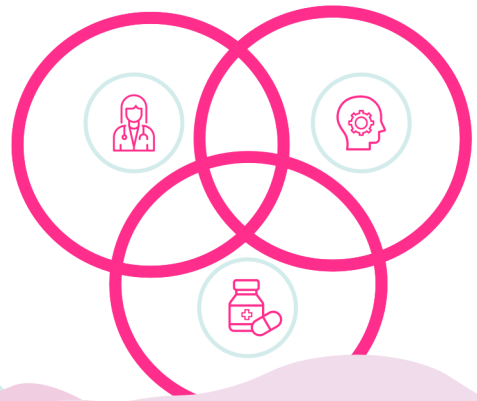


Expanding Treatment Choices in Obesity Care



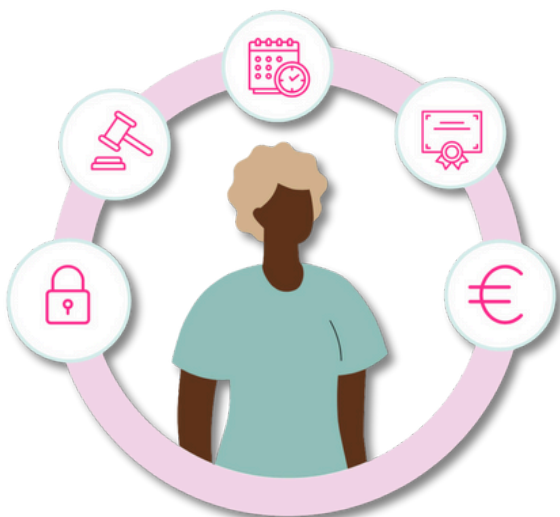
Understanding Obesity

Obesity is a multifactorial, chronic disease, not a lifestyle choice. Effective treatment requires a comprehensive, interdisciplinary approach involving a broad range of therapies and interventions.¹



Barriers to effective long-term weight management

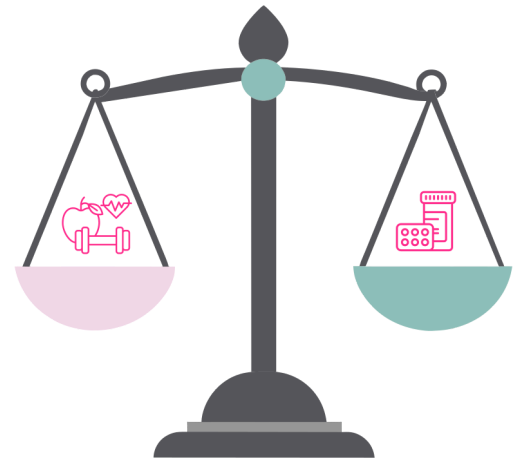
underscore the critical need for more comprehensive, accessible, and stigma-free solutions, including access to a broad range of therapeutic interventions.



- ✓ **Limited Access to Treatment Options:** Due to varying policies, reimbursement structures, and the lack of consistent guidelines.²
- ✓ **Social Stigma:** Pervasive stigma can discourage individuals from seeking treatment and impacts support from healthcare providers.¹
- ✓ **Lack of Long-Term Support:** Many healthcare systems do not offer long-term support, leading to high dropout rates in weight management programs.³
- ✓ **Limited Provider Education and Training:** This results in a lack of personalized care and reliance on outdated methods rather than evidence-based approaches.³
- ✓ **Economic Barriers:** The cost of obesity management interventions can be prohibitive for many, especially in countries where therapies are not covered. Having a variety of interventions at various price points is critical to addressing obesity.⁴

Patients need access to a full range of treatment options for successful weight loss

Obesity management involves therapeutic nutrition and movement, psychological and behavioural interventions, bariatric surgery and pharmacotherapy.⁵ Country regulators should ensure access to a broad range of therapeutic options tailored to patient needs and preferences.



Pharmacological Options

Guidelines from EASO and other national expert groups emphasize the importance of combining these medications with lifestyle modifications, including diet and exercise, for effective long-term weight management. No single approach is 100% effective for all individuals, so all drug classes should be considered for a personalized approach.⁶

GLP-1 Receptor Agonists^{7,8}

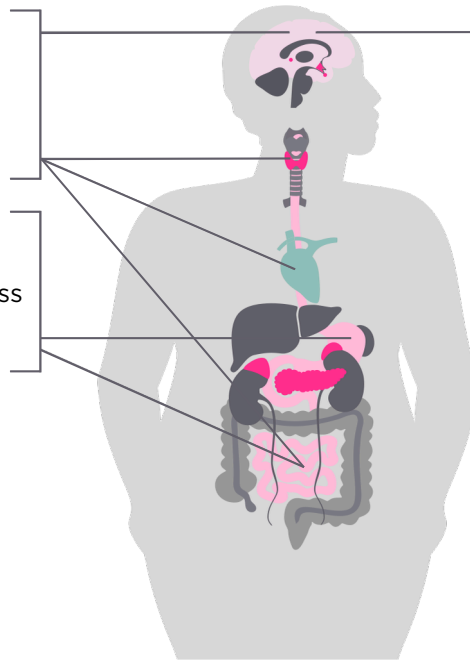
- Significant weight loss potential
- Improvement in blood pressure, blood glucose, etc.
- Promotes satiety and reduces hunger

Lipase Inhibitors¹¹

- Inhibits fat absorption in the GI tract, leading to modest weight loss
- Reduces levels of LDL cholesterol, improves insulin sensitivity

Systems Targeted

- Endocrine system
- Cardiovascular system
- Nervous system
- Stomach and small intestine



Appetite Suppressants (e.g., Naltrexone Bupropion FD PR)¹⁰

- Appetite suppression and increased energy expenditure
- A “Reward System Modulator” specifically designed to both reduce hunger and control cravings

Dual Agents (e.g., Phentermine/Topiramate)⁹

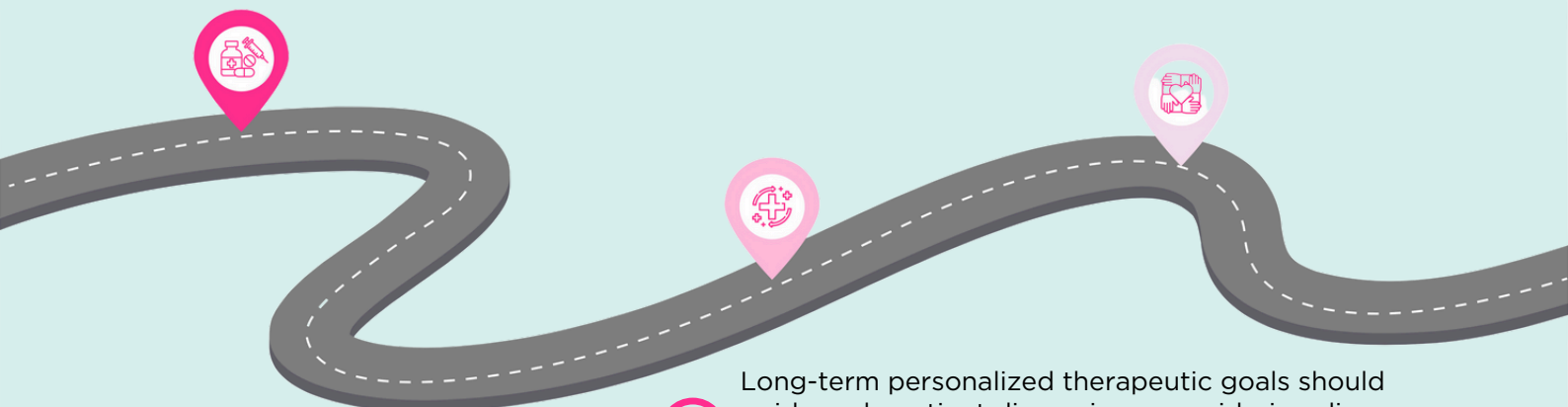
- Appetite-suppressant
- Increases calorie burn by affecting brain signaling

Setmelanotide (for specific genetic obesity disorders)

- Targets hunger regulation in those with rare genetic disorders (e.g., Pro-opiomelanocortin (POMC) and leptin receptor (LEPR) deficiencies)

Key Takeaways

It's essential that patients and physicians have access to the full range of obesity treatments to ensure personalized, long-term weight management.¹²



Long-term personalized therapeutic goals should guide early patient discussions, considering disease severity, treatment options, side effects, patient preferences, obesity drivers, and treatment barriers.⁶

[Click here for the prescribing information.](#)

- ¹ Yumuk, V., Fruhbeck, G., Oppert, J. M., Woodward, E., Toplak, H., & Schutz, Y. (2014). An EASO position statement on multidisciplinary obesity management in adults. *Obesity Facts*, 7(2), 96-101. <https://doi.org/10.1159/000362191>
- ² European Association for the Study of Obesity. (2024). Obesity clinical practice guidelines: Gaps and needs. EASO. https://cdn.easo.org/wp-content/uploads/2024/03/01131404/EASO-Obesity-CPG-Gaps_and_Needs.pdf
- ³ European Association for the Study of Obesity. (2024). *Survey of access to obesity care for adults in Europe* (p. 20, bullet 4). Retrieved September 21, 2024, from https://cdn.easo.org/wp-content/uploads/2021/03/26141721/EASO-Survey_Final_Feb10.pdf#:~:text=Our%20results%20indicate%20that%20the%20lack%20of,European%20Guidelines%20for%20Obesity%20Management%20in%20Adults
- ⁴ Rohatgi, K. W., Humble, S., McQueen, A., Hunleth, J. M., Chang, S. H., Herrick, C. J., & James, A. S. (2021). Medication adherence and characteristics of patients who spend less on basic needs to afford medications. *Journal of the American Board of Family Medicine*, 34(3), 561-570. <https://doi.org/10.3122/jabfm.2021.03.200361>
- ⁵ European Association for the Study of Obesity. (November 22, 2023). EASO requests regulatory authorities to review governance and practices leading to discrimination in access to effective obesity management. European Association for the Study of Obesity. Retrieved October 30, 2024, from <https://easo.org/easo-requests-regulatory-authorities-to-review-governance-and-practices-leading-to-discrimination-in-access-to-effective-obesity-management/>
- ⁶ Busetto, L., Dicker, D., Frühbeck, G., Halford, J. C. G., Sbraccia, P., Yumuk, V., & Goossens, G. H. (2024). A new framework for the diagnosis, staging and management of obesity in adults. *Nature Medicine*, 30(9), 2395-2399. <https://doi.org/10.1038/s41591-024-03095-3>
- ⁷ Pi-Sunyer, X., et al. (2015). A randomized, controlled trial of 3.0 mg of liraglutide in weight management. *The New England Journal of Medicine*, 373(1), 11-22. <https://doi.org/10.1056/NEJMoa1411892>
- ⁸ Marso SP, Bain SC, Consoli A, Eliaschewitz FG, Jódar E, Leiter LA, et al. (November 2016). "Semaglutide and Cardiovascular Outcomes in Patients with Type 2 Diabetes". *The New England Journal of Medicine*. 375 (19): 1834-1844. doi:10.1056/NEJMoa1607141
- ⁹ Cosentino G, Conrad AO, Uwaifo GI. Phentermine and topiramate for the management of obesity: a review. *Drug Design, Development and Therapy*. 2013 ;7:267-278. <https://doi.org/10.2147/dddt.s31443>
- ¹⁰ Greenway, F. L., Fujioka, K., Minnesota, L., Hottenstein, M., Axelrod, R., & Kim, D. D. (2010). Effect of naltrexone plus bupropion on weight loss in overweight and obese adults (COR-1): A multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. *The Lancet*, 376(9741), 595-605. [https://doi.org/10.1016/S0140-6736\(10\)60888-4](https://doi.org/10.1016/S0140-6736(10)60888-4)
- ¹¹ Torgerson, J. S., Hauptman, J., Boldrin, M. N., & Sjöröm, L. (2004). XENical in the prevention of diabetes in obese subjects (XENDOS) study: A randomized study of orlistat as an adjunct to lifestyle changes for the prevention of type 2 diabetes in obese patients. *Diabetes Care*, 27(1), 155-161. <https://doi.org/10.2337/diacare.27.1.155>
- ¹² McGowan, B. M. (2016). A practical guide to engaging individuals with obesity. *Obesity Facts*, 9(3), 182-192. <https://doi.org/10.1159/000445193>