



## CURRENT GUIDELINES AND POTENTIAL BENEFITS OF AN OBESITY-CENTRIC APPROACH FOR T2DM

Despite the **known benefits of sustained weight loss** of  $\geq 15\%$  body weight for patients with type 2 diabetes (T2D) and obesity, maintaining weight reduction to this degree has **not been routinely achievable** in daily clinical practice.

**New agents** for treatment of T2D that both **improve glycemic control** and **promote weight loss** have changed the approach to management, as reflected in the **2022 American Diabetes Association guidelines** for pharmacologic approaches to blood glucose treatment.

### MINIMIZE WEIGHT GAIN OR PROMOTE WEIGHT LOSS\*

GLP-1 RA with good efficacy for weight loss (preferred)

OR

SGLT2 inhibitor

#### IF HBA1C ABOVE TARGET

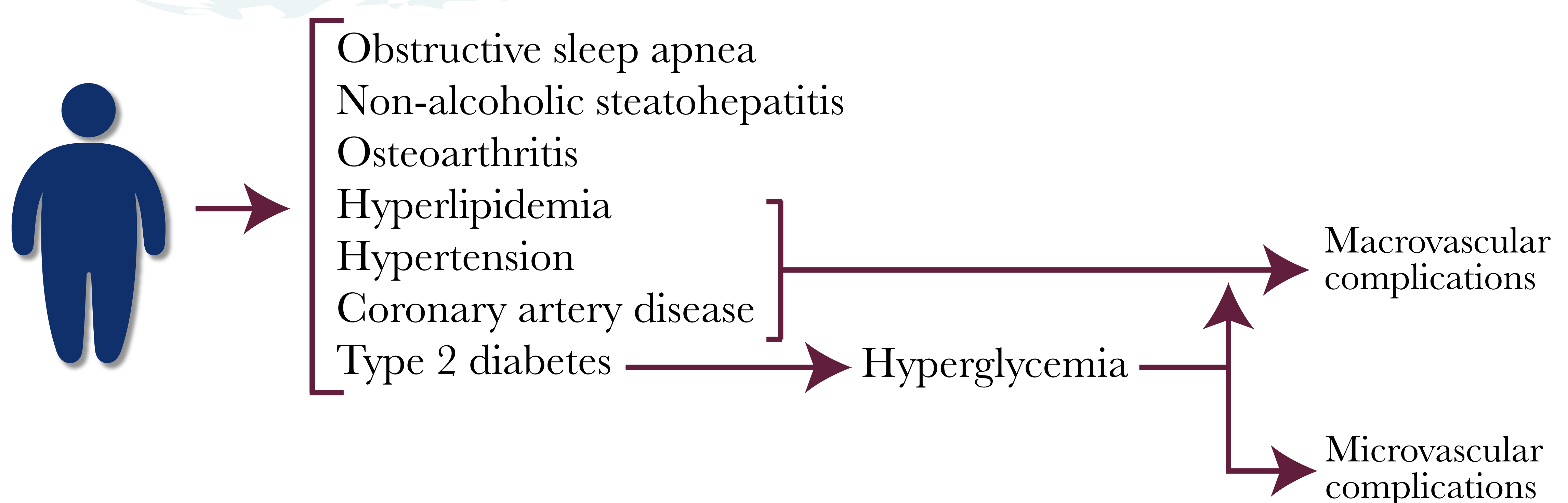
- For patients on a GLP-1 RA, consider incorporating an SGLT2 inhibitor or vice versa
- If GLP-1 RA not tolerated or contraindicated, consider a DPP-4 inhibitor (weight neutral)

- Incorporate additional agents based on comorbidities, patient-centered treatment factors, and management needs

DPP-4 = dipeptidyl peptidase-4; GLP-1, glucagon-like peptide-1; SGLT2, sodium-glucose transporter-2  
ADA Professional Practice Committee. 9. *Diabetes Care* 2022;45(Suppl. 1): S124-S143.

\* after first-line metformin therapy

Treatment goals for T2D **may shift to a weight-centric focus** that addresses the pathophysiology associated with obesity, rather than a reactive glucocentric approach.



Weight-centric approach  
Upstream intervention

Glucocentric approach  
Downstream intervention

Figure. Illustration of the wide-ranging benefits of an upstream weight-centric approach versus a glucocentric management approach. Adapted from Lingvay 2022.

Treatment of obesity **earlier in the pathophysiologic process** of the disease continuum for weight related T2D may **reverse or slow the disease** course at an earlier stage, allowing **improved outcomes** compared with a glucocentric management approach.

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