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https://reachmd.com/programs/cme/personalized-obesity-management-a-comprehensive-approach/29933/

Released: 12/31/2024
Valid until: 12/31/2025
Time needed to complete: 49m

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Personalized Obesity Management: A Comprehensive Approach

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Ryan:
This is CME on ReachMD, and I'm Dr. Donna Ryan. Here with me today is Dr. Andreea Ciudin.

Andreea, how can providers personalize treatment for their patients with obesity?

Dr. Ciudin:
I think it's really important to highlight the importance of the personalized approach and management of obesity because we all know the results of the classical management of obesity. And we all know now that lifestyle interventions and diet actually are not enough. And there's a lot of data on this. We know that most of the persons living with obesity cannot maintain 10% of weight loss stable for more than one year. The results of the ACTION-IO study, done in many countries across the world, showed that more than 50% of the persons living with obesity had at least 4 attempts to lose weight during the lifespan, and they always recovered the weight. And the most important part that I think that we have to change is that very often the weight regain is related to the willpower of the patient and is considered to be under voluntary control.

And this is not true because now the current knowledge of obesity, that the physiopathology shows us that actually obesity defines obesities, which is a group of neuroendocrine heterogeneous diseases characterized by dysfunctional adipose tissue that negatively impair health and is associated with more than 200 complications such as type 2 diabetes, the metabolic fatty liver disease, and so on. And now we know that the appetite and metabolism control comes from peripheral signals from the adipose tissue, the pancreas, and the gut mainly, that goes through the brain that regulates and integrates everything. And if we treat properly obesity, we can improve or even obtain remission of many of the complications related to obesity. And this is the case that I wanted to present to you, Joanna, a 42-year-old female. She has obesity since she was a teenager.

Now her current BMI is 47.6. She has a waist circumference of 128, a high-risk waist-to-height ratio of above 0.5. Her body composition by impedance showed a high amount of the total body fat, more than 50%, with high visceral adipose tissue content. We performed her transient elastography, a FibroScan that showed suspicion of advanced fibrosis, which the metabolic-associated status is liver disease. And her blood tests showed us that she already had prediabetes, she was insulin resistant, and also some degree of microalbuminuria.

So how can we treat her properly to address all these complications and her disease? For instance, results from the SURMOUNT-1 clinical trial with tirzepatide once weekly for the treatment of obesity showed a change in the body weight up to 22.5% after 72 weeks of treatment. Also a change in the waist conference up to 19 cm, and more importantly, reversal to normal glycemia in prediabetes in more than 25% of the patients. And moreover, the post hoc analysis of the SURMOUNT-1 trial showed that tirzepatide reduces the predicted risk of developing type 2 diabetes in people with obesity and overweight. So I think that now we have very powerful drugs to treat

obesity and also to treat not just the obesity, but to improve or even induce remission of some complications related to obesity.

Fortunately, she was prescribed tirzepatide and everything went well at 6 months follow-up, a very good gastrointestinal tolerance, and she lost about 19% of her total body weight. Prediabetes and insulin resistance were normalized. And also her liver transient elastography and blood test also improved.

Dr. Ryan:
So I think, whereas before the primary care physician would look at this patient and maybe just prescribe metformin, I think this is a call to action. Let's be more proactive about using weight management as a pathway to better health and to move on this CKM syndrome earlier, to get above the disease process.

And that's our time. Thank you for listening.

Announcer:
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