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Increasing Patient Awareness and Education Surrounding Prescription Weight Loss Medications

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Family Medicine Clerkship
Problem Identification

- Obesity is defined by a BMI of 30 kg/m$^2$ or greater.
- Individuals who are overweight or obese are at increased risk of developing hypertension, type 2 diabetes, arthritis, sleep apnea, cardiovascular disease, and stroke.$^1$
- In Vermont, 27% of adults over the age of 20 currently have obesity compared to 34% of all United States adults of the same age.$^2$
  - Although Vermont’s rate is statistically lower than the national rate, the health impacts for patients are no less severe.
- The prevalence of obesity has been increasing globally, and 50% of U.S. adults are projected to meet criteria for obesity by 2030.$^3$
Public Health Costs and Considerations

- The annual cost of obesity to the U.S. healthcare system is nearly $173 billion dollars.\(^4\)
- In general, Americans do not appear to eat healthy enough or exercise enough.
- Around 40% of U.S. households do not live within a mile of healthy food retailers,\(^4\) an issue that is likely amplified in rural areas.
- Even with exercise and dietary modifications, weight loss can be quite difficult for individuals.
  - Many individuals lack access to nutritionists, personal trainers, gyms, or parks to follow-through with their weight loss plan.
  - Maintaining weight loss is difficult long term without active lifestyle goals and interventions.
  - There are genetic components predisposing some individuals to obesity.
Community Perspective

“The culture and environment in the U.S. does not make it easy to engage in health supportive behaviors such as eating fruit/vegetables/whole grains/lean protein and engaging in at least 30 minutes of physical activity each day.”

“Restrictive diets for weight loss [as a goal] typically result in weight cycling.”

- Amy Sercel, Registered Dietician at University of Vermont Student Health

“I encounter patients almost every week who are interested in weight loss medication or have weight loss as a goal. Many patients do everything they can and are unable to lose weight with lifestyle modifications alone.”

“There is an emotional component to weight loss and considering medication too.”

- Amalia Kane, MD, Physician at UVM Colchester Family Practice
Intervention and Methodology

- Several prescription weight loss medications can be used in tandem with exercise and dietary modification and have gained popularity.
- Primary care providers often counsel on obesity during preventative visits and patients increasingly mention hearing about or wanting to try weight loss medications.
- In addition to counseling on lifestyle changes, succinct and easy to understand documentation outlining various weight loss medications available to patients would help with counseling.
- Weight loss medication may not be right for every patient, so a written guide would further enable shared decision making between providers and patients and inform patients on the risks/benefits.
Results

- A dot phrase was built in Epic and implemented at the UVM Colchester Family Medicine clinic to be used in patient after visit summaries highlighting the following weight loss medications:
  - Orlistat (brand name: Xenical)
  - Phentermine-topiramate (brand name: Qysmia)
  - Naltrexone-bupropion (brand name: Contrave)
  - Liraglutide/semaglutide (brand names: Saxenda/Wegovy)
  - Tirzepatide (brand name: Zepbound)
- The dot phrase defined the medications’ mechanisms, common side effects, contraindications, estimated percentage of weight loss in studies when used in conjunction with exercise/diet changes, and recent research dispelling any misinformation.
Evaluation and Limitations

- The project’s success would mean greater access to education surrounding weight loss options enabling shared decision making between providers and patients.

- On a large scale, the information provided could enable patients to decide which weight loss medication, if any, are right for them and thus mitigate many downstream effects of obesity.
  - This may be seen on a state level by a reduction in obesity rates or an increase in rates of individuals utilizing medication for weight loss in conjunction with diet/exercise.

- Limitations include:
  - Insurance barrier—many medications require prior authorization, and some are not always covered by insurance.
  - Separating the impact of weight loss medications versus diet/exercise on weight loss and comparing the risks/benefits of these medications.
Recommendations and Future Directions

- Continue utilizing the dot phrase in Epic to provide information to patients about weight loss medications.
- Continue counseling patients on the importance of lifestyle modifications as a treatment for obesity and how medication can be used in tandem to help them meet their health goals.
- Expand the dot phrase to other sites.
- Create a provider guide detailing specifics about each weight loss medication covered in the dot phrase to answer further questions patients may have.
  - Since many weight loss medications are new, providers would also benefit from up-to-date information on pharmacologic options.
References


