



CURRENT TREATMENTS FOR OBESITY

DRUGS APPROVED FOR LONG-TERM TREATMENT OF OBESITY*

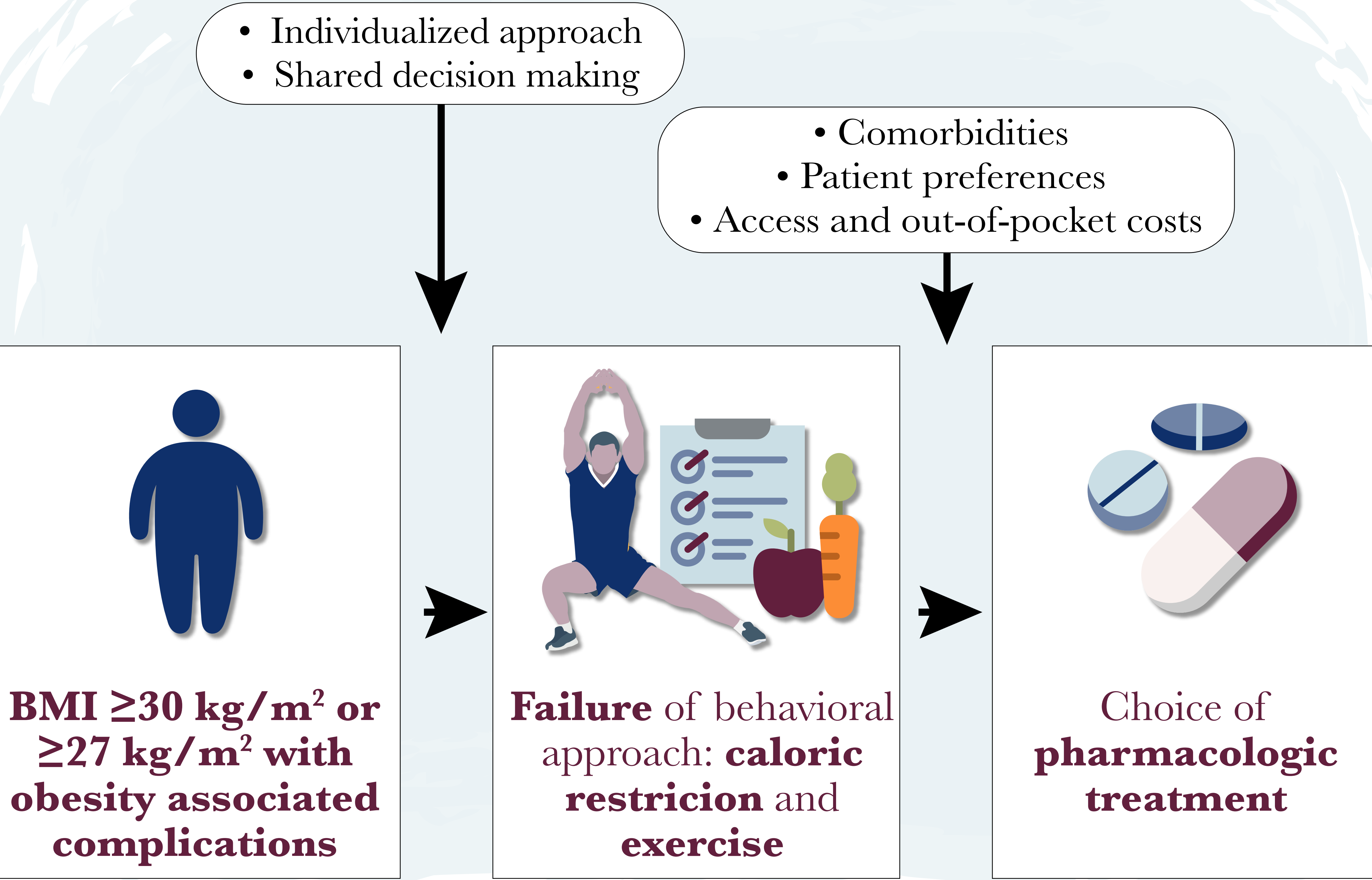
Drug name	Weight loss efficacy	Comon side effects
Orlistat	<ul style="list-style-type: none"> • Mean change in body weight (week 52), -3% above placebo • ≥5% weight loss, 21% above placebo • ≥10% weight loss, 12% above placebo 	<ul style="list-style-type: none"> • Diarrhea, oily stools • Fecal incontinence • Fat soluble vitamin deficiency
Phentermine/topiramate ER	<ul style="list-style-type: none"> • 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% 	<ul style="list-style-type: none"> • Headache, dizziness, insomnia • Nausea, dry mouth, constipation • Hypoglycemia, back pain, cough
Naltrexone/bupropion ER	<ul style="list-style-type: none"> • Mean change in body weight (week 52), -6% vs placebo, -1% • ≥5% weight loss, 48% vs placebo, 16% 	<ul style="list-style-type: none"> • Nausea, headache • Constipation, vomiting • Dizziness, dry mouth
Liraglutide	<ul style="list-style-type: none"> • 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% 	<ul style="list-style-type: none"> • GI side effects (nausea, vomiting, diarrhea, esophageal reflux) • Injection site reactions, elevated heart rate, hypoglycemia
Semaglutide	<ul style="list-style-type: none"> • 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, 5% 	<ul style="list-style-type: none"> • 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 ≥ 30 kg/m²** that does not improve with lifestyle therapy or ≥27 kg/m² 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 bupropion 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.