How Do We Treat Obesity?

When to Initiate Pharmacotherapy
AACE/ACE ALGORITHM FOR THE MEDICAL CARE OF PATIENTS WITH OBESITY

ALGORITHM COMPONENTS

1. Obesity Screening

2. Diagnosis

3. Treatment: Goals and Considerations

4. Follow-Up
3. Phases of Chronic Disease Prevention and Treatment Goals

<table>
<thead>
<tr>
<th>Normal Weight</th>
<th>Stage 0</th>
<th>Stage 1</th>
<th>Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>Secondary</td>
<td>Tertiary</td>
<td></td>
</tr>
<tr>
<td>Prevent overweight / obesity</td>
<td>Prevent progressive weight gain or achieve weight loss to prevent complications</td>
<td>Achieve weight loss sufficient to ameliorate the complications and prevent further deterioration</td>
<td></td>
</tr>
</tbody>
</table>
## 3. Treatment Based on Clinical Judgment

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
<th>TERTIARY</th>
<th>TERTIARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy meal plan</td>
<td>Lifestyle/behavioral therapy</td>
<td>Lifestyle/behavioral therapy</td>
<td>Lifestyle/behavioral therapy</td>
</tr>
<tr>
<td>Physical activity</td>
<td>Consider pharmacotherapy if lifestyle alone not effective</td>
<td>Consider pharmacotherapy (BMI ≥27)</td>
<td>Add pharmacotherapy (BMI ≥27)</td>
</tr>
<tr>
<td>Health education</td>
<td></td>
<td></td>
<td>Consider bariatric surgery (BMI ≥35)</td>
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<td>Built environment</td>
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</tbody>
</table>
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).
Treatment Based on Clinical Judgment

WEIGHT-LOSS MEDICATIONS:

PREFERRED MEDICATIONS: INDIVIDUALIZATION OF THERAPY

MEDICATIONS APPROVED BY THE FDA FOR LONG-TERM TREATMENT OF OBESITY
### PREFERRED WEIGHT-LOSS MEDICATIONS: INDIVIDUALIZATION OF THERAPY

#### CLINICAL CHARACTERISTICS OR COEXISTING DISEASES

<table>
<thead>
<tr>
<th>Clinical Characteristics</th>
<th>Preferred Drug</th>
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<tbody>
<tr>
<td>Diabetes Prevention (metabolic syndrome, prediabetes)</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Type 2 Diabetes Mellitus</td>
<td>Psychoses</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Binge Eating Disorder</td>
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<tr>
<td><strong>CARDIO-VASCULAR DISEASE:</strong></td>
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<tr>
<td>CAD</td>
<td>Glaucoma</td>
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<tr>
<td>Arrhythmia</td>
<td>Seizure Disorder</td>
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<tr>
<td>CHF</td>
<td>Pancreatitis</td>
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<tr>
<td><strong>CHRONIC KIDNEY DISEASE:</strong></td>
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<tr>
<td>Mild (50–79 mL/min)</td>
<td>Opioid Use</td>
</tr>
<tr>
<td>Moderate (30–49 mL/min)</td>
<td>WOMEN OF REPRODUCTIVE POTENTIAL:</td>
</tr>
<tr>
<td>Severe (&lt;30 mL/min)</td>
<td>Pregnancy</td>
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<td></td>
<td>Breast-feeding</td>
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<tr>
<td>Nephrolithiasis</td>
<td>Age ≥65 years *</td>
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<tr>
<td><strong>HEPATIC IMPAIRMENT:</strong></td>
<td></td>
</tr>
<tr>
<td>Mild-Moderate (Child-Pugh 5–9)</td>
<td>Alcoholism / Addiction</td>
</tr>
<tr>
<td>Severe (Child-Pugh &gt;9)</td>
<td>Post-Bariatric Surgery</td>
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</tbody>
</table>

#### 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.

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