

# The OPTIFAST® Program is clinically proven to help people lose weight<sup>15</sup>

## Weight loss plays a critical role in the management of prediabetes and T2DM

- As demonstrated in the Diabetes Prevention Program, achievement of a 7% weight loss was likely to reduce the risk of developing diabetes<sup>16</sup>
- In the 2018 guidelines, the ADA recommends that short-term incorporation of VLCD ( $\leq 800$  kcal/d) and total meal replacements may achieve 10% to 15% greater short-term weight loss than behavioral interventions<sup>\*,17</sup>
  - Behavioral interventions may only produce a 5% weight loss

## The OPTIFAST® Program is formulated for the specific needs of patients with prediabetes and T2DM

- Individuals who consumed OPTIFAST® 800 kcal/d experienced significantly better glycemic response than those who consumed the other meal replacement products in a study ( $p < 0.05$ )<sup>18</sup>
- Contains macronutrients consistent with ADA guidelines<sup>†,19</sup>
  - 40% carbohydrates
  - 40% protein
  - 20% fat
- Good source of fiber,<sup>20</sup> with a proprietary blend of 3 soluble, prebiotic fibers
- Meal replacement (eg, the OPTIFAST® Program) ensures that patients consume a predictable number of calories for consistent weight loss<sup>21</sup>



# OBESITY IS THE LEADING CAUSE OF TYPE 2 DIABETES<sup>1</sup>

## The scope of the problem

- More than 11% of the United States population (37 million people) have diabetes, and most of them have T2DM<sup>2-4</sup>
- More than 85% of people with T2DM are overweight or obese<sup>4</sup>
- As many as 70% of individuals with prediabetes will progress to diabetes<sup>5</sup>

## Reducing obesity has been shown to significantly reduce the risk of developing T2DM<sup>6</sup>

- More than one-third of US adults are obese and at risk for diabetes<sup>7</sup>
- Weight loss of 5% to 10% has been shown to improve control of blood glucose levels<sup>8</sup>
- Total diet replacement is a weight loss strategy that produces significant weight loss and can help reduce blood glucose levels<sup>9</sup>

## THE OPTIFAST® PROGRAM OFFERS A SOLUTION



To implement your OPTIFAST® Program today, please speak with your Nestlé Account Executive or visit [www.optifast.com/Pages/become-a-provider.aspx](http://www.optifast.com/Pages/become-a-provider.aspx)

<sup>\*</sup>Reference to the ADA is for informational purposes only and is not intended to convey endorsement by the ADA of the OPTIFAST® Program or products.

<sup>†</sup>Chocolate shake mix contains 3.5 grams of total fat per serving. See nutrition information for fat content.

**Abbreviations:** ADA=American Diabetes Association.

**References:** 1. Barnes AS. The epidemic of obesity and diabetes: trends and treatments. *Texas Heart Inst J*. 2011;38(2):142-144. 2. Gallup-Sharecare Well-Being Index™. State of American well-being: the face of diabetes in the United States. 2017;1-8. 3. Quick facts. United States Census Bureau website. <https://www.census.gov/quickfacts/fact/table/US/PST045216>. Accessed February 22, 2018. 4. Bhupathiraju SN, Hu FB. Epidemiology of obesity and diabetes and their cardiovascular complications. *Circ Res*. 2016;118(11):1723-1735. 5. Tabák AG, Herder C, Rathmann W, Brunner EJ, Kivimäki M. Prediabetes: a high-risk state for developing diabetes. *Lancet*. 2012;379(9833):2279-2290. 6. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults. *J Am Coll Cardiol*. 2014;63(25):2985-3023. 7. Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011-2014. US Department of Health and Human Services. Centers for Disease Control and Prevention. NCHS Data Brief No. 219. November 2015. 8. Khadhiar L, Cummings S, Apovian C. Treating diabetes and prediabetes by focusing on obesity management. *Curr Diab Rep*. 2009;9(5):348-354. 9. Keogh JB, Clifton PM. Meal replacements for weight loss in type 2 diabetes in a community setting. *J Nutr Metab*. 2012;1-7. doi:10.1155/2012/918571. 10. Steven S, Hollingsworth KG, Al-Mrabeh A, et al. Very low-calorie diet and 6 months of weight stability in type 2 diabetes: pathophysiological changes in responders and nonresponders. *Diabetes Care*. 2016;39:808-815. 11. Shiau JY, So DYF, Dent RR. Effects on diabetes medications, weight and A1C among patients with obesity and diabetes: 6-month observations from a full meal replacement, low-calorie diet weight management program. *Can J Diabetes*. 2018;42(1):56-60. 12. Bischoff SC, Damm-Machado A, Betz C, et al. Multicenter evaluation of an interdisciplinary 52-week weight loss program for obesity with regard to body weight, comorbidities and quality of life—a prospective study. *Int J Obes*. 2012;36:614-624. 13. Ard JD, Schroeder MC, Kivildal K, et al. Practical application of a comprehensive weight management program in patients with and without metabolic syndrome. *J Obes Weight Loss Ther*. 2014;S4:007. 14. Gow ML, Baur LA, Johnson NA, Cowell CT, Garnett SP. Reversal of type 2 diabetes in youth who adhere to a very-low-energy diet: a pilot study. *Diabetologia*. 2017;60:406-415. 15. Wadden TA, Foster GD, Letizia KA, Stunkard AJ. A multicenter evaluation of a proprietary weight reduction program for the treatment of marked obesity. *Arch Intern Med*. 1992;152:961-966. 16. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):393-403. 17. American Diabetes Association. 7. Obesity management for the treatment of type 2 diabetes: standards of medical care in diabetes—2018. *Diabetes Care*. 2018;41(suppl 1):S65-S72. 18. Periman SA, Neutel J, Cohen SS, Ochoa JB. Consumption of high protein meal replacements improves glycemic response in type 2 diabetic adults. Nestlé Health Science. Poster presented at Obesity Week 2017; Washington DC. 19. Evert AB, Boucher JL, Cypress M, et al. Nutrition therapy recommendations for the management of adults with diabetes. *Diabetes Care*. 2014;37(suppl 1):S120-S143. 20. US Department of Health and Human Services. Food and Drug Administration. Center for Food Safety and Applied Nutrition. A food labeling guide: guidance for industry. 2013;1-132. 21. Rothberg AE, McEwen LN, Kraftson AT, et al. Factors associated with participant retention in a clinical, intensive, behavioral weight management program. *BMC Obes*. 2015;2(11):1-7.

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Bridgewater, NJ 08807 U.S.A.

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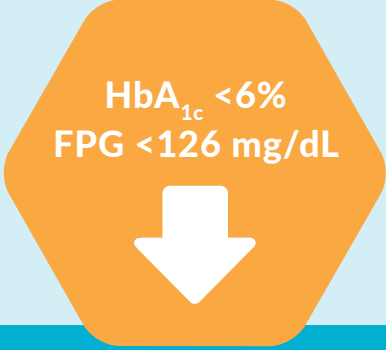













# OPTIFAST®:

The science-based program that delivers *weight loss* for health gains

The OPTIFAST® Program, as part of a medically monitored plan, can produce significant weight loss, leading to significant improvements in patients with prediabetes and diabetes.\*

				
At 8 weeks, patients achieved an HbA <sub>1c</sub> <6% and FPG <126 mg/dL	At 6 months, patients experienced significant weight loss and significant reduction in HbA <sub>1c</sub> ( $p<0.0001$ ), with 30% of patients off diabetes medications (n=95)	At 52 weeks, patients experienced a 50% reduction in the prevalence of metabolic syndrome and diabetes ( $p<0.001$ )	At 20 weeks, patients experienced statistically significant reductions in BMI and waist circumference ( $p<0.0001$ ), FPG ( $p<0.05$ ), LDL-C ( $p<0.001$ ), and TG ( $p<0.0001$ )	At 8 weeks, teens experienced significant weight reduction ( $p<0.05$ ), with improvements in HbA <sub>1c</sub> and 2-hour oral glucose tolerance test ( $p<0.01$ )
 Steven et al. <i>Diabetes Care</i> . 2016;39(5):808-815 <sup>10</sup>	 Shiau et al. <i>Can J Diabetes</i> . 2018;42(1):56-60 <sup>11</sup>	 Bischoff et al. <i>Int J Obes</i> . 2012;36(4):614-624 <sup>12</sup>	 Ard et al. <i>J Obes Weight Loss Ther</i> . 2014;S4:007 <sup>13</sup>	 Gow et al. <i>Diabetologia</i> . 2017;60:406-415 <sup>14</sup>
N=30	N=317	N=4851	N=153	N=8
<b>Primary outcome measure:</b> <ul style="list-style-type: none"><li>FPG at 6 months after VLCD and return to normal eating</li><li>Primary comparison was change between postweight loss and weight loss at 6 months in responders</li></ul>	<b>Primary outcome measure:</b> <ul style="list-style-type: none"><li>Decrease/discontinuation of WG diabetes medications and titration of WN diabetes medications in patients who received an LCD for 6 to 12 weeks</li></ul>	<b>Primary outcome measure:</b> <ul style="list-style-type: none"><li>Effectiveness of an LCD for 12 weeks as determined by weight loss, waist circumference, BP, QOL, and AEs</li></ul>	<b>Primary outcome measure:</b> <ul style="list-style-type: none"><li>Effects of a VLCD on patients with MS as measured by changes in weight, BMI, percentage weight loss, and cardiometabolic risk factors</li></ul>	<b>Primary outcome measure:</b> <ul style="list-style-type: none"><li>Impact of VLED on pediatric patients with T2DM as measured by improvements in glycemic status and weight loss at 8 weeks</li></ul>
<b>Inclusion criteria</b> <ul style="list-style-type: none"><li>Diagnosis of T2DM</li><li>Age <math>\geq 25</math> years and &lt;80 years</li><li>BMI kg/m<sup>2</sup> (SD) 34.0 (0.8) responders vs 34.4 (1.1) nonresponders</li></ul>	<b>Inclusion criteria</b> <ul style="list-style-type: none"><li>Diagnosis of T2DM</li><li>Age (SD) <math>49.7 \pm 9.9</math> years (WN) vs <math>51.8 \pm 9.2</math> years (WG)</li><li>BMI kg/m<sup>2</sup> (SD) 44.8 (7.6) (WN) vs 44.0 (8.6) (WG)</li></ul>	<b>Inclusion criteria</b> <ul style="list-style-type: none"><li>Diagnosis of T2DM</li><li>Age range 42.4 (42.2-42.7) years</li><li>BMI kg/m<sup>2</sup> (range) 40.8 (40.6-40.9)</li></ul>	<b>Inclusion criteria</b> <ul style="list-style-type: none"><li>Diagnosis of MS</li><li>Age (SD) <math>46.7 \pm 10.8</math> years</li><li>BMI kg/m<sup>2</sup> (SD) 42.5 (7.8)</li></ul>	<b>Inclusion criteria</b> <ul style="list-style-type: none"><li>Diagnosis of T2DM</li><li>Age &lt;18 years</li><li>Confirmed obesity</li></ul>
624 kcal/d	900 kcal/d	800 kcal/d	800, 960, 1120, or 1280 kcal/d, depending on BMI at baseline	800 kcal/d

\*OPTIFAST® Programs vary by market.

**Abbreviations:** AE=adverse event; BP=blood pressure; BMI=body mass index; FPG=fasting plasma glucose; HbA<sub>1c</sub>=hemoglobin A1c; kcal/d=kilocalories per day; LCD=low-calorie diet; LDL-C=low-density lipoprotein cholesterol; mg/dL=milligrams per deciliter; MS=metabolic syndrome; QOL=quality of life; SD=standard deviation; T2DM=type 2 diabetes mellitus; TG=triglycerides; VLCD=very low-calorie diet; VLED=very low-energy diet; WG=weight-gaining diabetes medications; WN=weight-neutral diabetes medications.