Webinar Will Begin Momentarily

TODAY'S AGENDA:

- Welcome
- Speaker Introduction
- Presentation
- Q&A
- Closing

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Professional Education Series

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What is the Needed Wrap-Around Care When Treating Obesity with Pharmacotherapy

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Disclosures

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Advisory Board	Novo Nordisk, Nestle Healthcare Nutrition, Eli Lilly, Level2, Weight Watchers, Boehringer Ingelheim, Regeneron
Memberships	International Food Information Council- Assembly, The Obesity Society- president, American Diabetes Association, Society of Behavioral Medicine, Roundtable on Obesity Solutions, American Society for Nutrition, American Society for Nutrition Foundation- Board of Trustees Executive Committee

Objectives

By the end of this webinar, participants will be able to develop and implement a comprehensive, multidisciplinary care plan for patients undergoing obesity pharmacotherapy, addressing both medical and behavioral aspects.

Stepped approach to obesity management

	BMI 25–26.9 kg/m²	BMI 27–29.9 kg/m²	BMI 30–34.9 kg/m²	BMI 35–39.9 kg/m²	BMI ≥40 kg/m²
Surgery 			With adiposity-related complications	When optimal medical and behavioral management has been insufficient	+
Pharmacotherapy 		With adiposity-related complications	+	+	+
Behavioral modification 	+	+	+	+	+

All individuals, regardless of body size or composition, benefit from a healthy, well-balanced eating pattern and regular physical activity

BMI, body mass index.
Wharton S et al. CMAJ 2020;192:E875–91.
Surgery for Obesity and Related Diseases 18 (2022) 1345–1356

What is the role of pharmacotherapy in the treatment of obesity?

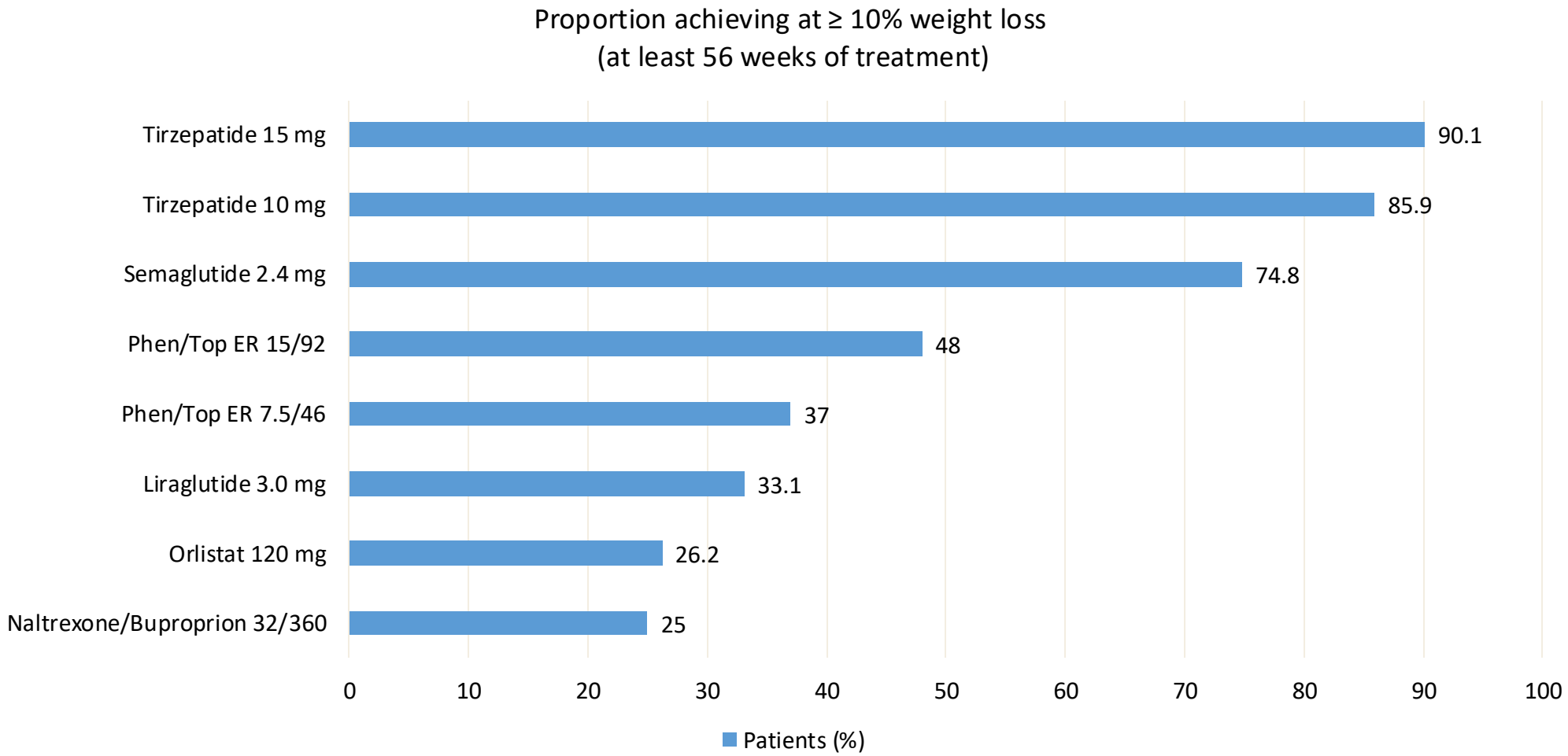
Compared to diet and exercise alone, pharmacotherapy has 3 primary impacts

INCREASES THE PROPORTION OF PEOPLE ACHIEVING CLINICALLY SIGNIFICANT WEIGHT LOSS

INCREASES THE AMOUNT OF WEIGHT LOSS ACHIEVED

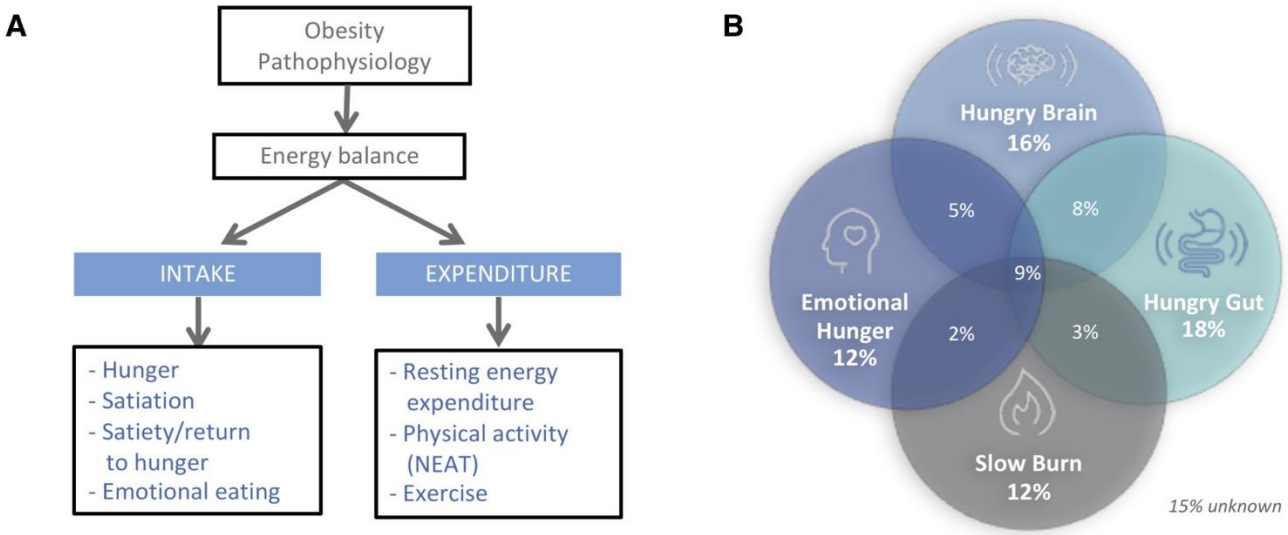
INCREASES THE DURATION OF WEIGHT-LOSS MAINTENANCE WITH CONTINUED USE

Treatment Effects: Expectations



Torgerson et al. *Diabetes Care* 2004;27:155–61; Gadde et al. *Lancet* 2011;377:1341–52; Pi-Sunyer et al. *NEJM* 2015;373:11–22; Greenway et al. *Lancet* 2010;376:595–605; Wilding et al. *NEJM* 2021; 384:989-1002; Jastreboff et al. *NEJM* 2022; 387:205-216

Tailoring Treatment



Acosta et al demonstrated the impact of tailoring AOM prescribing based on key physiologic and behavioral variables

- "**Proportion of patients who lost >10% at 12 months was 79%** in the phenotype-guided group compared with 34% with non-phenotype-guided treatment group"

Accomplished using the following meds: Lorcaserin (12%), Phentermine (13%), Liraglutide (16%), Naltrexon/Bupropion (29%), Phen/Top ER (30%)

Obesity, Volume: 29, Issue: 4, Pages: 662-671. 2021

What can we learn from bariatric surgery?

The Importance of Wrap-Around Care in Obesity: Case of Metabolic and Bariatric Surgery (MBS)

Bariatric surgery is a powerful tool for obesity treatment, but it is not a stand-alone solution.

Multidisciplinary, wrap-around care is essential for surgical success, patient safety, and long-term health outcomes.

The 2020 AACE/TOS/ASMBS/OMA/ASA Guidelines emphasize comprehensive preoperative, perioperative, and postoperative care.

Mental and behavioral health

- High prevalence of co-morbid mental health disorders
- Psychological screening helps to identify disorders that may impact outcomes
- Prospective support to prevent disordered behaviors and coping
- Postoperative risks: **Body image distress, weight regain, and addiction transfer (e.g., alcohol use disorders)**.

Tabesh, MR., et al. (2023). Nutrition, Physical Activity, and Prescription of Supplements in Pre and Post-bariatric Surgery Patients: An Updated Comprehensive Practical Guideline. Obesity Surgery

Nutrition and dietary support

Preoperative nutrition optimization:

- Preoperative weight loss can reduce liver size and improve surgical outcomes.
- Nutrient screening is essential to prevent postoperative deficiencies.

Postoperative monitoring:

- Lifelong micronutrient supplementation (iron, vitamin B12, calcium, vitamin D) is needed, especially for malabsorptive procedures like RYGB.
- Protein intake is critical to prevent muscle loss.
- Registered dietitians play a central role in educating patients on dietary transitions and adherence.

Tabesh, MR., et al. (2023). Nutrition, Physical Activity, and Prescription of Supplements in Pre and Post-bariatric Surgery Patients: An Updated Comprehensive Practical Guideline. Obesity Surgery

Physical Fitness

- **Exercise is vital post-surgery**
  - to prevent muscle loss
  - support weight maintenance
  - improve metabolic health.

- Addresses body composition and physical function
  - Weight reduction impacts both
  - Body composition changes could be negative (significant lean mass loss) which negatively impact physical function

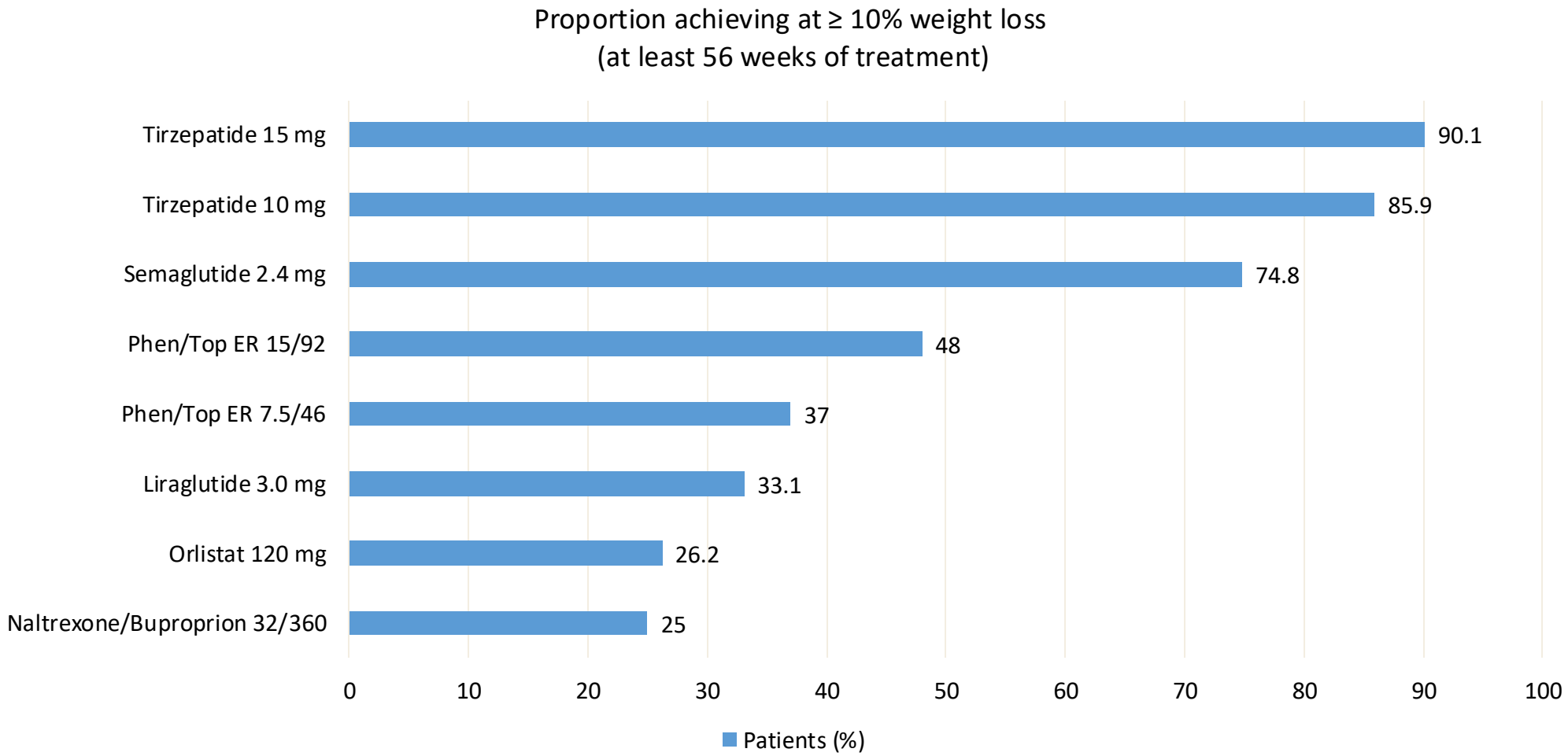
Tabesh, MR., et al. (2023). Nutrition, Physical Activity, and Prescription of Supplements in Pre and Post-bariatric Surgery Patients: An Updated Comprehensive Practical Guideline. Obesity Surgery

Patient-centric, team-based approach

- Minimize risks of procedure
- Ensure best treatment fit
- Support to optimize treatment response

Consequences of New Gen Obesity Medications

Treatment Effects: Expectations



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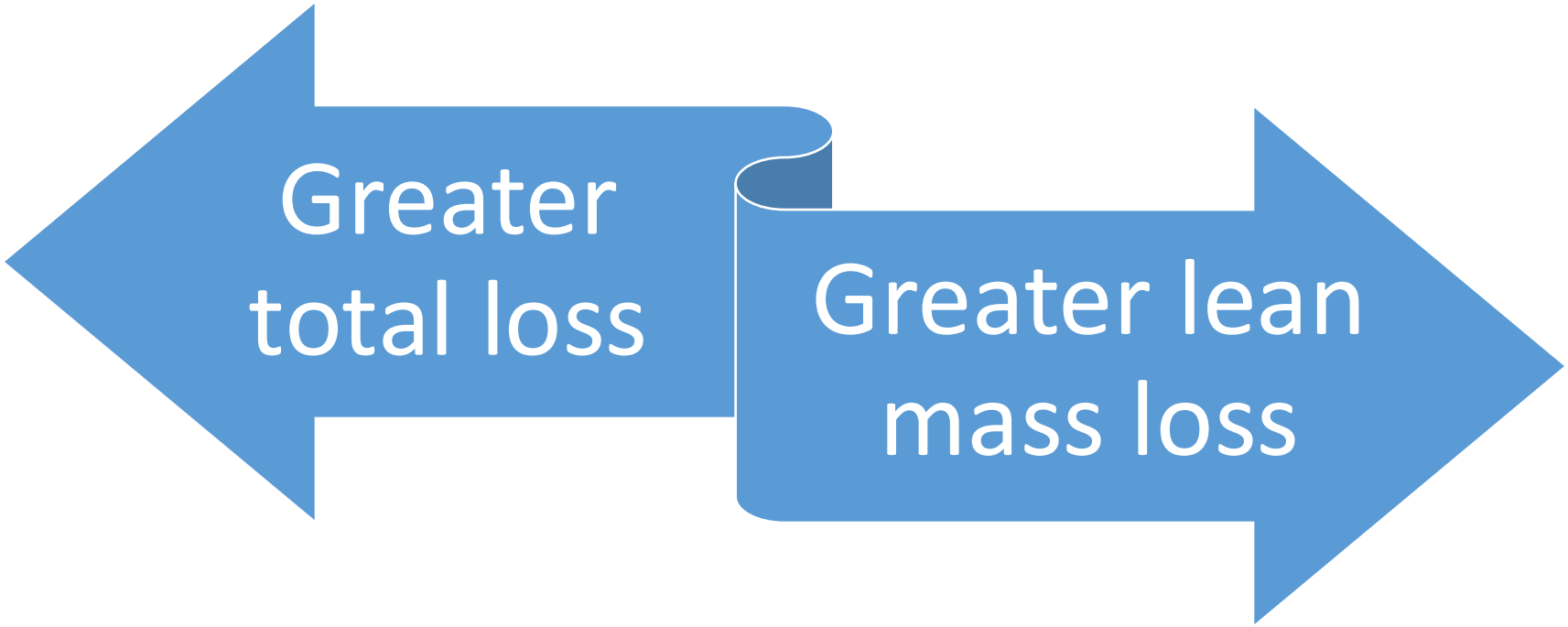
Greater Weight Loss



Approximately 30% of body weight lost with GLP1Ra-based therapy is lean mass.

Beavers KM et al. Obesity (Silver Spring). 2025 Feb;33(2):225-237.

Appetite Reduction

- Significant intake reductions
- At risk of inadequate intake of protein, fiber, minerals, and vitamins

Heise T, DeVries JH, Urva S, et al. Tirzepatide reduces appetite, energy intake, and fat mass in people with type 2 diabetes. Diabetes Care. 2023;46(5):998-1004.

Physical Fitness

Weight loss may increase propensity to be physical active

Improved mobility with decreased inflammation

What's the need for exercise?

Side effects (e.g., fatigue) may impact interest in activity

Mental Health

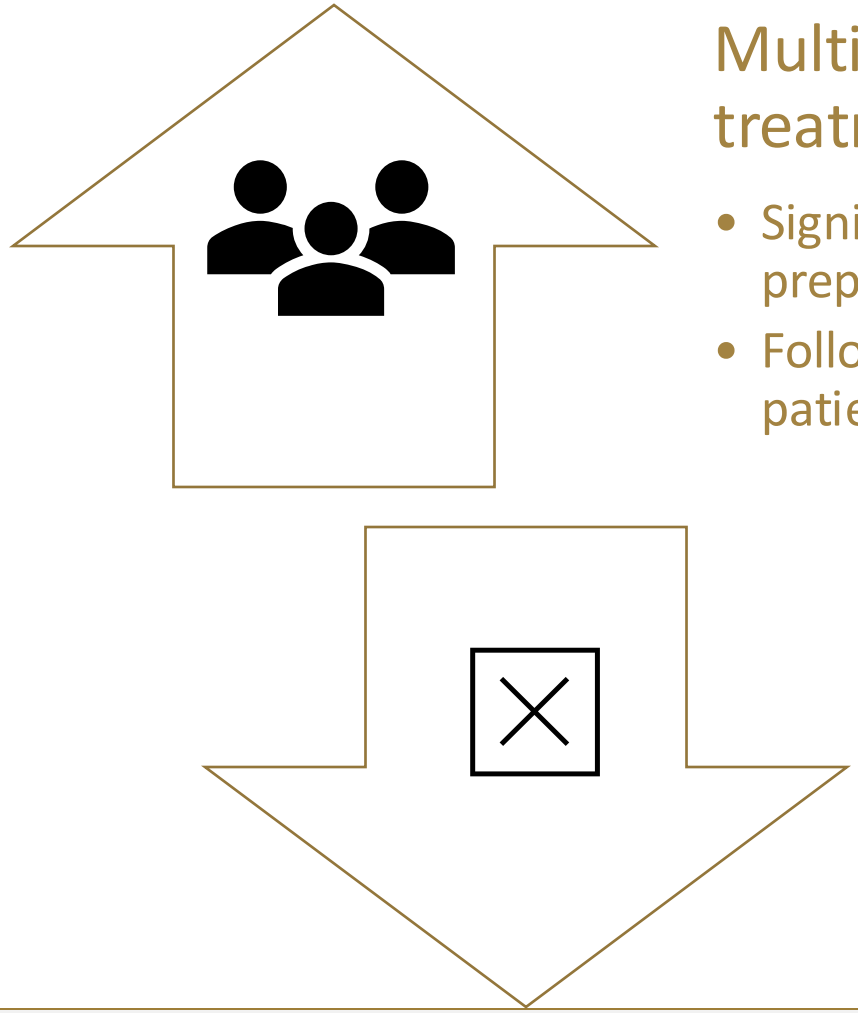
- No concerns for increased risk of suicide
- Potential for abnormal body image (dysmorphia)
- Social support as body changes

JAMA Intern Med. 2024;184(11):1290-1300

GLP-1 RA based treatments vs MBS

- MBS still has weight loss that is greater than GLP-1 RA based treatments
  - BUT…OM treatment outcomes are approaching MBS average response
- AND…there are parallel risks
  - Nutritional deficiencies
  - Mental health concerns
  - Negative impacts of body composition

Biggest Difference



Multi-disciplinary team and wholistic treatment is standard of care for MBS

- Significant pre-operative assessment, preparation, support
- Follow up and active post op management of patient

No SoC established for OM

Obesity Medication Considerations

REVISITING WRAP AROUND CARE MODELS

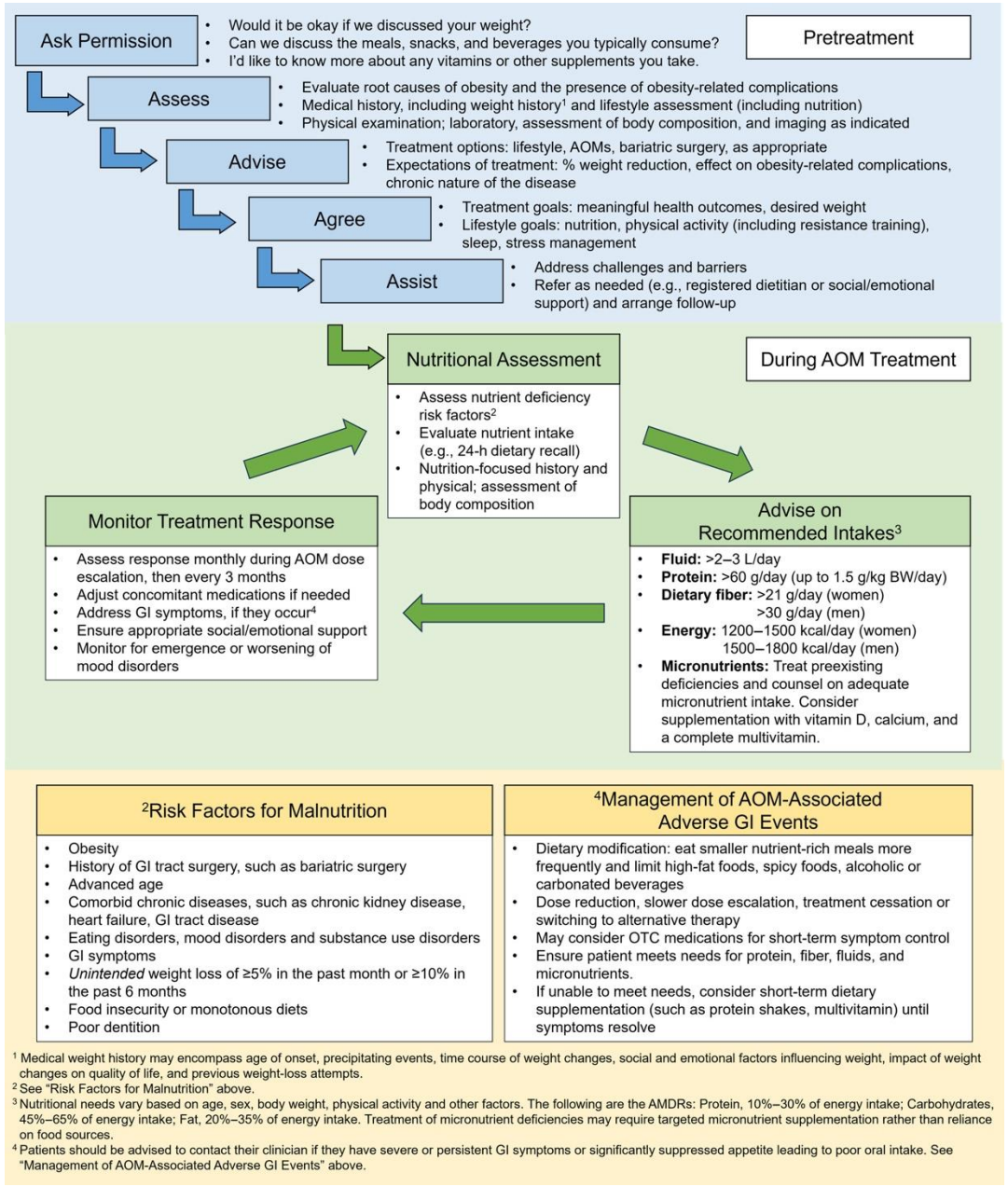
Prior to Initiation: Level setting with patients

Long-term treatment

Lifestyle changes are still required

Manage expectations

Almandoz JP, et al. Nutritional considerations with antiobesity medications. Obesity (Silver Spring). 2024;1-19.



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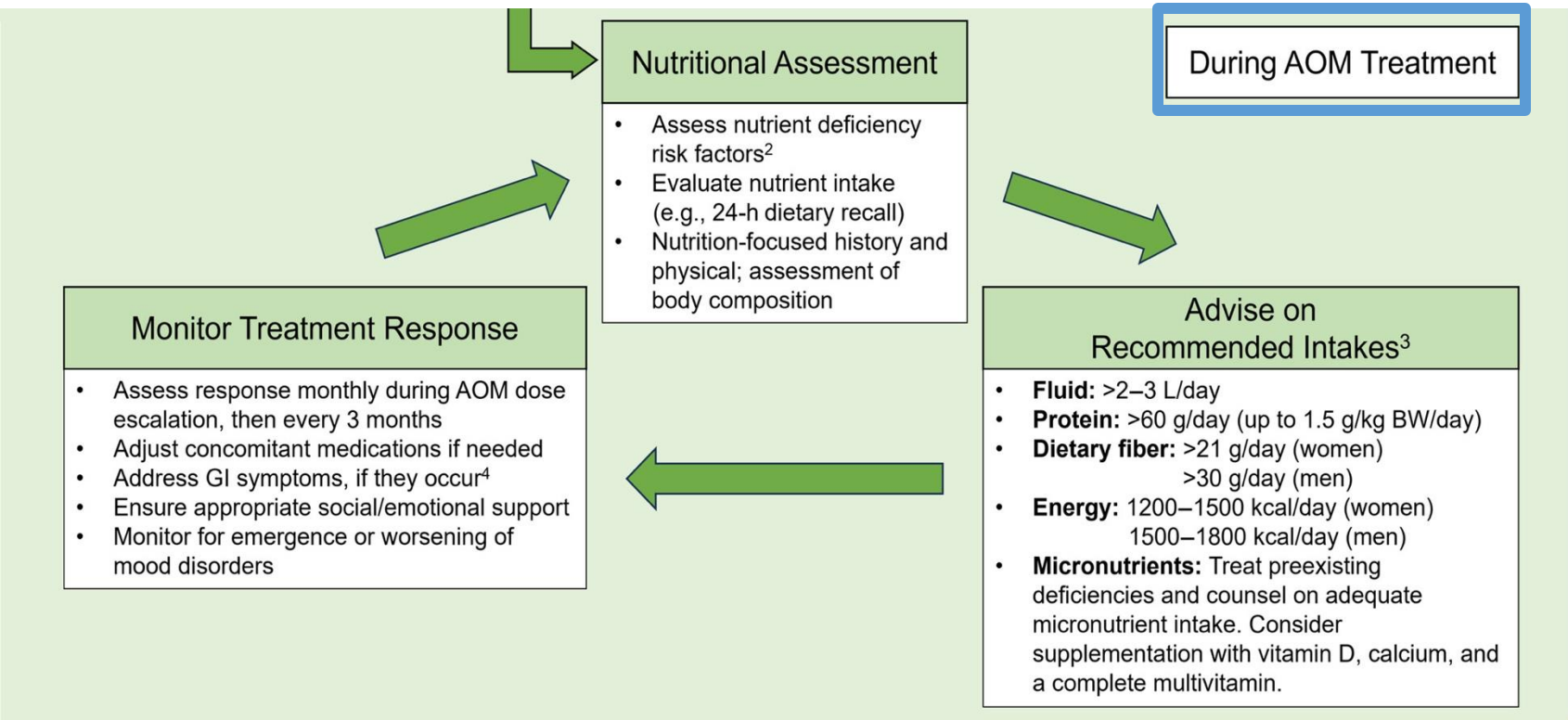

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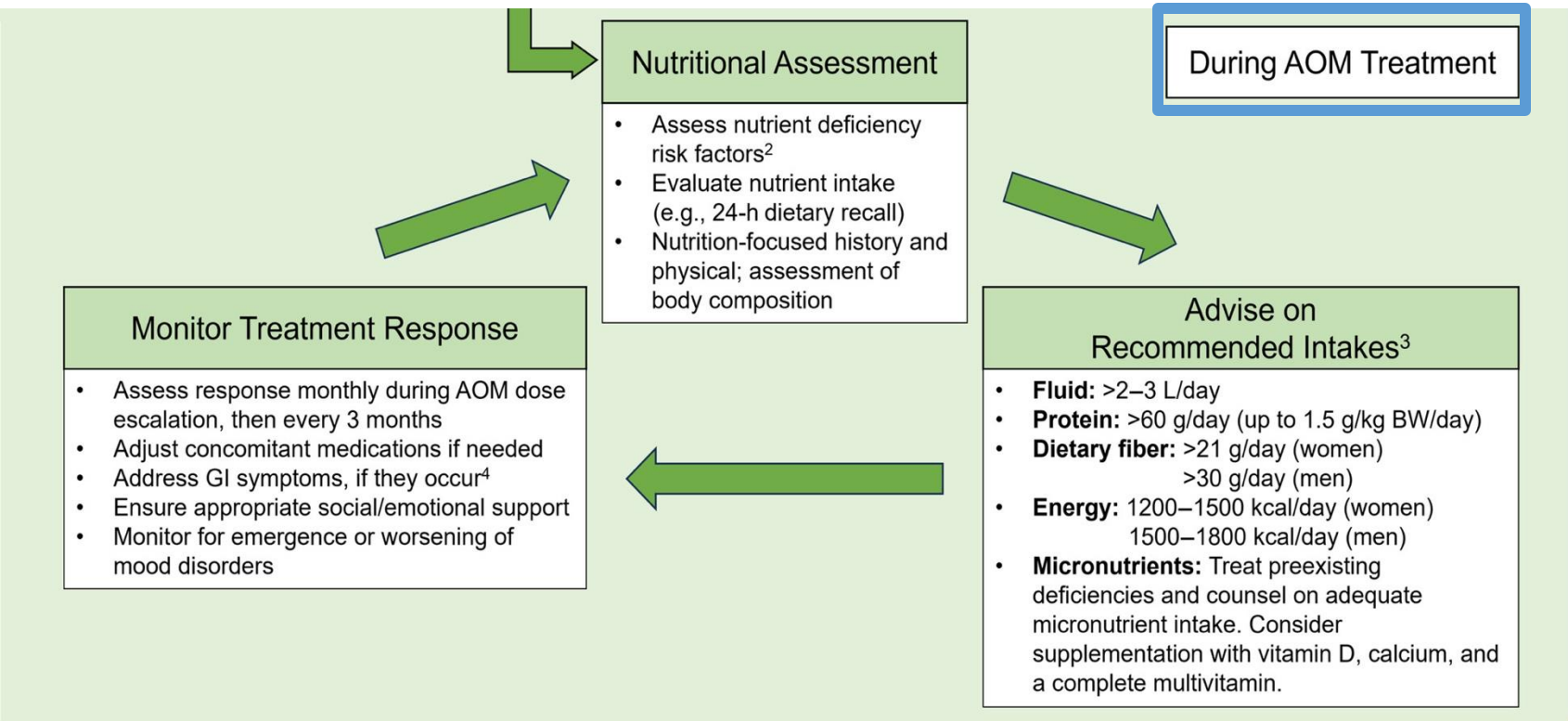
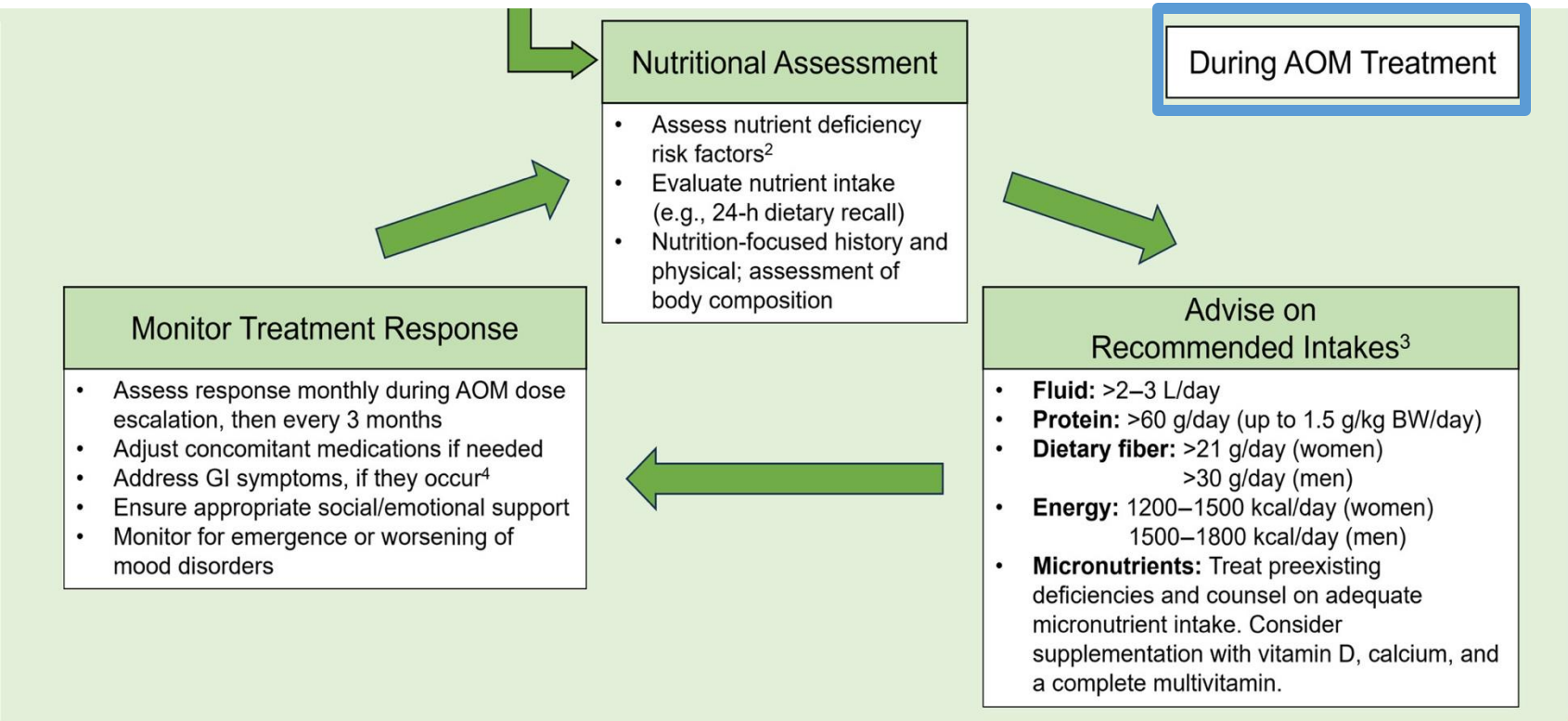


Protein

- Key to help manage catabolism of skeletal muscle during energy deficit
- Given reductions in food volume, may need to recommend efficient protein foods
- Individualize goals based on age, initial body comp, activity levels, etc

Almandoz JP, et al. Nutritional considerations with antiobesity medications. Obesity (Silver Spring). 2024;1-19.



Carbs

- Very low carb intake is not required
- If patients want to reduce carbs significantly, monitor hydration and quality of dietary pattern

Fats

- Healthful choices are part of high quality diet
- Limit excess, high fat foods to minimize GERD or other upper GI related side effects

Almandoz JP, et al. Nutritional considerations with antiobesity medications. Obesity (Silver Spring). 2024;1-19.

[2]Risk Factors for Malnutrition
• Obesity • History of GI tract surgery, such as bariatric surgery • Advanced age • Comorbid chronic diseases, such as chronic kidney disease, heart failure, GI tract disease • Eating disorders, mood disorders and substance use disorders • GI symptoms • *Unintended* weight loss of ≥5% in the past month or ≥10% in the past 6 months • Food insecurity or monotonous diets • Poor dentition

Evaluate nutritional status before treatment

- Impacts course of treatment
- Supplementation strategy
- Risks for complications during treatment

High risk groups

- Individuals with food insecurity
- Older adults
- Previous bariatric surgery
- Monotonous, poor-quality diets

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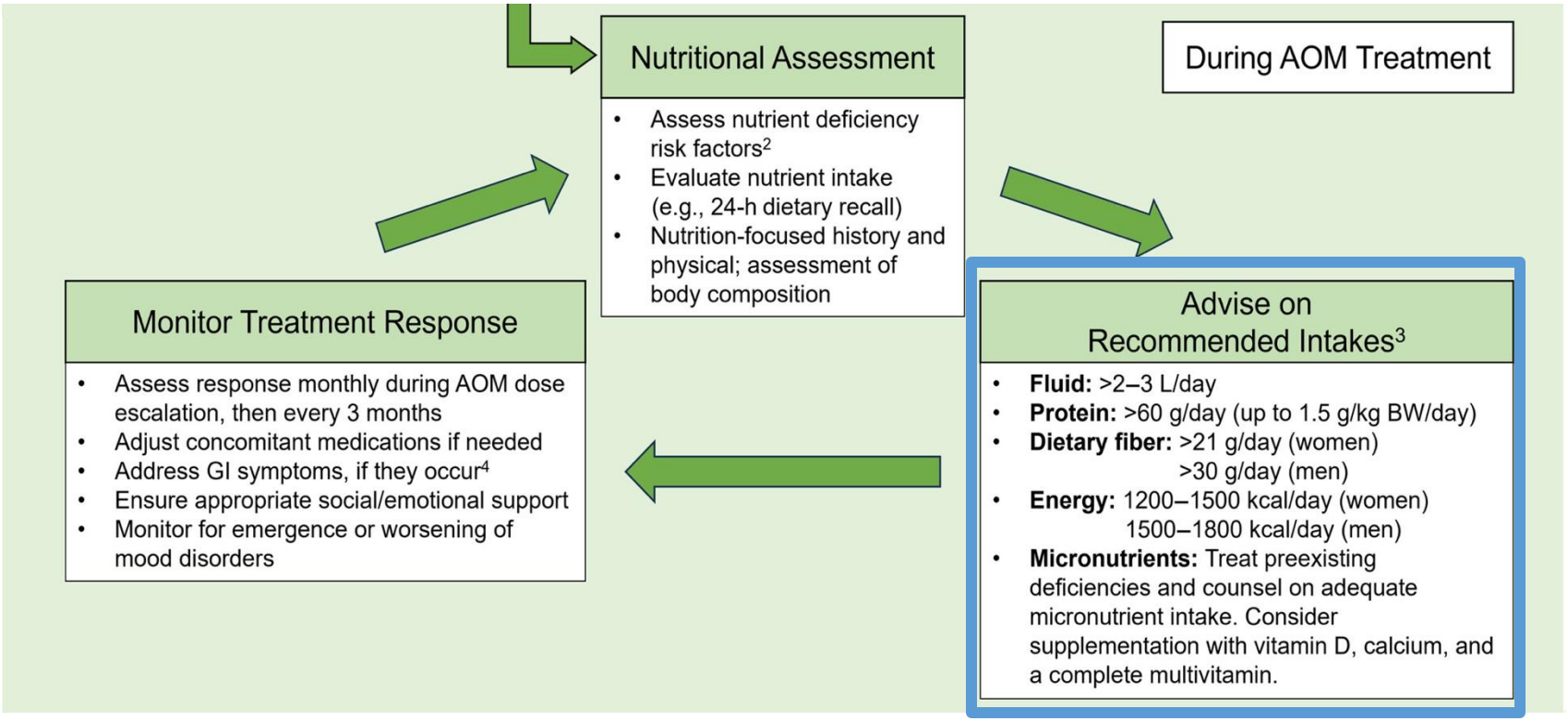


If the medication is achieving the energy restriction, use the opportunity to build a nutrient dense dietary pattern.

- Increased fiber
- Lean protein
- Fruits/vegetables
- Nuts, seeds
- Whole grain

Almandoz JP, et al. Nutritional considerations with antiobesity medications. Obesity (Silver Spring). 2024;1-19.

Key Recommendations

Fluid intake	• GLP-1 RA based treatments can impact sense of thirst • Persistent vomiting or diarrhea can impact fluid balance

For those with significant appetite reductions	• Follow guidance similar to post-bariatric surgery
	  • Set goal for protein intake
	  • Prioritize protein intake in case of early satiation

Supplementation	• Complete MVI + calcium + Vitamin D • Women of childbearing potential: Iron • Older adults: B12

Almandoz JP, et al. Nutritional considerations with antiobesity medications. Obesity (Silver Spring). 2024;1-19.

Ongoing Monitoring

Monitor Treatment Response
• Assess response monthly during AOM dose escalation, then every 3 months • Adjust concomitant medications if needed • Address GI symptoms, if they occur[4] • Ensure appropriate social/emotional support • Monitor for emergence or worsening of mood disorders

GI related side effects

- Consider dietary adjustments to help manage

Volume of weight loss

- Monitor for plateau and have clear goals for target weight loss

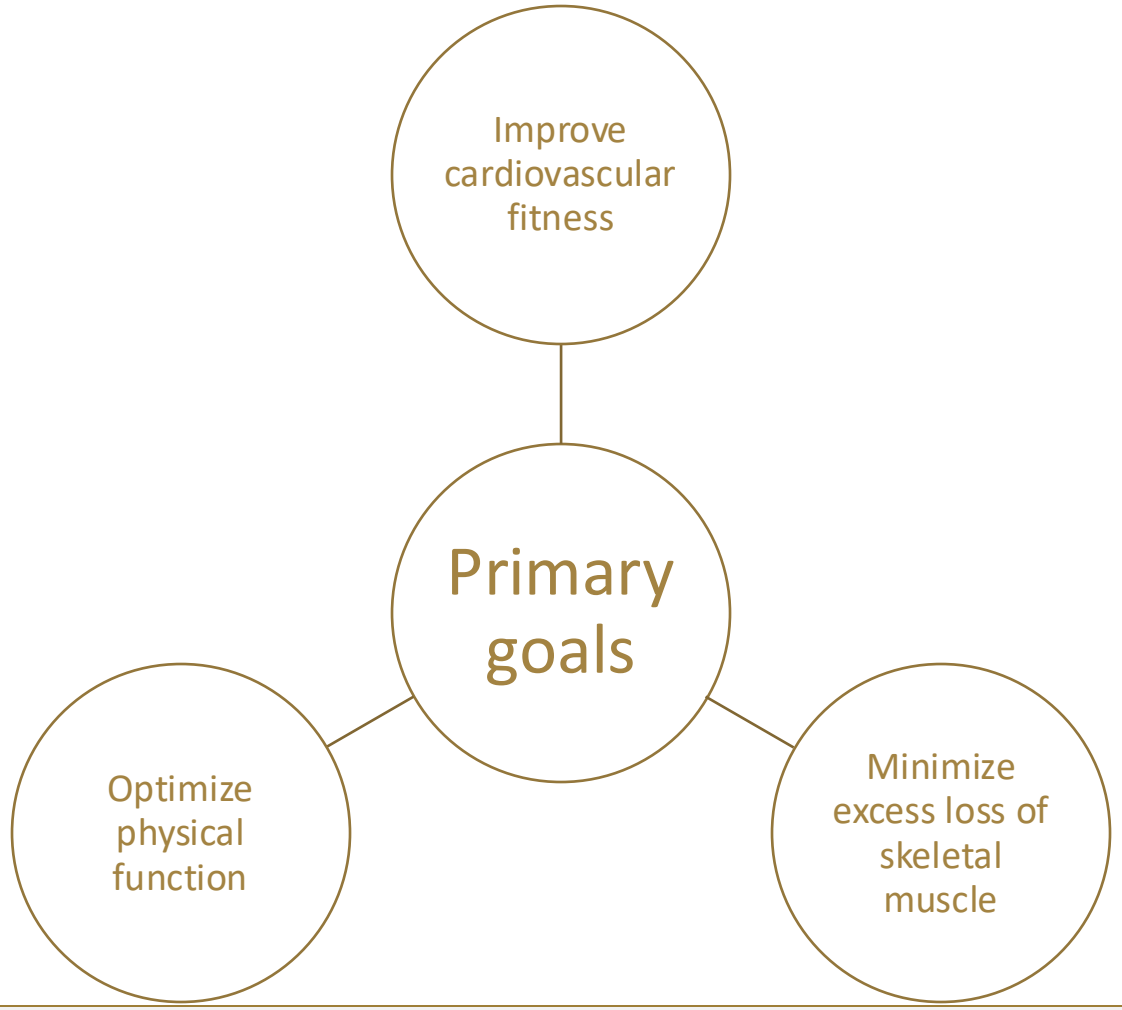
Almandoz JP, et al. Nutritional considerations with antiobesity medications. Obesity (Silver Spring). 2024;1-19.

Behavioral Health and Counseling

- Role shifts from behavioral strategies to control intake to strategies to maximize nutrition
- Key targets for counseling
  - Meal timing
  - Food choices
  - Alternative rewards

Wadden TA, et al. (2023) The Role of Lifestyle Modification with Second-Generation Anti-obesity Medications: Comparisons, Questions, and Clinical Opportunities. Curr Obes Rep. Dec;12(4):453-473.

Physical Fitness



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Integrating the Care Approach

Nutrition goals: ensuring higher quality diet, maintenance of lean mass, and minimizing side effects

Physical fitness should match treatment objectives to coincide with intake capacity

Behavioral health assists patient in creating new routines that optimize health and treatment implementation

Wadden TA, et al. (2023) The Role of Lifestyle Modification with Second-Generation Anti-obesity Medications: Comparisons, Questions, and Clinical Opportunities. Curr Obes Rep. Dec;12(4):453-473.

Long-term Follow Up

- Chronic disease model
  - Treatment is needed indefinitely
- Adjust therapy as needed
  - Avoid excess weight loss
  - Intractable side effects
  - Health goals not achieved / health not optimized

Almandoz JP, et al. Nutritional considerations with antiobesity medications. Obesity (Silver Spring). 2024;1-19.

Summary

- We have well-developed approaches for preparing patients and managing weight loss after MBS
- As obesity medications increase in potency for reducing energy intake, we will need to monitor nutritional intake in ways that resemble bariatric surgery
- Integrating care across the multi-disciplinary team can optimize opportunities to improve health, decrease side effects, and ensure effective treatment response

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