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<https://reachmd.com/programs/cme/pharmacotherapy-in-obesity-current-and-emerging-options/29932/>

Released: 12/31/2024

Valid until: 12/31/2025

Time needed to complete: 49m

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Pharmacotherapy in Obesity: Current and Emerging Options

Announcer:

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

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Dr. Ciudin:

This is CME on Reach, MD. I'm Dr. Andreea Ciudin, and here with me is Dr. Donna Ryan.

Donna, let's focus on the obesity management medication. What do providers need to know about the new obesity management medication?

Dr. Ryan:

There's been so much excitement and interest in these medications. It started, really, in about 2021 when semaglutide got approval as an indication for obesity management, and it only intensified in 2023 when tirzepatide got approval for obesity management. I think what's excited people so much about these medications is that although we've had a handful of drugs for about a decade, it's these newer medications and the amount of weight loss that they're associated with and also their effect on other things beyond weight loss.

Tirzepatide is interesting because it's a dual agonist, a single molecule that affects both the GLP-1 receptor and the GIP receptor. So what we have in our handful of medications is a real toolbox to help patients with appetite. I think what doctors need to know about these medications is that before prescribing, they really need to understand their mechanism of action, what they might expect in terms of efficacy, and then they really need to know why we need to treat these patients with obesity chronically. It's a chronic disease and we need to treat with our medications for obesity exactly like our medications for hypertension and dyslipidemia.

So let's start off with the most common question I get, and that is which one is the most efficacious? Well, we don't have any published head-to-head studies yet, but I think the consensus would be that in terms of weight-loss efficacy, the average weight loss with tirzepatide is greater than the average weight loss with semaglutide. So with semaglutide, on average, we see about 15% to 17% weight loss. With tirzepatide, it's 20%, 22%, up to 25% weight loss with tirzepatide. There's one new study that's a head-to-head comparison of tirzepatide at 10 and 15 mg against semaglutide at 1.7 and 2.4 mg, and it shows superiority for tirzepatide. It showed 20.2% average weight loss with tirzepatide compared to 13.7% weight loss with semaglutide. So overall, the weight-loss efficacy is probably the best with tirzepatide followed right along behind by semaglutide. All of the other medications that we have available, on average, produce up to about 10% weight loss, on average.

I've been very careful, Andreea, about saying "on average" because we need to recognize that there's a lot of variation in weight-loss response. And so doctors need to know that they need to titrate the dose of the medication to the amount of weight loss that patients are achieving. But it's not only about the amount of weight loss. Other things are important, and one thing about these newer medications is that they have pleiotropic effects. Native GLP-1, it's a hormone in our body and there are receptors to that hormone throughout our bodies. It has effects on the kidneys, on the liver, on heart, on adipose tissue. These drugs are not just used for weight loss. They don't

just affect appetite; they affect glycemia. They also have efficacy against cardiovascular risk reduction. So we know in diabetes, all of the GLP-1s appear, as a class effect, to have reduction in cardiovascular events.

They seem to be powerful anti-inflammatory agents. There's also evidence emerging that they may be efficacious in terms of addiction or other issues that we're dealing with. So I think, overall, there's a lot of enthusiasm about these new, powerful GLP-1 medications.

But look, every medication has tolerability and safety issues, and before you prescribe, you need to know those. So with the GLP-1s, we never prescribe them in patients who have a personal or family history of multiple endocrine neoplasia type 2 or medullary thyroid cancer; we're very careful about that. And we always start at a very low dose and we do a slow dose escalation because they're associated with nausea and vomiting.

So every medication has its pros and cons, and as prescribers, we need to be aware of those. What we're really seeing, though, with obesity medications is a golden age, and that golden age is going to continue.

Dr. Ciudin:

Thank you very much, Donna, for this very beautiful, beautiful overview of the obesity management medication. As you mentioned, they are powerful drugs. They are game changers, but we have to prescribe them in a personalized manner and be very careful within the follow-up. And bear in mind that these are lifelong medications that need lifelong surveillance.

So thank you. Thank you very much. And our time is up. So thank you, everybody, for joining and listening. Goodbye.

Dr. Ryan:

Thank you, Andreea.

Announcer:

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