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Latest Trends in Obesity Medicine

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Obesity is a serious, treatable chronic disease

OBESITY
IS A SERIOUS CHRONIC TREATABLE DISEASE

Obesity

- a disease in which excess body fat has accumulated in a dysfunctional manner to a level that may have an adverse effect on health.

It's ultimately about biology, not BMI

BMI is a tool used in screening and diagnosis

- Pre-obesity BMI 25-29.9
- Class 1 obesity BMI 30-34.9
- Class 11 obesity BMI 35-39.9
- Class 111 obesity BMI ≥ 40

Other such diseases are treated comprehensively...

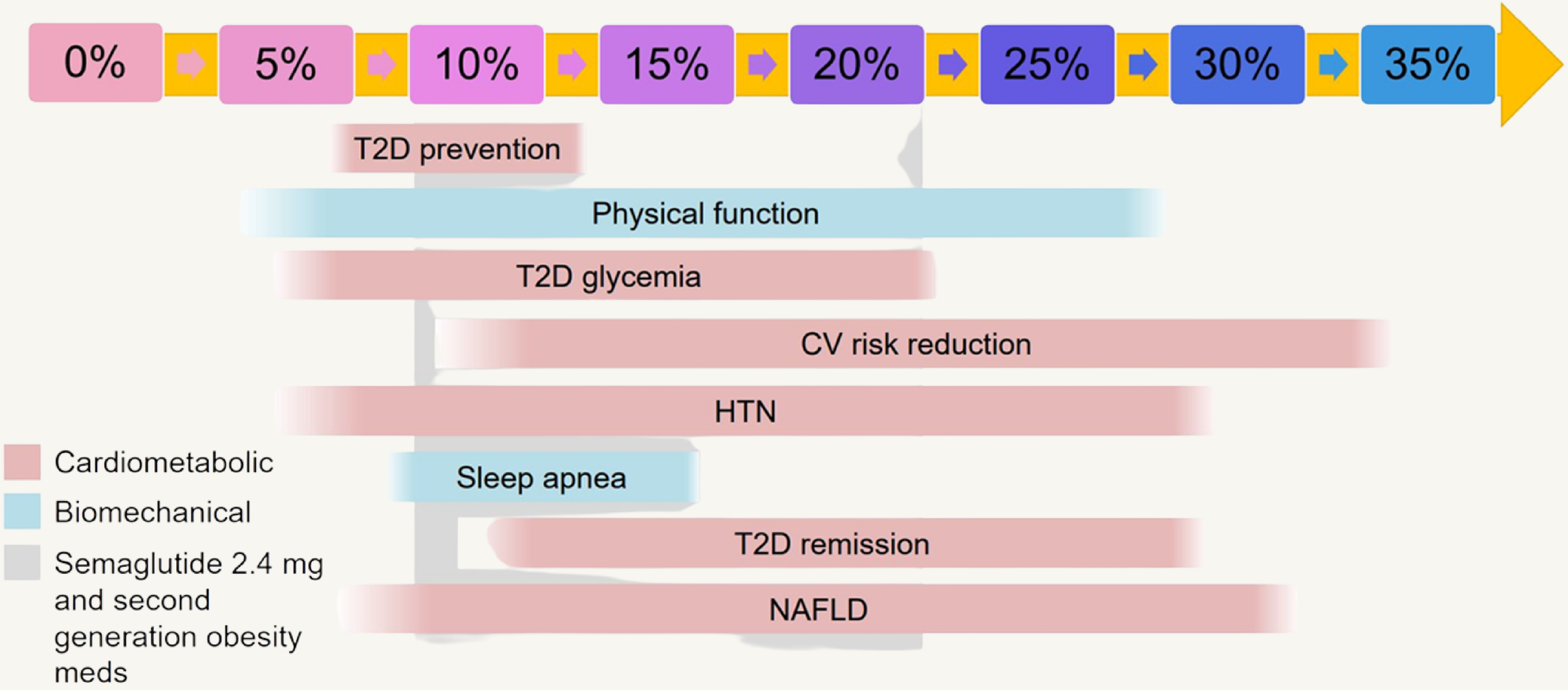
Cardiovascular disease: primary care, cardiology, interventional cardiology, cardiac surgery

Cancer: primary care, oncology, radiation oncology, oncology surgery

Obesity: disjointed care in silos, bariatric surgery, obesity medicine, primary care

Goals of obesity treatment

New medications: treating ABCD/Obesity to target



N ... Paradigm for Treating to Target with Second Generation Obesity Medication

There is a clear best practice in treating obesity

Increasing health risks
Increasing adiposity

Treatment Intensity

BMI > 40
BMI > 35 with comorbidity

Surgery

20-40% weight loss

Endoscopic Procedures

10-20% weight loss

BMI > 30
BMI > 27 with comorbidity

Pharmacotherapy

10-25% weight loss

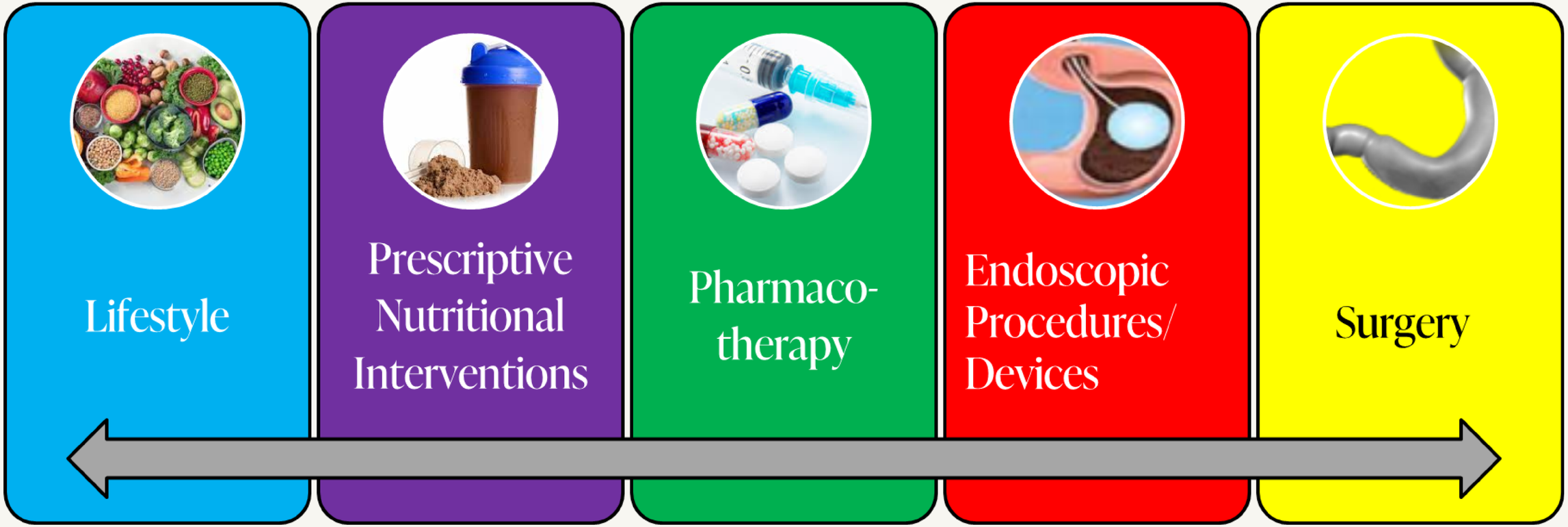
Prescriptive Nutritional Intervention

5-10% weight loss

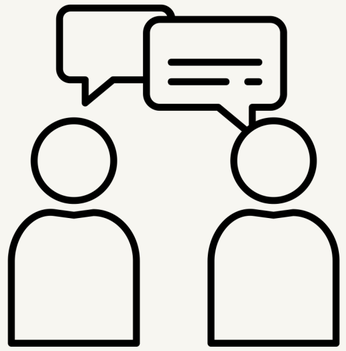
Lifestyle Modification

2-5% weight loss

The reality of treatment doesn't match the best practice

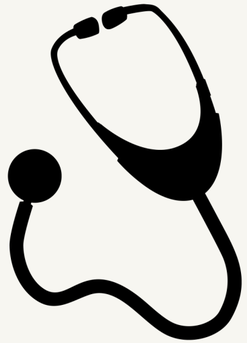


Discussion, Diagnosis, Direction are key for effective obesity management



Discussion

Bring up the matter of weight and weight management in interactions



Diagnosis

Communicate the diagnosis of obesity to the patients, and note it in the patient's records

Direction

Provide guidance and schedule follow-up appointments specifically for weight management

When beginning the discussion with your patient, start with patient-first language and shared decision making

"People-first" language recognizes the potential hazards of referring to or labeling individuals by their disease. Thus, "patient who has pre-obesity or obesity" or "patient with overweight or obesity" are preferred over "obese patient." This is similar to the standard with other diseases, such as cancer, wherein "patient with cancer" is preferred over "cancerous patient."

Encouraged Terms

- Weight
- Excess weight
- Unhealthy weight
- Overweight
- Body mass index
- Affected by obesity

Discouraged Terms

- Morbidly obese
- Obese
- Fat
- Heaviness
- Large size

What shared decision making looks like

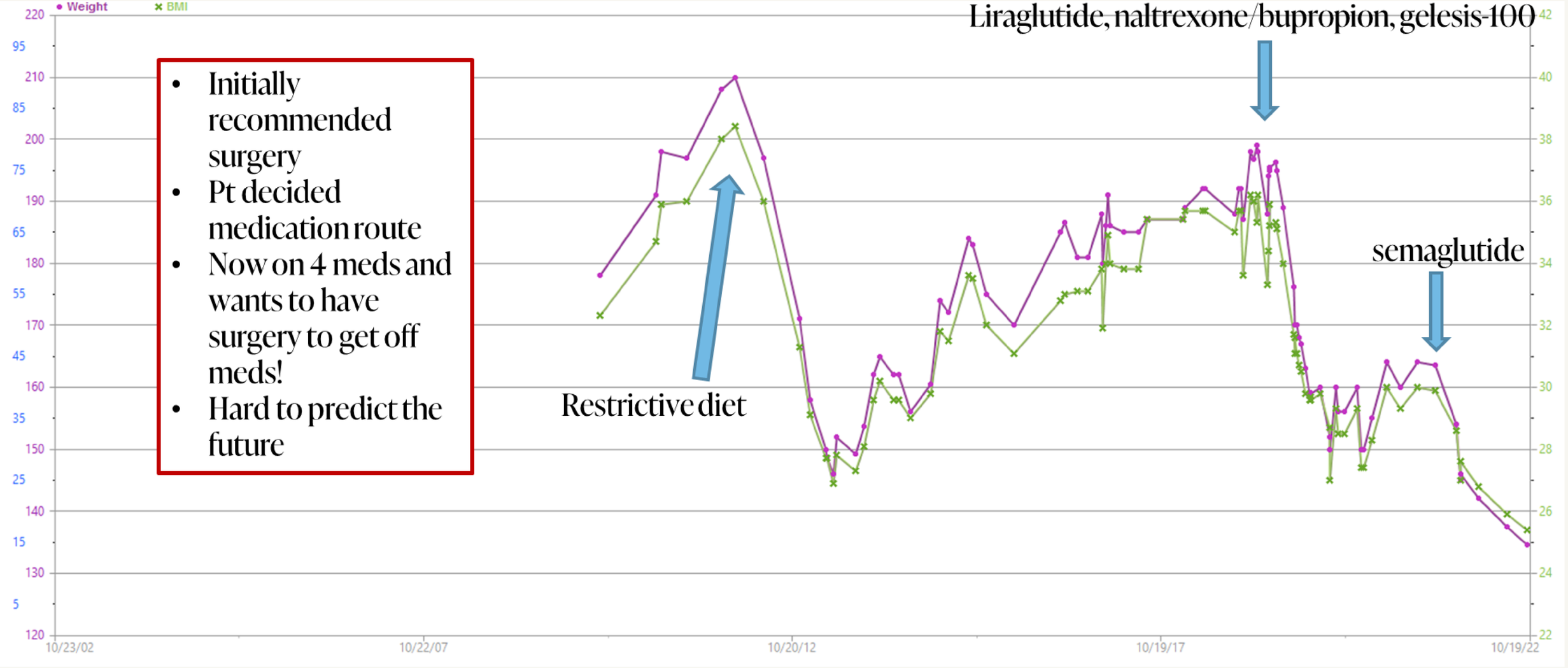
- One or more clinicians share with the patient information about relevant testing or treatment options, including the severity and probability of potential harms and benefits and alternatives of these options given the specific nature of the patient's situation;
- The patient explores and shares with the clinician(s) his or her preferences regarding these harms, benefits, and potential outcomes; and
- Through an interactive process of reflection and discussion, the clinician(s) and patient reach a mutual decision about the subsequent treatment or testing plan.

Making shared decision making practical

Pt Goals	Favors Lifestyle	Favors Medication	Favors Surgery
Needs > 20% weight loss	_	++	+++
Needs/wants diabetes resolution/remission	+/-	+	+++
Needs/wants fatty liver disease resolution (>10%)	+	++	+++
Needs/wants to prevent diabetes	++	+++	+++
No complications of obesity, wants weight loss	+++	++	+
Wants to be free of medication	++	_	+++

Patient example of shared decision making

- Initially recommended surgery
- Pt decided medication route
- Now on 4 meds and wants to have surgery to get off meds!
- Hard to predict the future



Remember: how you partner with your patient matters!

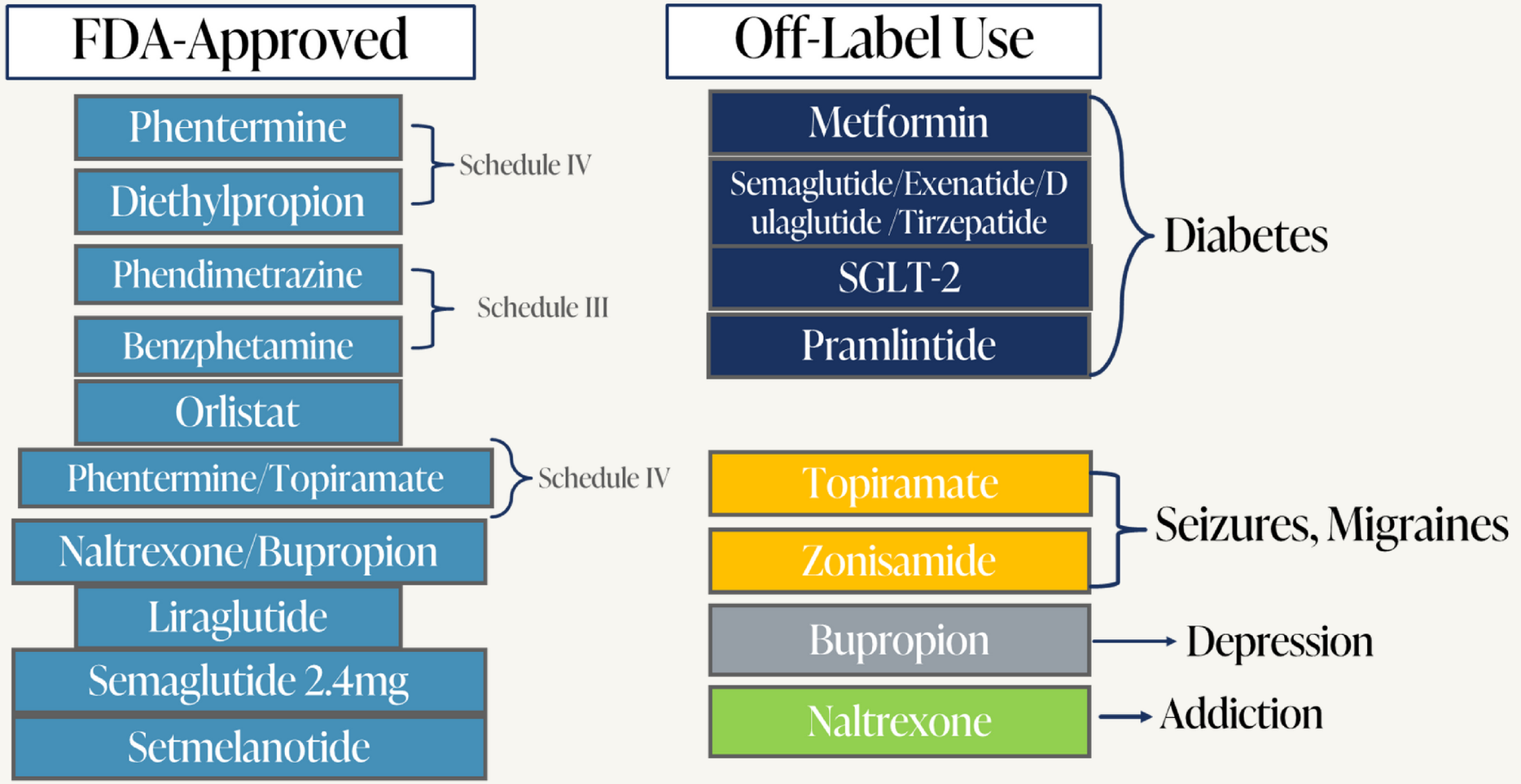
55% cancel appointments out of weight-related anxiety

69% experience weight-related stigma from physician

52% women report weight as barrier to care

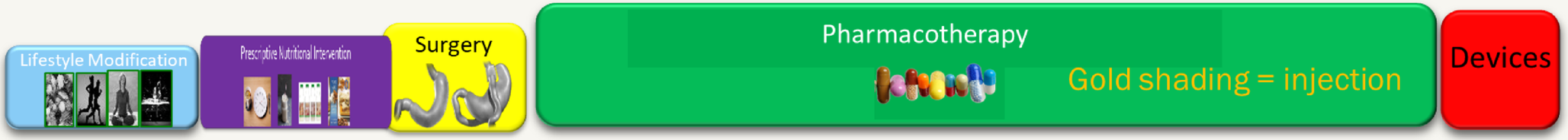
67% medical students endorse weight bias

Now that you've engaged in shared decision making with the patient, let's talk pharmacotherapy (1/2)



- Drugs@FDA: FDA-Approved Drugs. Accessed April 14, 2021. https://www.accessdata.fda.gov/scripts/cder/daf/.

Now that you've engaged in shared decision making with the patient, let's talk pharmacotherapy (2/2)



Weight loss %	% of patients in behavior programs (WW®, IBT)	% of patients in Virta® program	% of patients with surgery at 10 years	% of patients on tirzepatide 15mg once a week	% patients on semaglutide 2.4 mg weekly	% patients on liraglutide 3 mg daily **(Plus IBT)**	% patients on phentermine topiramate 15/92 mg	% patients on bupropion/ naltrexone (Plus IBT)	**Gelesis -100**
>5%	48%	74%	96.6%	96%	90%	63% (74%)	67%	42% (66%)	58.6%
>10%	25%	49%	>80%	90%	75%	33% (52%)	47%	21% (41%)	27.2%
>15%	12%			78%	56%	(36%)	32%	10% (29%)	
>20%	10%		72%	63%	36%		15%		
>30%	4%		40%	23%					

Choosing the Medication

Is it covered by insurance?

- Medicare does not cover AOMs
- Medicaid is state dependent and does not currently cover in MA (does in RI and NH)
- Phentermine, topiramate, bupropion, naltrexone, GLP-1

Assess for contraindications/risks

- GLP-1 - pancreatitis
- Topiramate - kidney stones, severe depression
- Phentermine – cardiovascular risk, anxiety, bipolar d/o
- Bupropion – seizure disorder
- Naltrexone – opioid use

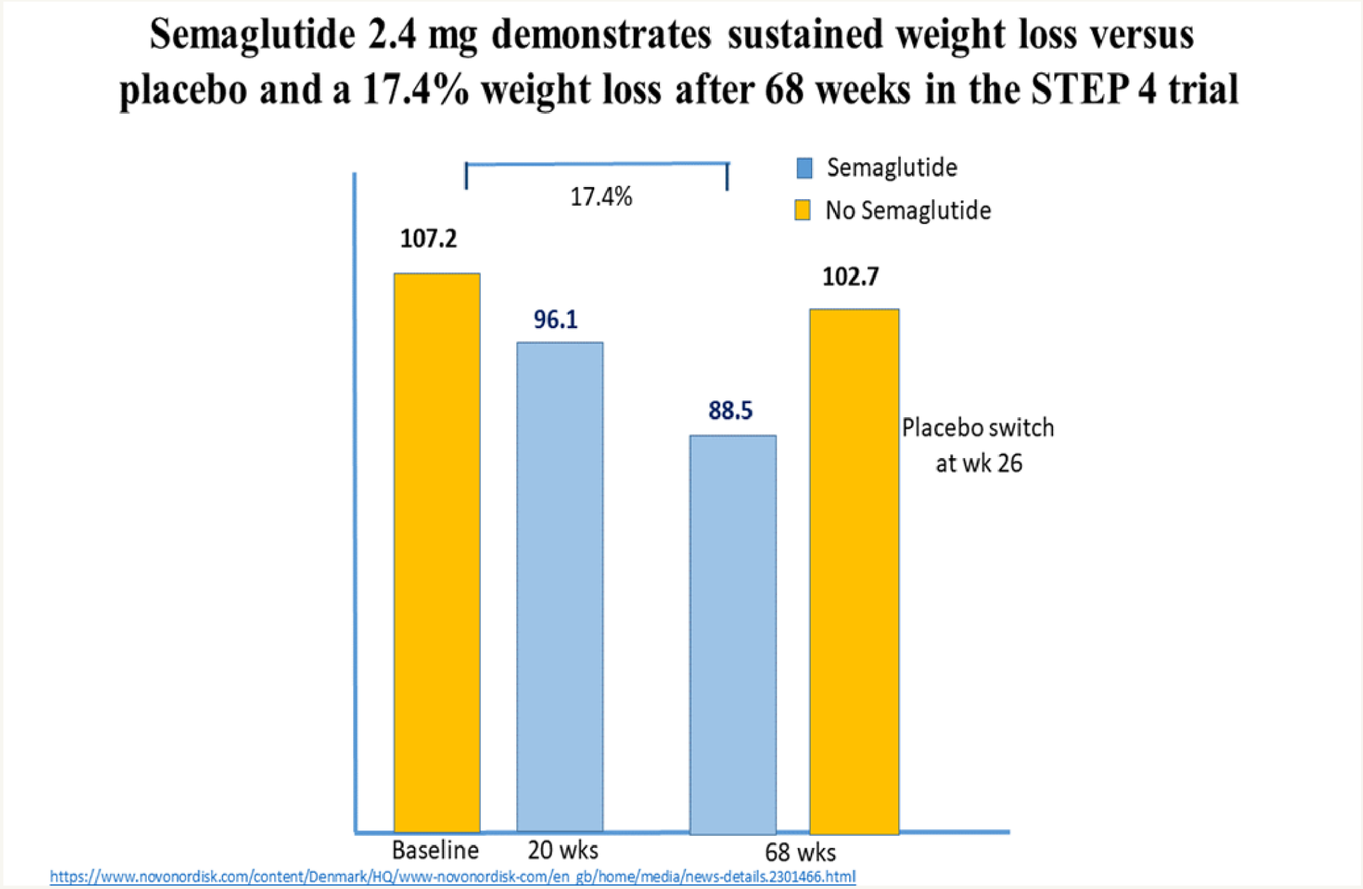
Assess for double benefits

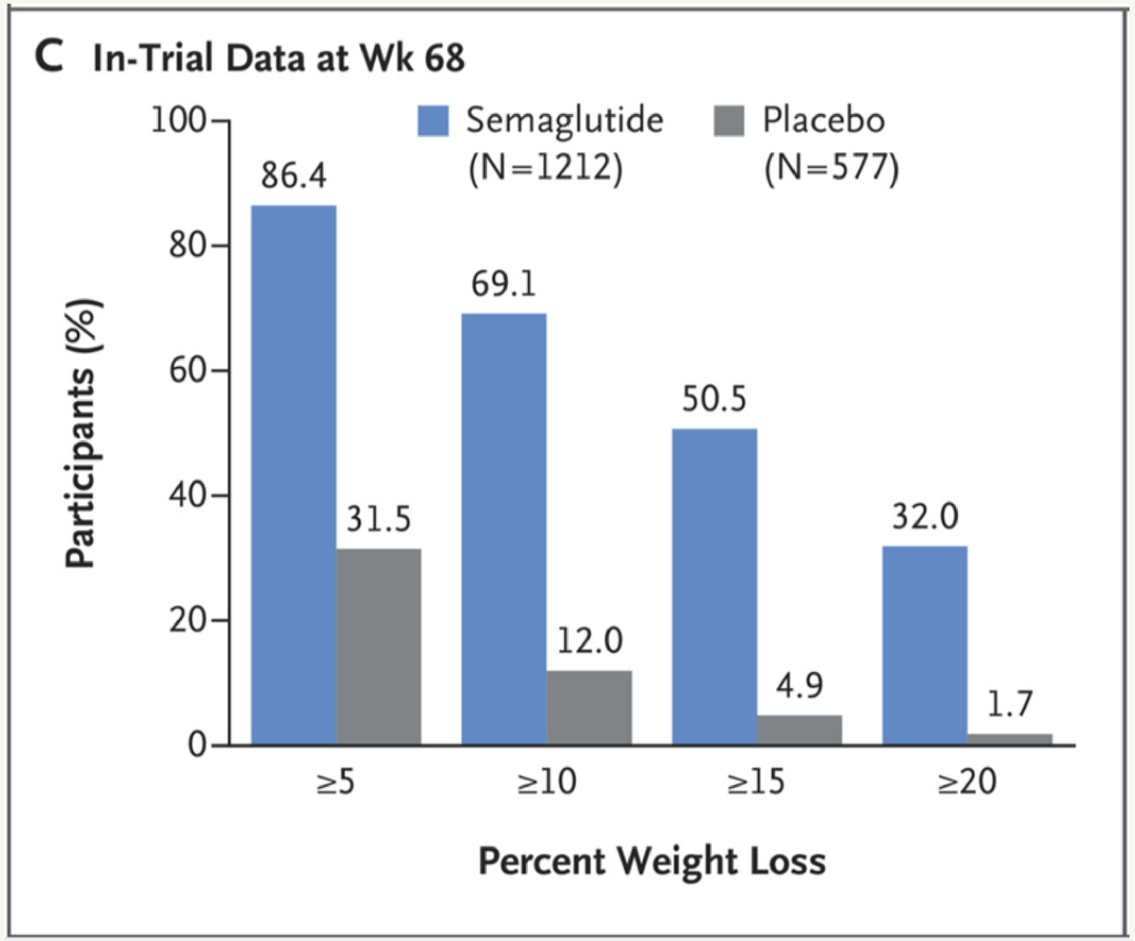
- Topiramate for migraine or BED
- Bupropion for depression/ADHD

Does patient have diabetes, prediabetes or insulin resistance

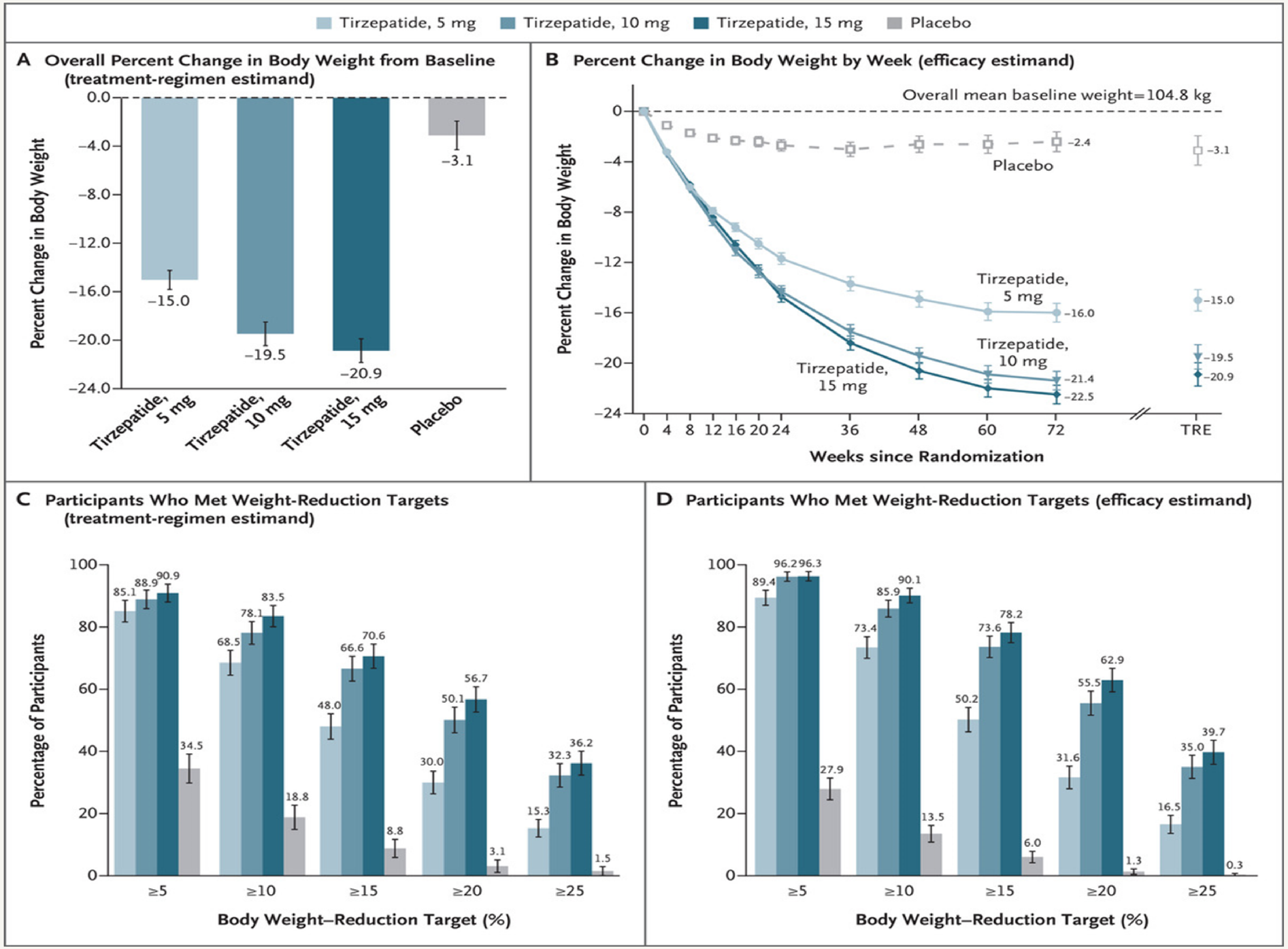
- Consider metformin, SGLT-2 and GLP-1 first
- Off label use of GLP-1 with semaglutide, liraglutide or covered GLP-1

Semaglutide 2.4mg

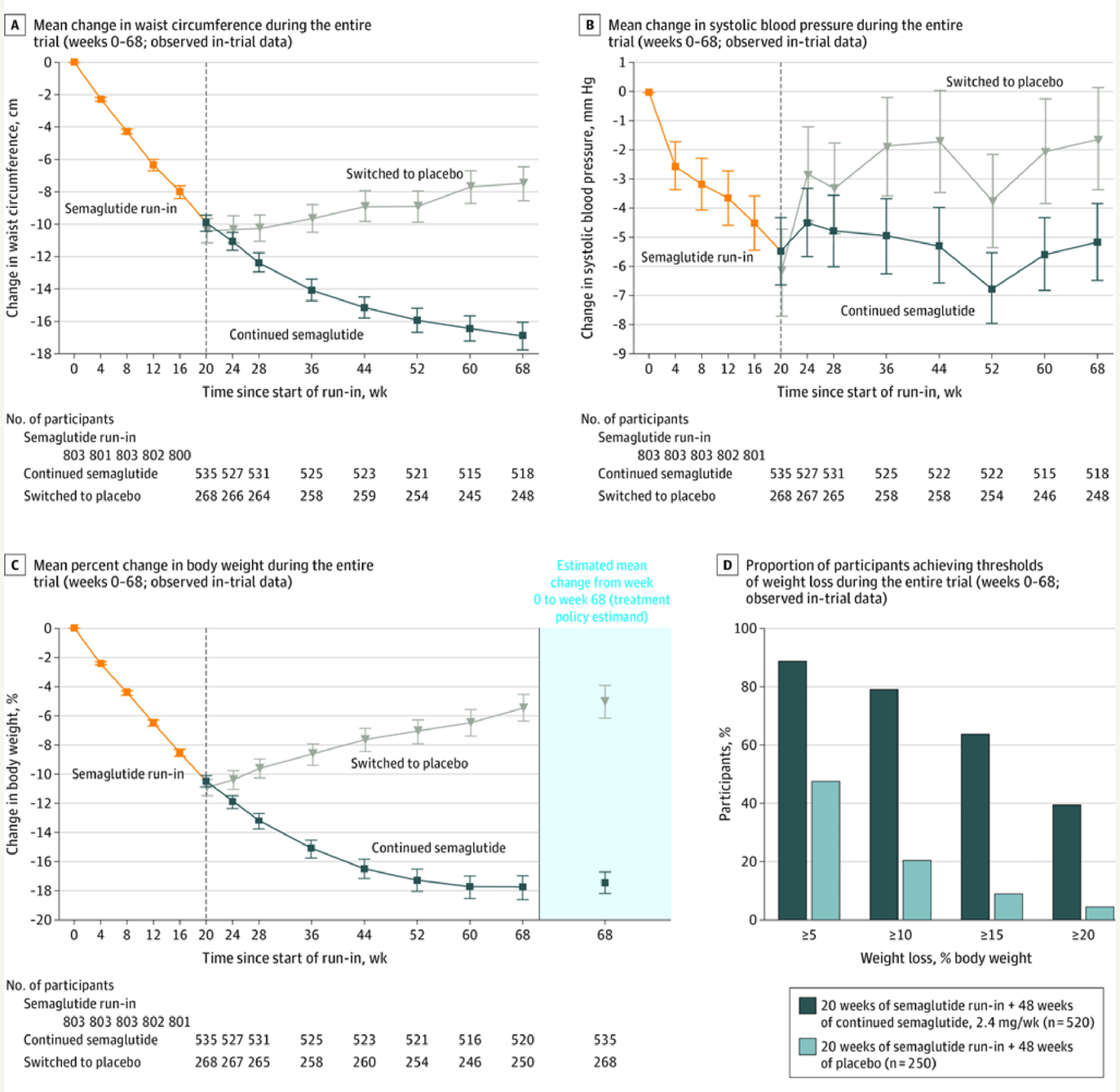




Effect of Once-Weekly Tirzepatide, as Compared with Placebo, on Body Weight



Remember: Treatment is Chronic



Create an obesity care plan

Diagnose	Prescribe	Determine	Prescribe	Evaluate	Arrange	Consider
Diagnose obesity by class 1 (BMI 30-34.9), 2 (BMI 35-39.9), 3 (BMI ≥ 40) And consider stage of disease by severity of comorbidities	Prescribe a nutritional plan •Tracking intake (LoseIt, MyFitnessPal) •Meal replacement plan like LookAHEAD or VLCD •Prescriptive nutritional intervention •Planned portions of plants and protein	Determine an activity goal	Prescribe medication if BMI ≥ 27 with major medical condition or ≥ 30 alone. Talk to patient about 2-4 times more likely to lose weight successfully and maintain.	Evaluate surgery anatomy if past history of surgery (upper GI and/or EGD as indicated)	Arrange follow up 1-3 months (more accountability the better)	Consider remote monitoring or chronic care management for more accountability

Q&A

Reach out for help!