



# Current Issues Regarding Obesity Treatment and Chronic Weight Management

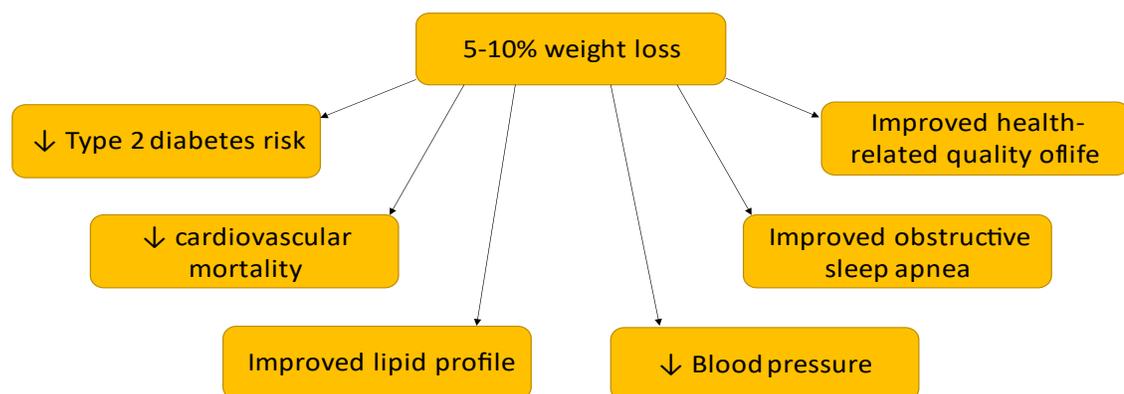
## The disease of obesity

- Obesity is a chronic disease characterized by a state of energy dysregulation, where the body has inappropriately established a higher weight set point as baseline. When a patient loses weight, the body actively fights to return to the higher baseline set point by increasing secretion of hunger hormones and increasing energy intake while decreasing satiety and energy expenditure. These hormonal adaptations remain in effect even after the patient has regained the weight. Understanding these biological pathways is crucial for treating obesity as a chronic, relapsing disease.
- Patients may experience significant psychosocial and financial burden from obesity.
- Clinicians should assess for potential bias within their practice to encourage open communication and trust.

## Obesity as a cardiometabolic risk factor

- Obesity is an independent risk factor for type 2 diabetes, dyslipidemia, hypertension, and cardiovascular disease, among others. Rather than treat each of these disease states individually, clinicians should consider an obesity-centric treatment approach in which treating the obesity improves the outcomes of multiple conditions concurrently.
- All anti-obesity medications approved for long-term use have been shown to improve blood glucose, glycated hemoglobin, and dyslipidemia. Most anti-obesity medications also improve blood pressure.
- Losing as little as 5% to 10% of body weight can lead to significant clinical improvement in several comorbidities and patient health.

## Clinically Relevant Weight Loss Effects





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## Treatment options

- Lifestyle modifications such as diet and exercise are important factors in weight loss and chronic weight management. Anti-obesity medications work in conjunction with lifestyle modifications to enhance weight loss and counter biologic pathways promoting weight regain.
- Bariatric surgery is the most aggressive treatment option, with target weight loss ranging from 25% to 40%.
- There are 5 anti-obesity medications approved for long-term use in patients with a BMI  $\geq 30$  kg/m<sup>2</sup> or a BMI  $\geq 27$  kg/m<sup>2</sup> with an associated comorbidity.

| Medication                         | Orlistat | Phentermine/topiramate ER | Bupropion/naltrexone ER | Liraglutide | Semaglutide |
|------------------------------------|----------|---------------------------|-------------------------|-------------|-------------|
| % Weight loss (placebo subtracted) | 3.8%     | 8.6%                      | 4.8%                    | 5.4%        | 12.4%       |

## Glucagon-like peptide 1 (GLP-1) receptor agonists

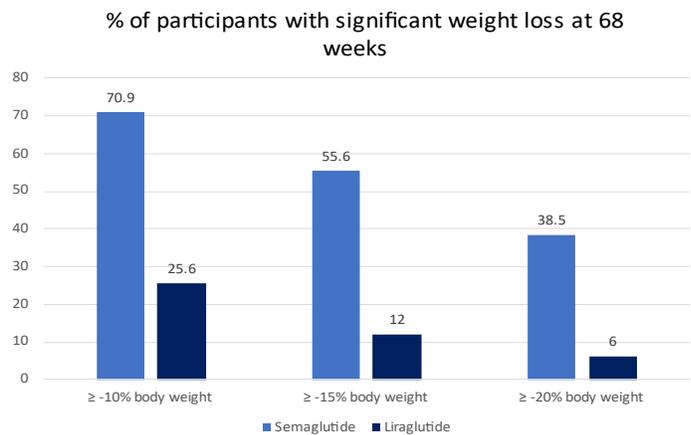
- GLP-1 receptor agonists liraglutide and injectable semaglutide have been shown to reduce major adverse cardiovascular events compared with placebo as part of standard care by 13% and 26%, respectively, in patients with type 2 diabetes.
- Weight loss observed with semaglutide has been much more extensive than weight loss seen with other anti-obesity medications, including liraglutide.

## STEP 8 Trial: Liraglutide vs Semaglutide

Total % body weight change over 68 weeks

Semaglutide (n=126)  
-15.8%

Liraglutide (n=127)  
-6.4%





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### Strategies to optimize weight loss and management

- The first step in addressing obesity and weight management is to seek permission from the patient to talk about their weight. If yes, the patient should be queried about their previous weight loss attempts. What have they tried before? What has worked and what hasn't? What is their weight loss goal? Knowing the answers to these questions is crucial to choosing the right path for the patient.
- Treatment should be individualized for each patient based on comorbidities, previous weight loss history, and potential barriers.
- Obesity care and chronic weight management start in the primary care setting.
- Patients are 4 times more likely to attempt weight loss when they receive weight-related counseling.