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## Injectable medications for weight loss

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# Injectable Medications for Weight Loss

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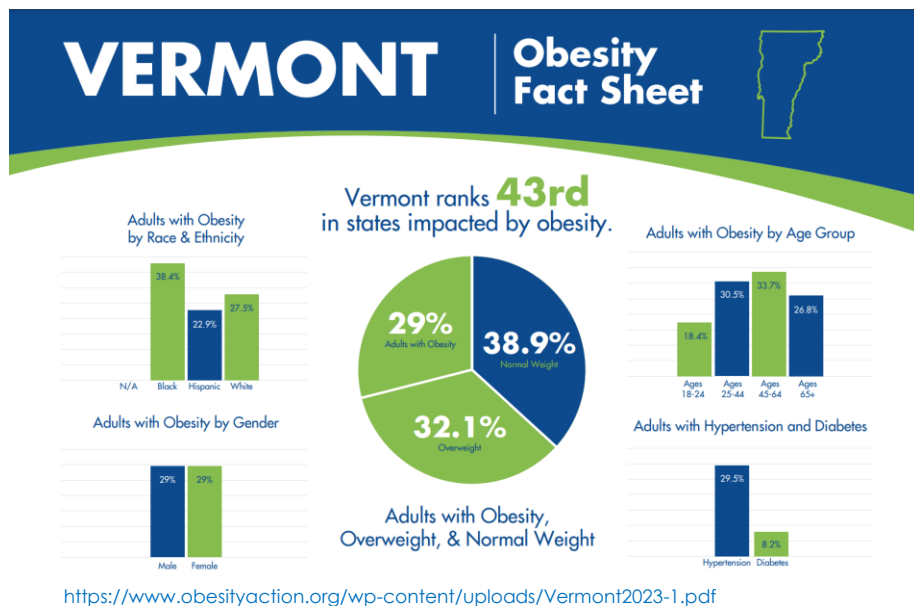


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# Problem Identification

- ▶ Weight loss injectable drugs have become a hot topic in the community and on social media. Physicians in clinics have multiple conversations each day with patients about these weight management medications.
- ▶ Working in the clinic, I encounter at least two to three patients daily who comment on, inquire about, or request these medications, often citing social media and word of mouth as their sources of information. Social media frequently perpetuates both realistic and exaggerated success or horror stories, leading to a skewed understanding of what weight loss injectables can and cannot do. I've heard various names for these medications, such as the "Kardashian medication," and seen patients with unqualified BMIs who receive them online.
- ▶ While Colchester Clinic provides after-visit information about these medications, I feel there is a need to discuss them more comprehensively in an easily understandable and appealing format. Furthermore, I want these resources to be accessible to all patients, not just those who inquire about them. An ideal solution would be to have informational materials available in the waiting area. These materials would help to set realistic expectations for the patients, emphasizing that results and qualifications depend on individual factors.
- ▶ The main goal of this project is to provide an easy-to-comprehend guide about these medications, offer the most up-to-date information, and set appropriate expectations for the patients.

# Public Health Cost and Consideration



- ▶ Obesity affects 1 in 3 adults and 1 in 5 children in the U.S.
- ▶ By 2023, it is projected that 55% of men and 89% of women in the U.S. will have central obesity by high waist circumference measurements, regardless of BMI.
- ▶ Vermont ranks 43rd among states affected by obesity.
- ▶ Obesity and high BMI are strongly linked to increased mortality from coronary heart disease, stroke, and respiratory diseases.
- ▶ There is a moderate positive relationship between obesity and cancer mortality.
- ▶ The total cost of obesity in the U.S. is estimated at \$1.7 trillion.
- ▶ Healthcare costs are 34% higher for individuals with obesity.
- ▶ Healthcare coverage for obesity and weight management is often inadequate and varies significantly by health plan.
- ▶ Only one state has laws prohibiting weight-based discrimination.
- ▶ Weight bias negatively impacts individuals financially, mentally, socially, and physically.
- ▶ Obesity should be approached as a chronic disease to help reduce stigma and advocate for managing obesity as a means to optimize health rather than judging body image.

# Community Perspective on Issue

“An important thing about these medications is that they are a tool for wellness, not a magic potion. Like any tool, it will be a facilitator for some people, and not others. It’s okay to use it and it’s okay to not use it. It all depends on the person. “

**Lauren Bode, Clinical Pharmacy Specialist**

“Injectable weight loss medications are highly effective but are intended to be used as part of a comprehensive approach to obesity, which includes medication and lifestyle management.”

**Anonymous, The Vermont Academic Detailing Program**

There is a common misconception among patients regarding injectable medications for weight loss. Media and commercials have fueled the desire to use these drugs, often overshadowing the importance of lifestyle changes and exercise. I advise my patients to begin with lifestyle changes: seek the help of a health coach, start eating healthy, and make positive adjustments in their lives. These changes will improve their weight and overall health, leading to a better quality of life.

**Karla Martinez-Dulmer, MD**

# Intervention and Methodology

- ▶ **Interview Family Physicians and Clinical Pharmacists at Colchester Family Medicine** to gain their perspectives on these medications, the challenges they face with patients, and what would be helpful to improve patient awareness, understanding, and expectations.
- ▶ **Review the most up-to-date data and information** about the medications and meet with the Vermont Academic Detailing program to gain a comprehensive understanding.
- ▶ **Take into consideration patient perspectives and impressions** gathered from interactions, discussions, and questions about the topic during patient encounters.
- ▶ **Prepare educational material for patients** in the form of a trifold pamphlet. This pamphlet provide a simple guide covering these medications, including their origins, mechanisms of action, safety, efficacy, qualifications, expectations, effectiveness, and coverage.
- ▶ **Distribute educational materials in the waiting room** to provide access to all patients.

# Result

## New Era in Weight Loss??

You've likely heard about Wegovy, Zepbound, and similar medications all over the internet. But what's the story behind these weight loss treatments?

### What Are These Medications?

These medications have gained attention for weight loss in recent years, but they have been used to treat type 2 diabetes for decades. Doctors noticed that patients using these drugs for diabetes also lost weight. In 2014, the FDA approved them for weight loss, and they were marketed under new brand names specifically for this purpose. The newest medication in this class is Mounjaro, with the active ingredient Tirzepatide, approved by the FDA in 2023.



Active drug	Brand name - weight loss	Brand name - Diabetes	Generic	FDA approval?	Max Dose	Mean weight loss	Approximated cost per month
Semaglutide	Wegovy	Ozempic	No	Yes	2.4 mg weekly	15.3 kg (16 months)	\$1300
	Liraglutide	Saxenda	No	Yes	3 mg daily	8.4 kg (14 months)	\$1300
Tirzepatide	Zepbound	Mounjaro	No	Yes	15 mg weekly	23.6 kg (17 months)	\$990

### How Do They Work?

Semaglutide and liraglutide are part of a class of medications known as glucagon-like peptide-1 (GLP-1) receptor agonists. They mimic the GLP-1 hormone, which is released in the gastrointestinal tract in response to eating. GLP-1 helps the body produce more insulin, lowering blood sugar levels, and interacts with the brain to reduce appetite and signals feelings of fullness.

Zepbound works by activating receptors of two hormones, GLP-1 and glucose-dependent insulinotropic polypeptide (GIP), to decrease appetite and food intake.

### Are They Safe?

These medications are FDA-approved and considered safe, though they may cause side effects initially, which tend to improve over time. Most common side effects include gastrointestinal issues such as nausea, vomiting, diarrhea, and constipation.

### Contraindications:

- Personal or family history of medullary thyroid carcinoma (MTC)
- Patients with multiple endocrine neoplasia syndrome type 2 (MEN2)

### Warnings:

- Monitor for signs of pancreatitis.
- Not recommended for pregnant women as they have not been studied in this group.
- Delayed gastric emptying may affect the absorption of other medications.

- Safety and efficacy with other weight loss medications have not been established.
- Recommended to pause use before certain surgical procedures.

Ask your doctor for a full list of side effects and warnings.

### Who Qualifies?

adults with BMI >30 kg/m2 or BMI ≥27 kg/m2 with a weight related comorbidity (e.g., dyslipidemia, hypertension, type 2 diabetes) who have not met weight-loss goals with a lifestyle intervention alone.

### What to Expect?

- Weight loss results can vary between individuals. Gradual weight loss (about 2 pounds per week) is generally more sustainable and results in greater reductions in fat mass. Remember, weight loss results vary, and individual patient factors play a role.
- Medications typically lead to a plateau of maximum therapeutic weight loss. Additional strategies may be needed once this plateau is reached.
- Medications should be combined with continued lifestyle changes.
- Long-term use is often necessary, and weight regain is expected if the medication is discontinued. In the STEP 1 Extension trial, patients who stopped taking Semaglutide regained two-thirds of their prior weight loss.
- Interested patients are encouraged to schedule an appointment to discuss

- candidacy, goals and start the process if appropriate. Prior authorization is usually required, which can take up to weeks, but certain arrangements such as lifestyle modifications and dietitian referrals can begin at the initial visit.
- Insurance coverage and product availability currently limit the use of these medications for weight loss, but this is evolving, and coverage and access will expand over time.

Be cautious of businesses selling compounded versions of GLP-1 RAs for weight loss. The FDA warns that these compounded drugs may not contain the same active ingredients, and their safety and efficacy cannot be confirmed.

### Losing fat or muscle?

A study on Semaglutide showed that of the weight lost, approximately one-third is muscle, and two-thirds is fat.

### Effectiveness?

- Clinical trials show significant weight loss with Semaglutide, liraglutide, and Tirzepatide compared to a placebo.
- In March 2024, Semaglutide was approved by the FDA to reduce the risk of major adverse cardiovascular events (MACE) in adults with cardiovascular disease who are overweight or obese.
- Among the GLP-1 receptor agonists, Semaglutide has been shown to result in more weight loss compared to liraglutide.

### Coverage?

- Private insurances: Access to treatment determined by their specific plan. Prior authorization is likely required.
- VT Medicaid: excluded from coverage for weight loss.
- Medicare: very recently Medicare started covering these medications for patients with BMI ≥27 kg/m2 with cardiovascular diseases.
- GLP-1 RAs are also approved for Type 2 diabetes and may be covered for this indication in patients with diabetes at lower doses.
- As of now we don't have a way to know whether insurance will cover the medication or not without submitting prior authorization. However, patients can find out by contacting their insurance directly.

Please note that other medications and weight management options are available and may suit your needs better.

Beware that this field is continually evolving, and changes to usage guidelines, qualifications, and coverage may occur.

Please let us know how helpful you found this information by completing a quick online survey. Scan the QR Code below:



# Evaluation of effectiveness

## Limitations of intervention

- ▶ Upon discussing the topic with providers at Colchester, many stated that it would be helpful to provide education and set expectations for patients.
- ▶ This is intended to provide simple and non-overwhelming educational information. This approach will make patients more willing to read it compared to providing pages of information. However, addressing everything comprehensively will be challenging.
- ▶ The handout will be distributed in the waiting room, making it accessible to more patients than including the information in the after-visit summary for inquiring patients only.
- ▶ To evaluate the effectiveness of the educational material, a QR code for a two-question survey was added. Patients will be able to indicate whether the material was helpful and, if not, what would be helpful for them to include.
- ▶ Due to the short timeframe, evaluations of data could not be performed to measure the effectiveness of the material.
- ▶ This is a constantly evolving topic, and the material in the pamphlet needs to be updated accordingly to reflect that. However, an editable file was provided to the clinic, which will make it easy to update the pamphlet when needed.

# Recommendation for Future Intervention

- ▶ Nurses are the first point of contact for patients expressing interest in these medications. An educational session for nurses could increase awareness about stigma and improve their understanding of the new medications on the market.
- ▶ With the growing use of these medications, Americans can access these medications without prescription online, from other countries or in medical spas. A future project may explore the risk of using these medication without proper medical management and raise awareness in the community about the risks.
- ▶ Investigate the accessibility and use of compounded forms of the medications and increase patient awareness about the risks.
- ▶ Investigate equality of access for different community members to these medications based on insurance and other social health determinants.
- ▶ Compare the injectable form to the oral form of the medication.
- ▶ Discuss pharmacological management of weight in children and adolescents.

# References

- ▶ Vermont Academic Detailing Program. (2024). Management of Obesity.
- ▶ Obesity Action Coalition. (2023). *Treating obesity in Vermont: An action guide for physicians and healthcare providers*. Retrieved from <https://www.obesityaction.org/wp-content/uploads/Vermont2023-1.pdf>
- ▶ U.S. Food and Drug Administration. (n.d.). *Medications containing semaglutide marketed for type 2 diabetes or weight loss*. Retrieved from <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/medications-containing-semaglutide-marketed-type-2-diabetes-or-weight-loss>
- ▶ Nordqvist, C. (2023, March 2). *Saxenda vs. Victoza: What's the difference?* Medical News Today. Retrieved from <https://www.medicalnewstoday.com/articles/drugs-saxenda-vs-victoza>
- ▶ U.S. Food and Drug Administration. (2021, June 4). *FDA approves new medication for chronic weight management*. Retrieved from <https://www.fda.gov/news-events/press-announcements/fda-approves-new-medication-chronic-weight-management>