



How Do We Treat Obesity?

When to Initiate Pharmacotherapy



AACE OBESITY RESOURCE CENTER

AACE ONLINE ENDOCRINE ACADEMY



AACE/ACE ALGORITHM FOR THE MEDICAL CARE OF PATIENTS WITH OBESITY

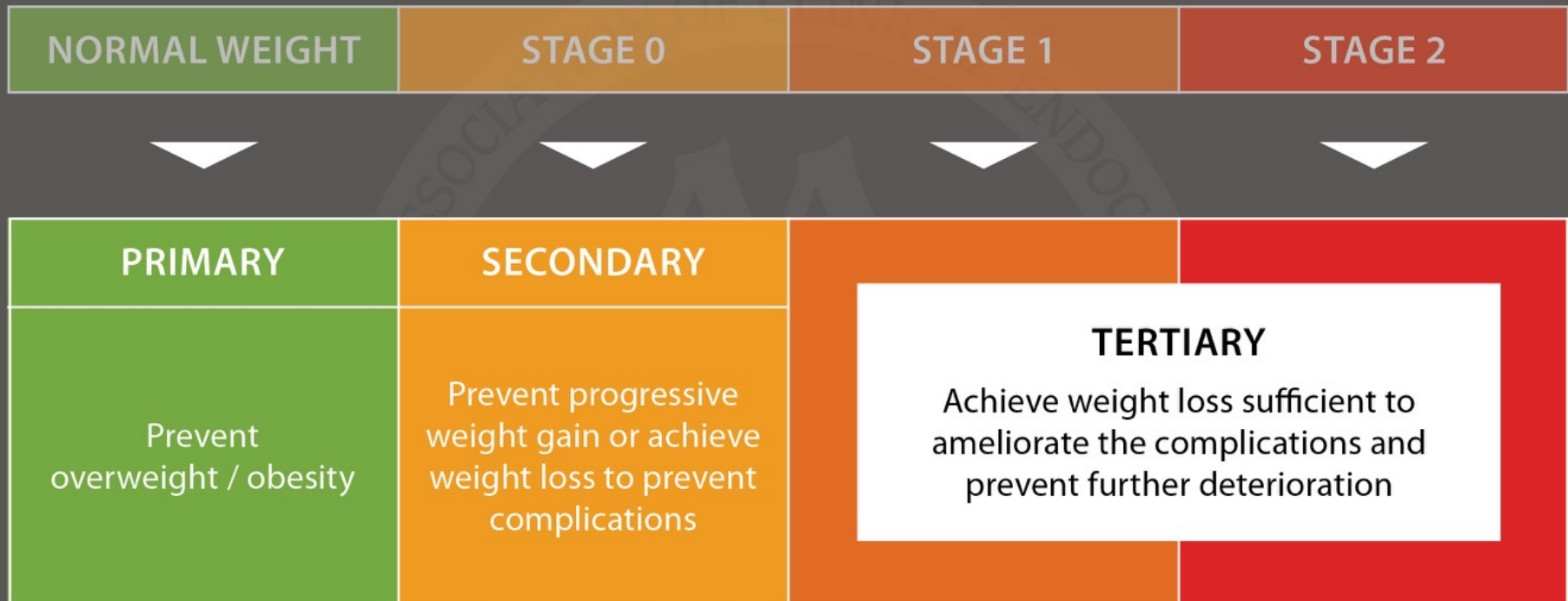


ALGORITHM COMPONENTS





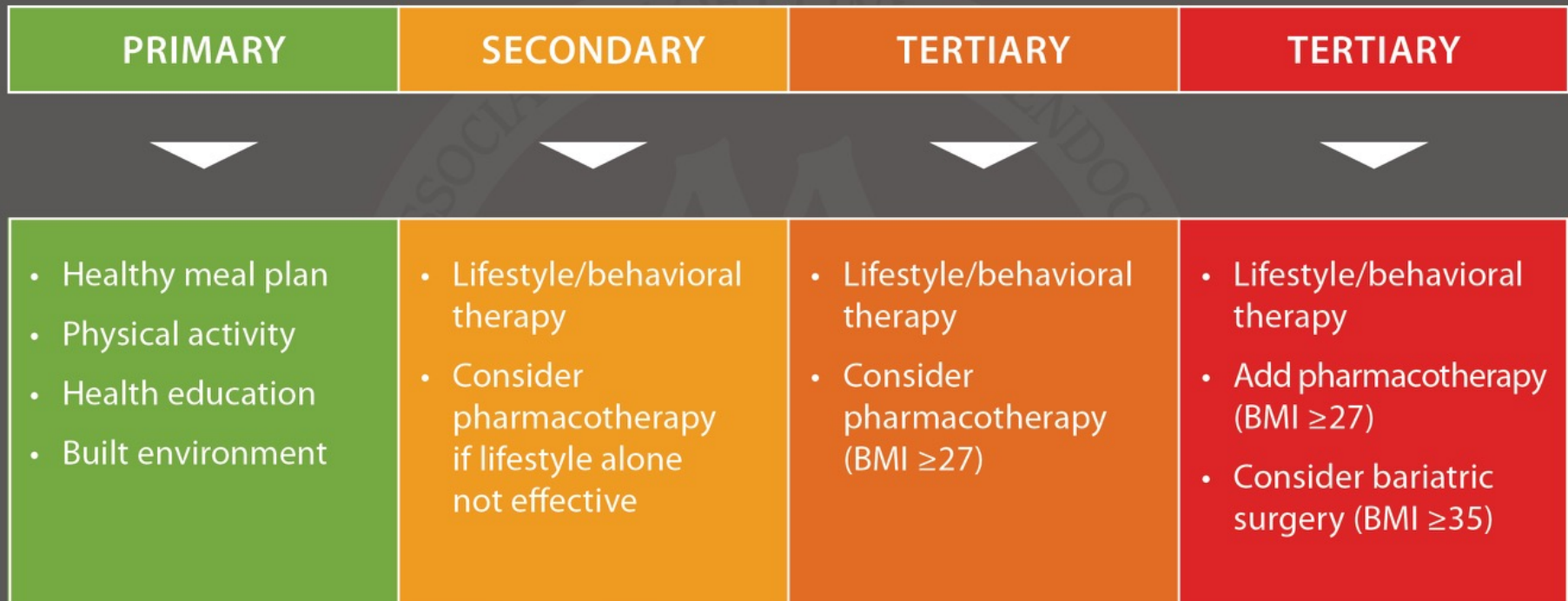
3. Phases of Chronic Disease Prevention and Treatment Goals





3.

Treatment Based on Clinical Judgment





3.

Treatment Based on Clinical Judgment

WHEN TO INITIATE WEIGHT-LOSS MEDICATIONS IN PATIENTS WITH OVERWEIGHT/ OBESITY

INITIATE LIFESTYLE THERAPY

1. No Complications.

Patients with overweight or obesity who have no clinically significant weight-related complications (secondary prevention)

2. Mild to Moderate Complications.

- Patients with mild to moderate weight-related complications when lifestyle therapy is anticipated to achieve sufficient weight loss to ameliorate the complication (tertiary prevention)
- Note: weight loss medications may also be indicated based on clinical judgment



INITIATE WEIGHT LOSS MEDICATION AS AN ADJUNCT TO LIFESTYLE THERAPY

1. Failure on Lifestyle Therapy.

Add medication for patients who have progressive weight gain or who have not achieved clinical improvement in weight-related complications on lifestyle therapy alone.

2. Weight Regain on Lifestyle Therapy.

Add medication for patients with overweight (BMI 27–29.9 kg/m²) or obesity who are experiencing weight regain following initial success on lifestyle therapy alone.

3. Presence of Weight-Related Complications.

Initiate medication concurrent with lifestyle therapy for patients with overweight (BMI 27–29.9 kg/m²) or obesity who have weight-related complications, particularly if severe, in order to achieve sufficient weight loss to ameliorate the complication (tertiary prevention).



3.

Treatment Based on Clinical Judgment

WEIGHT-LOSS MEDICATIONS:

PREFERRED MEDICATIONS:
INDIVIDUALIZATION OF THERAPY



MEDICATIONS APPROVED BY THE FDA
FOR LONG-TERM TREATMENT
OF OBESITY



The Voice of Clinical Endocrinology
Founded 1991



PREFERRED WEIGHT-LOSS MEDICATIONS: INDIVIDUALIZATION OF THERAPY

CLINICAL CHARACTERISTICS OR COEXISTING DISEASES

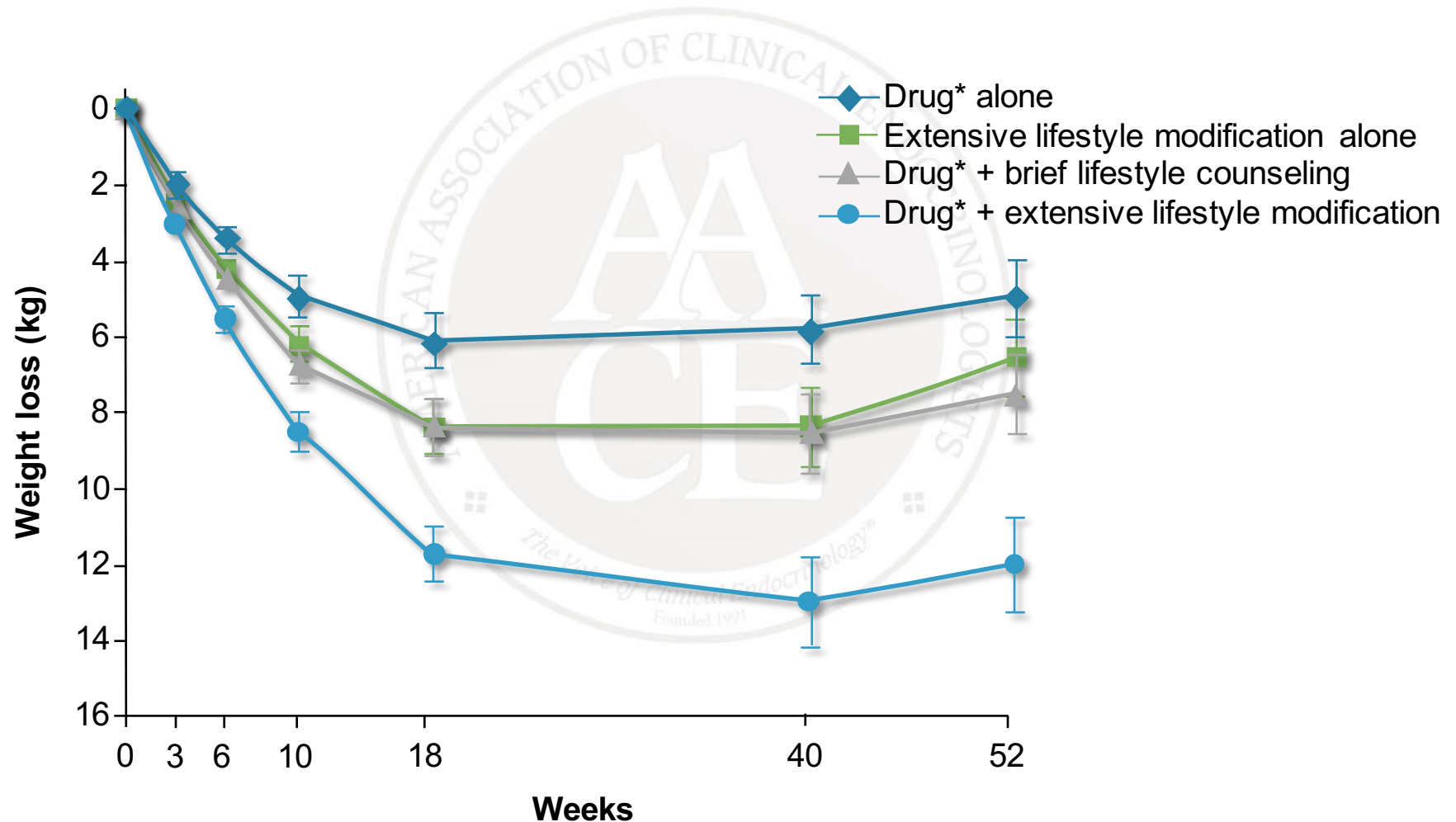
| | | |
|---|----------------------------------|----------------------------------|
| ▶ Diabetes Prevention (metabolic syndrome, prediabetes) | ▶ Anxiety | |
| ▶ Type 2 Diabetes Mellitus | ▶ Psychoses | |
| ▶ Hypertension | ▶ Binge Eating Disorder | |
| CARDIO-VASCULAR DISEASE: | ▶ CAD | |
| | ▶ Arrhythmia | |
| | ▶ CHF | |
| CHRONIC KIDNEY DISEASE: | ▶ Opioid Use | |
| | ▶ Mild (50–79 mL/min) | WOMEN OF REPRODUCTIVE POTENTIAL: |
| | ▶ Moderate (30–49 mL/min) | |
| ▶ Severe (<30 mL/min) | ▶ Breast-feeding | |
| Nephrolithiasis | ▶ Age ≥65 years * | |
| HEPATIC IMPAIRMENT: | ▶ Alcoholism / Addiction | |
| | ▶ Mild-Moderate (Child-Pugh 5–9) | ▶ Post-Bariatric Surgery |
| ▶ Severe (Child-Pugh >9) | | |
| ▶ Depression | | |

KEY: ■ PREFERRED DRUG ■ USE WITH CAUTION ■ AVOID

* Use medications only with clear health-related goals in mind; assess patient for osteoporosis and sarcopenia.

Abbreviations: BP = blood pressure; CAD = coronary artery disease; CHF = congestive heart failure; HTN = hypertension; T2DM = Type 2 Diabetes Mellitus.

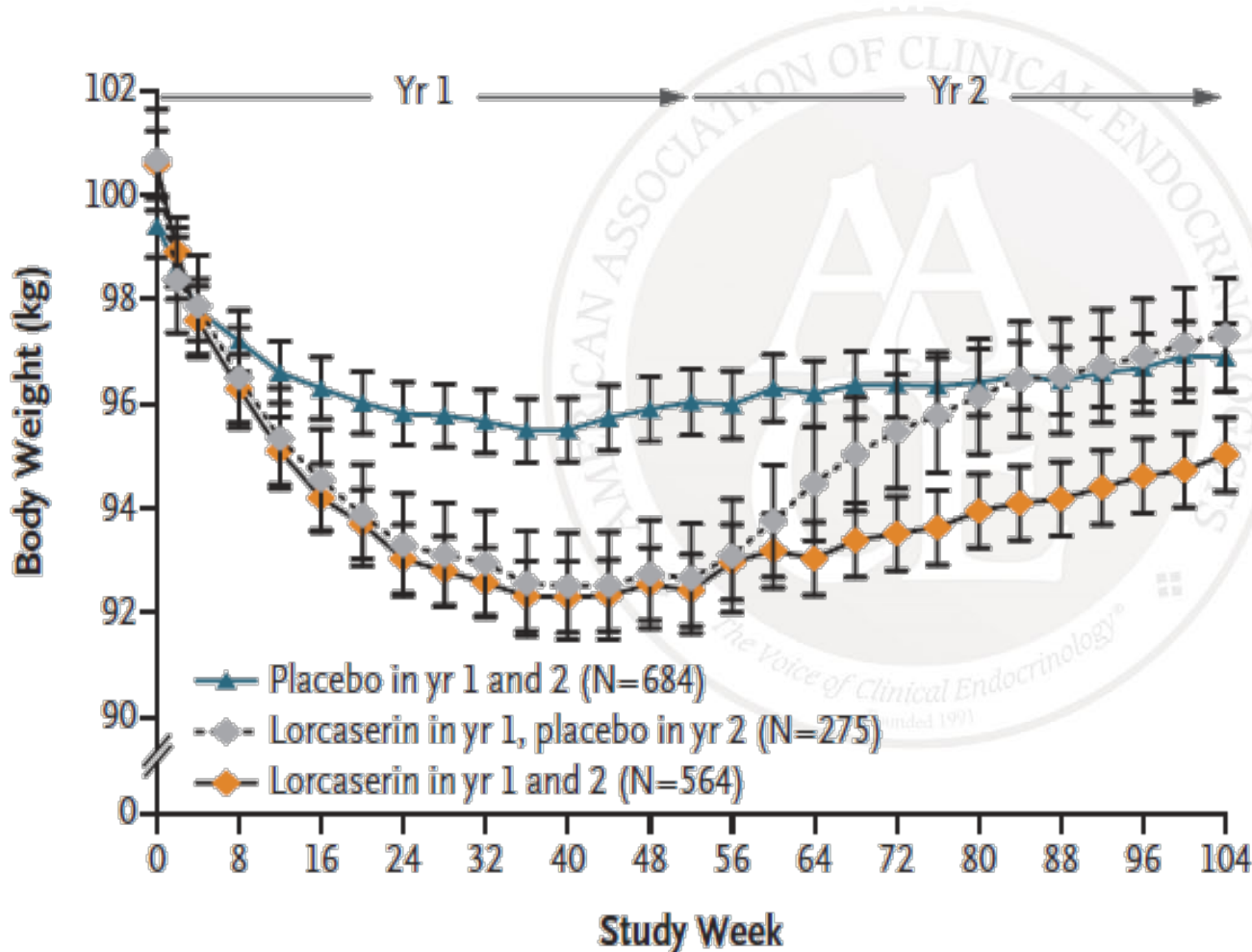
Combined Lifestyle Intervention and Pharmacotherapy



*Drug used was sibutramine, which is no longer available for the treatment of obesity. No recent randomized controlled trials have compared lifestyle therapy alone, drug alone, and the combination of drug plus lifestyle therapy.

Wadden TA, et al. *N Engl J Med.* 2005;353:2111-2120.

Medication Amplifies Effects of Intensive Lifestyle Intervention



- Both the placebo and lorcaserin groups received intensive lifestyle intervention
 - Diet and exercise counseling at weeks 1, 2, 4, and monthly for next 2 years
 - Caloric intake 600 kcal below individual estimated energy requirements
 - 30 min moderate exercise per day