## **Consultant Red Flags**

DRUG ADDICTION-no appetite suppressants “uppers”. Alcohol and marijuana aren’t considered drugs:

Before you turn this patient away, you need to get a significant history especially of the drug addiction. How long has it been since you started? How often did you or do you use? Current user I do not give. But if they used when in college and now they are in their 40’s I would consider getting a urine test and some blood to make sure they are clean. Check with the states board on Rx refills make sure they are not getting meds from other places. I would give them the least harmful medications first and demand that they see the counselor on a weekly basis. Start with metformin. Discuss the need for hormone balance, the majority of the time these patient’s hormones are all wacked out! Insist on vitamin injections. They need tighter following and monitoring. I would probably avoid Phentermine and Phendimetrazine because of abuse potential. I would consider giving Phendimetrazine XR.

ANOREXIA, BULIMIA-at least 5 years old with professional treatment-than only at provider’s discretion:

Again get a really good history. Did they have this as a child? Currently struggling? If they are currently struggling I would suggest doing the vitamin injections. They are probably deficient. Are they seeking help? Who is their current counselor/psych doctor? Call and talk with them. It wouldn’t hurt to see how their hormones are doing. If they are currently engaging in that behavior, I probably wouldn’t start them on an appetite suppressant.

HEART ATTACK, STROKE, HEART DISEASE-depends on how long and how serious-typically no appetite suppressants:

Again a thorough history is mandatory. Ischemic vs clot? Surgeries? How long ago? Talk with their cardiologist. Have they been cleared for years? Could they benefit from something besides an appetite suppressant? Metformin? The probably need significant counseling and coaching with their diet. They would benefit from vitamin injections! It’s a balance. They probably will have improved BP, health and cardiac status with weight loss. We can help them with that. How is their T3? Hormones? Are those balanced?

STROKE-No HCG due to blood clots:

Again a thorough history is mandatory. Ischemic vs clot? Surgeries? Was it because of an injury? How long ago? Talk with their neurologist. Have they been cleared for years? Could they benefit from something besides HCG? Metformin? The probably need significant counseling and coaching with their diet. They would benefit from vitamin injections! It’s a balance. They probably will have improved BP with weight loss. We can help them with that. How is their T3? Hormones? Are those balanced?

ADDEROL or any upper meds-no appetite suppressants:

I would consider Phendimetrazine XR. Metformin and the vitamin injections with extensive counseling. But why are they on it? Do they take it every day? What dose?

HORMONAL CANCERS/BREAST CANCER-no HCG:

I am careful with my hormonal cancers but cervical cancer is not hormonal cancer. I would give it someone with a hx of thyroid cancers also. Was their breast cancer inflammatory or hormonal. Do you have UTD mammos? How long ago was it? What treatments did they use? What are their hormones. High levels of E1= more increased risk. Are they on Bio-identical hormones? What do they look like? Estrogen dominant? Clearance from oncologist? Do they understand risk vs. benefit? Do you? I would be very careful.

What about PCOS?

I give HCG to PCOS pts. It is not an absolute contraindication just a relative one. I just make sure they understand that they may have a painful, killer period. Perhaps even for the entire time. I have them sign a paper stating they understand this. We also discuss hormones and getting those balanced.

DIABETIES:

Type 1(insulin dependent)- not eligible for either program – I would be very careful here. They need way more monitoring and control and food types. I would probably not give them anything except counseling and vitamin injections.

Type 2(food dependent)-modified HCG-no appetite suppressants-provider to approve

Several of our older patients have DM2. They need weight loss help, counseling and guidance. I also give them appetite suppressants, vitamin injections and weekly counseling sessions. They need to learn how to eat better to take care of themselves to prevent further injury.

GLACOMA: No appetite suppressants.

Thyroid-Hypo: Ok

Thyroid-Hyper: Ok – Both of these pts need their hormones checked and monitored. Complete thyroid panels!

BMI/AGE REQUIREMENTS:

HCG-28 BMI and above, anything below for patient satisfaction only-not a health concern:

We let pts with BMI below this do HCG. They just need to understand that they may not lose as much weight. We have them sign that they understand that they may not lose as much weight. Vitamin injections and counseling are mandatory for first timers and for people who seem confused about what and when to eat and give themselves the injections.

Appetite Suppressants-25 BMI and above:

We do give it to pts whose BMIs are less than 25 but these are for maintenance. Most of these pts don’t take it every day. Just when they need it. We require annual blood work on all pts to make sure their kidney and liver and functioning appropriately.

No one under 18 or over 70 (judgement call):

I have a few pts over 70 who I start off with Diethylpropion or Phendimetrazine XR. They need a good history and physical with no contraindications. EDUCATE!

Maintenance on Meds

Nutritional & Financial Advice

Pregnancy Tests:

We have them available. We require some form of documented birth control for all of our pts. LMP are always obtained. And tests are available if needed. If pregnant or breastfeeding absolutely no treatments are given.

Other Med options:

105.5 Phendimetrazine

Sending patients to PCP:

If there is something you are concerned about like BP or cholesterol, we send them to PCPs. We do not treat of monitor PCP complaints. Even insomnia I do not treat with Rx meds here. We make health and nutritional recommendations only.

Vitamins/ Minerals/ Herbals/ Hormonals only.

Example: Cholesterol: CO-Q10 100mg with Red Yeast Rice 600mg (together twice daily)

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