exploits your insecurities. Fearmongering about the dangers posed by “excess” weight and false promises of benefits allow you to rationalize these weight-loss aids as promoting good health and increased longevity. Inspirational success stories and celebrity testimonials lead you on. That physicians, dietitians, and other “experts” back the aid provides added permission to buy in to the fantasy.

But do weight-loss dreams really come true? Has anyone figured out how to effectively short-circuit setpoint mechanisms? Of course not. If something seems too good to be true, it is. While numerous “aids” may support short-term weight loss, there is no convincing evidence that anything can help you maintain weight loss over the long run without the risk of seriously compromising your health. Here’s a quick look.

**Selling Hope in a Pill Bottle**

That there are pharmaceutical weight-loss treatments on the market is more about the pharmaceutical industry’s power to persuade regulators to obliterate barriers intended to keep consumers safe, than about their success in generating maintained weight loss.

Yes, you can temporarily curb your appetite or boost your metabolism with an amphetamine or similar supplements, but you may also be nervous, jumpy, and subject to insomnia and addiction and a host of other problems. Plus, once you stop taking the supplement, your lost weight comes right back, if not more.

Then there’s Alli, the FDA-approved, over-the-counter weight-loss drug, designed to keep your body from absorbing fat. The problem is you also miss out on absorbing many fat-soluble nutrients essential for good health. You are also unlikely to lose much weight. Plus, soon after taking Alli, your weight may ratchet back to where it started, if not higher.*

And let’s get graphic about what blocking fat absorption means: Instead of entering your body where it might actually be useful, that

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*No long-term studies have been conducted, but this is a reasonable assumption given that prolonged use is contraindicated and it stops working after use.
fat dribbles out the end of your digestive tract. Alli-oops, as some people say. “Anal leakage” and “dumping syndrome” are the official medical terms. The drug company that makes Alli even issued an advisory: “You may feel an urgent need to go to the bathroom. . . . It’s probably a smart idea to wear dark pants, and bring a change of clothes with you to work.”

The two Food and Drug Administration–approved prescription drugs, orlistat (which is prescription-strength Alli) and sibutramine, are not showing exciting results, even though almost all the testing has been industry-funded. First, 30 to 40 percent of the research participants drop out of the studies (presumably because they are not successful?) and are not included in the final analysis. Of the remaining subjects who do complete the trials, weight loss is small: on average between 6 and 10 pounds. And each drug carries adverse cardiovascular effects.

The fact that such supplements are useless over the long run makes sense. First, your body systems are intricately entwined. Upset one and it has multiple reverberating effects on others. We may call the unwanted effects “side effects” but they are no less a part of the mechanisms of action than the effect we are looking for.

But more importantly, all supplements work on changing one aspect of your weight-regulatory system. If the principal effect of a drug is to suppress your appetite and reduce the amount you eat, then your body will perceive the caloric deprivation and compensate accordingly. For instance, it will slow your metabolism so you expend less energy, and any weight loss will be temporary at best.

A supplement that works in the brain to increase metabolism will be similarly ineffective, since your body will eventually turn up your hunger signals to compensate. Just as we see long-term weight regain result from diet and exercise, expect the same from supplements. You can’t trick your body for too long.

So don’t fall for the hype. There is no “magic pill” that will melt the pounds away. No doubt by the time this is published there will be new drugs and supplements on the market. But I’m not optimistic that we can expect anything different in the near future. It is unlikely that thin bodies will ever come from a bottle.