Rimonabant: more transparency is needed

Sir,

Scheen et al. report on rimonabant 20 mg/day in obese patients with type 2 diabetes\(^1\). We believe that they overstate the efficacy and the tolerability of the drug.

Patients in the rimonabant and placebo groups experience a ≥10% weight loss in 16.4% and 2%, respectively. The NNT is 7.0 (95% CI: 5.3-9.8)*. While concluding that “rimonabant can produce a clinically meaningful reduction in bodyweight”\(^2\), authors do not discuss that only 10% to 20% of treated patients will benefit from such a reduction. Moreover, weight change from baseline in the rimonabant group displays a distribution skewed to the left: 11.5% (39/339)* gained weight and 44.5% (151/339)* lost ≥5 kg, instead of 15.5%* and 52.2%* expected in a normal distribution (mean=-5.3 kg; SD=5.2), respectively. The median weight loss is therefore substantively lower than 5.3 kg (estimated at 4.5 kg*). Reporting mean estimates is misleading and incorrect. Clinical implications of the skewness are not addressed.

What is described in the abstract as a ‘slightly higher discontinuation rate for adverse events’ with rimonabant in fact refers to a rate 2.75 times higher (95% CI: 1.59-4.76)*. Although depression is the most frequent adverse event reported for discontinuation, authors consider the significant changes in Hospital Anxiety and Depression scores “probably not clinically relevant”. Physical functioning and patient satisfaction are said higher with rimonabant, but those scores are analysed per protocol, an inappropriate strategy considering the high attrition rate. Authors conclude that rimonabant is “generally well tolerated”.

Other limitations of the study are mentioned elsewhere\(^3\). We emphasize here the inconsistencies of data interpretation. Inflated results will not help obese people\(^4\).

*: computation made by us

Dominique Roberfroid, MD, MSc
Nutrition Unit, Institute for Tropical Medicine, Nationalestraat 155, 2000 Antwerp.
droberfroid@itg.be


