



CURRENT TREATMENTS FOR OBESITY

DRUGS APPROVED FOR LONG-TERM TREATMENT OF OBESITY*

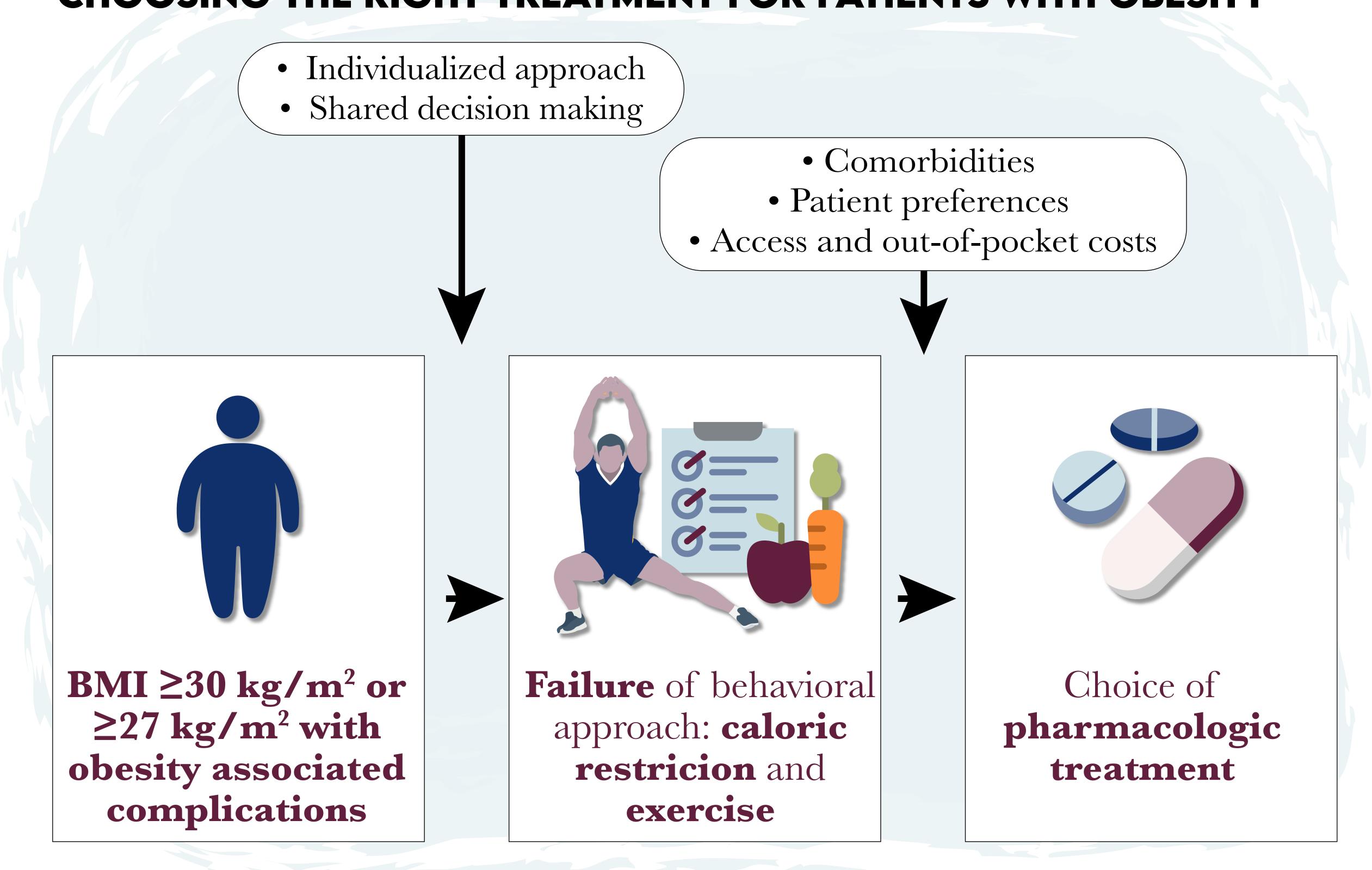
Drug name	Weight loss efficacy	Comon side effects
Orlistat	 Mean change in body weight (week 52), -3% above placebo ≥5% weight loss, 21% above placebo ≥10% weight loss, 12% above placebo 	 Diarrhea, oily stools Fecal incontinence Fat soluble vitamin deficiency
Phentermine/topiramate ER	 Mean change in body weight (week 52), -11% vs placebo, -1% ≥5% weight loss, 67% vs placebo, 17% ≥10% weight loss, 47% vs placebo, 7% 	 Headache, dizziness, insomnia Nausea, dry mouth, constipation Hypoglycemia, back pain, cough
Naltrexone/bupropion ER	 Mean change in body weight (week 52), -6% vs placebo, -1% ≥5% weight loss, 48% vs placebo, 16% 	 Nausea, headache Constipation, vomiting Dizziness, dry mouth
Liraglutide	 Mean change in body weight (week 56), -8% vs placebo, -3% ≥5% weight loss, 63% vs placebo, 27% ≥10% weight loss, 33% vs placebo, 11% 	 GI side effects (nausea, vomiting, diarrhea, esophageal reflux) Injection site reactions, elevated heart rate, hypoglycemia
Semaglutide	 Mean change in body weight (week 68), -15% vs placebo-2% ≥5% weight loss, 86% vs placebo, 31% ≥10% weight loss, 70% vs placebo, 12% ≥15% weight loss, 50% vs placebo, 50% 	 GIside effects (nausea, vomiting, diarrhea, esophageal reflux) Injection site reactions, elevated heart rate, hypoglycemia

^{*} All medications are indicated as adjuncts to caloric restriction, increased physical activity, and behavior modification.

For patients with **BMI** \geq 30 kg/m² that does not improve with lifestyle therapy or $\geq 27 \text{ kg/m}^2$ with obesity-associated complications, **treatment** with a medication for obesity may be contemplated.

- Choice of treatment agent should be individualized and guided by a shared-decision making process between caregiver and patient
- Patient preferences, comorbidities, and drug access and out-of-pocket costs should be considered

CHOOSING THE RIGHT TREATMENT FOR PATIENTS WITH OBESITY



A benchmark for success for any anti-obesity medication is 5% total body weight loss in the first 3 months of full dose treatment. If this does not occur, then a change should be considered.

REFERENCES:

Allison DB, Gadde KM, Garvey WT, et al. Controlled-release phentermine/topiramate in severely obese adults: A randomized controlled trial (EQUIP). Obesity (Silver Spring) 2012;20(2):330-342.

American Diabetes Association Professional Practice Committee. 8. Obesity and weight management for the prevention and treatment of type 2 diabetes: Standards of Medical Care in Diabetes-2022. Diabetes Care

2022;45(Suppl. 1): S113-S124. Greenway FL, Fujioka K, Plodkowski RA, et al. Effect of naltrexone plus buproprion on weight loss in overweight

and obese adults (COR-I): a multicentre, randomized, double-blind, placebo-controlled, phase 3 trial. Lancet 2010;376(9741):595-605.

Mauer Y, Parker M, Kashyap SR. Anti-obesity drug therapy: an individualized and comprehensive approach. CCJM 2021;88:440-448.

Padwal RS, Rucker D, Li SK, CUrioni C, Lau DCW. Long-term pharmacotherapy for obesity and overweight. Cochrane Database Systematic Reviews 2003(4):Cd004094.

Pi-Sunyer X, Astrup A, Fujioka K, et al. A randomized, controlled trial of 3.0 mg of liraglutide in weight

management. N Engl J Med 2015;373(1):11-22. Tak YJ, Lee SY. Anti-obesity drugs: Long-term efficacy and safety: an updated review. World J Mens Health

2021:39(2):208-221.

Wilding JPH, Batterham RL, Calanna S, et al. Once-weekly semaglutide in adults with overweight or obesity. N Engl J Med 2021;384(11):989-1002.