: more than body requirements (indications)

#### Implementation

- Do not confuse Xerical (orlistat) with Xeloda (capecitabine).
- PO: Administer one capsule 3 times daily with or up to 1 hour after a meal. If a meal is missed or contains no fat, dose of orlistat can be omitted.
- A supplemental multivitamin containing vitamins A, D, E, K, and beta-carotene should be taken daily, at least 3 hr before or after orlistat dose.
- Psyllium 6 g with each dose or 12 g at bedtime may decrease GI side effects.

#### Patient/Family Teaching

- Instruct patient to take orlistat with meals as directed. If a meal is missed or contains no fat, orlistat dose can be omitted. Do not take more than recommended dose; does not improve benefit.
Instruct patient to adhere to a reduced-calorie diet. Daily intake of fat should be distributed over three main meals. Meals should contain no more than 30% fat. Taking orlistat with a meal high in fat may increase the GI side effects.

Advise patient that regular physical activity, approved by a health care professional, should be used in conjunction with orlistat and diet.

Instruct patient of common GI side effects ( oily spotting, gas with discharge, urgent need to go to the bathroom, oily or fatty stools, an oily discharge, increased number of bowel movements, inability to control bowel movements). Oil in bowel movement may be clear or have orange or brown colorations. GI side effects usually occur in first weeks of treatment and are more increased following a meal high in fat. May lessen or disappear, or may continue for 6 mo or longer.

Advise patient to notify health care professional if signs and symptoms of hypertriacylglycerolemia (weakness, fatigue, fever, jaundice, brown urine, abdominal pain, nausea, vomiting, light-colored stools, itching, loss of appetite) occur.

Advise patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications.

Advise patient to notify health care professional if pregnancy is planned or suspected.

Evaluation/Desired Outcomes

Slow, consistent weight loss when combined with a reduced-calorie diet.

Delayed onset of type 2 diabetes.

Why was this drug prescribed for your patient?