EFFECT OF RIMONABANT ON QUALITY OF LIFE IN OVERWEIGHT/OBESE PATIENTS
Kolotkin RL\(^1\), Crosby RD\(^2\), Scheen A\(^3\), Golay A\(^4\), Després JP\(^5\)
\(^1\)-Obesity and Quality of Life Consulting, Durham, NC, USA,
\(^2\)-Neuropsychiatric Research Institute, Fargo, ND, USA,
\(^3\)-University of Liège, Liège, Belgium,
\(^4\)-Division of Therapeutical Teaching for Chronic Diseases, Geneva, Switzerland,
\(^5\)-Québec Heart Institute, Quebec, QC, Canada

**OBJECTIVES:** To evaluate the impact of the first selective cannabinoid type 1 (CB1) receptor blocker, rimonabant, developed for the management of cardiometabolic risk factors, on health-related quality of life (HRQOL).

**METHODS:** Over 6600 overweight/obese patients, with or without comorbidities were randomized in double-blind, placebo-controlled, 2 fixed doses (5 mg and 20 mg), parallel-group clinical trials. Patients completed the Impact of Weight on Quality of Life-Lite (IWQOL-Lite) and the Short-Form Health Survey (SF-36) questionnaires at baseline and every 3 months up to 1 year. The IWQOL-Lite is a validated 31-item self-reported questionnaire specifically designed for HRQOL assessment in obesity and comprises 5 domains and a total score. SF-36 is a standardized generic HRQOL measure used in general population (non-specific for obesity). Analyses presented were performed on mean score changes from baseline to 1 year in the intent-to-treat population.

**RESULTS:** At 1 year, patients administered rimonabant 20 mg once daily reported consistently greater improvement in IWQOL-Lite scores than patients in the placebo group in all domains (Physical Function, Self-esteem, Sexual Life, Public Distress, Work) and total score (p < 0.001, except Work, p = 0.03). SF-36 provided statistically significant results for 5/8 domains (p < or = 0.05); 3 of them (Physical Functioning, Bodily Pain, General Health) supported greater improvement with rimonabant, while the other 2 (Role Emotional and Mental Health) were less decreased with placebo. Overall, HRQOL results appeared to be less clinically meaningful on the SF-36 [effect sizes (ES) ranging between 0.01 and 0.33, depending on the score considered] than on the IWQOL-Lite (ES between 0.22 and 0.45).

**CONCLUSION:** Using an obesity-specific questionnaire (IWQOL-Lite), rimonabant 20mg was associated with a significant and sustained improvement in HRQOL up to 1 year. As expected, SF-36 appeared to be less sensitive to clinical changes in this overweight/obese population.