

APPROACHES TO WEIGHT LOSS

Definitions

- BMI = Body Mass Index = weight (in kg) / height (m²)
- Overweight BMI 25-30
- Obesity BMI 30-40
- Morbid Obesity BMI 40+
- Morbid Obesity (if comorbid condition present) BMI 35+

Obesity is an epidemic in the United States. According to the CDC, 69% of us are overweight or obese, and over 35% are obese. Obesity-related conditions include hypertension and cardiovascular disease (heart disease and strokes), type 2 diabetes, degenerative spinal and joint disorders, and certain types of cancers. Like every chronic disease, the treatment of obesity must be multifaceted and for the long-term.

Lifestyle Approaches to Weight Loss

Success depends on overall net caloric expenditure (caloric expenditure must be > caloric intake). We used to believe that decreasing our calories by 3500 corresponded to a 1 pound weight loss; we now know this is not strictly true as our weight loss can vary depending on body type, activity level, gender, and how much weight has already been lost. The website <https://www.niddk.nih.gov/bwp> offers a body weight planner as well as additional resources. A helpful nutrition website is www.myplate.gov. Cardiovascular exercise may augment weight loss, but it is extremely difficult to lose weight by increasing exercise alone; our dietary choices and adjusting caloric intake are primary.

Medication Approaches to Weight Loss. These treatments must include lifestyle changes (improved dietary choices, decreased caloric intake and increased exercise). FDA approval for a weight-loss indication depends on data from studies showing a majority of patients lost >5% of their body weight after 3 months. Additional information can be found in the category “Weight Loss Drugs” under the heading “Education” on our website.

- 1) Xenical. This interferes with the absorption of fat from our diet, and is typically taken three times a day (with meals). Most common side effects include nausea, abdominal bloating and discomfort, increased stool frequency and urgency, oily spotting and fatty stools. Taking a supplement comprising the fat-soluble vitamins A, D, E, and K is advised while taking this medication.
- 2) Stimulants, which include Phentermine, Phendimetrazine and Diethylpropion. Stimulants suppress appetite; Phentermine was part of the “Fen-Phen” diet pill which was discontinued in the 1990s owing to a link with primary pulmonary hypertension. These medications alone are safe, but should be thought of as a short-term treatment, to jump-start a weight loss program. Anxiety, insomnia, elevated heart rate, palpitations and high blood pressure are possible side-effects; see complete monograph for details.
- 3) Qsymia, a combination of Phentermine (see above) and Topiramate (an anti-epileptic which suppresses appetite). This can be titrated up in dose. Check website www.qsymia.com, current costs range from \$79 to \$128 per month depending on insurance coverage. Manufacturer offers Qsymia for \$98 per month through their mail-order pharmacy. Women who may become pregnant should

not take Qsymia. Additional possible side effects include paresthesias (tingling of skin), mood changes, a change in how foods taste, dizziness, constipation and dry mouth, in addition to those potential side-effects due to the phentermine component. Qsymia includes a smaller dose of Phentermine compared with standard solo preparations, and thus is considered acceptable as a longer-term treatment.

- 4) **Contrave.** This is a combination of bupropion (an anti-depressant) and naltrexone (used to treat alcoholism and opiate use disorders). Check website www.contrave.com. Cost can be as low as \$20 per month if covered by insurance, or maximally \$199 using a coupon card without insurance. The manufacturer offers Contrave for \$99 per month through their mail-order Ridgeway Pharmacy. Bupropion lowers our seizure threshold, so should not be taken by epileptics or with other medications/substances (such as alcohol) which also make seizures more likely. Mood changes, irritability, insomnia, dizziness, nausea/vomiting, constipation or diarrhea, headache and dry mouth are more common side effects. Patients taking any type of opiate must be opiate-free for 7-10 days prior to starting Contrave. As naltrexone blocks opiate receptors, opiate abusers have an increased risk of overdose if they try to overcome this effect by ingesting larger amounts of these drugs.
- 5) **GLP-1 Receptor Agonists Saxenda (Liraglutide) and Wegovy (Semaglutide).** These are originally medications to treat type 2 diabetes, but have been remarketed for a weight loss indication. They are the most efficacious medications for weight loss available today, and work by increasing satiety (decreasing appetite/snacking), slowing gastric emptying time (thus achieving a fullness sensation after less intake), as well as increasing insulin production with PO intake. The most common side effects include headache, nausea/vomiting, heartburn or gastro-esophageal reflux symptoms, upset stomach, increased bloating/belching/gas, constipation or diarrhea, and dizziness. Hypoglycemia is possible, especially if one is taking other medications to treat diabetes such as insulin and sulfonylureas. There is an increased risk of pancreatitis and gallbladder problems; if the medication causes dehydration, this can lead to worsening kidney insufficiency. In rodents, these medications are associated with an increased risk of thyroid tumors including thyroid cancers. Do not take these medications if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). If there is a family history of other thyroid cancers, this is a relative contraindication. Benefits outweigh the risks of taking this medication for most patients.
- 6) Though lacking a medical indication, other drugs are sometimes used for the treatment of obesity. These include the diabetic drug metformin and bupropion alone (not part of the drug Contrave). Recently, we have seen strong weight loss data with the use of the GLP-1/GIP agonist Mounjaro (Tirzepatide) in diabetics; this may soon gain a weight loss indication.

Surgical Approaches to Weight Loss

Bariatric surgeries have been extremely successful at helping people lose weight, but are likely to become much less common owing to the more recent advances in medication management (see above). Currently these surgeries mostly comprise of the gastric sleeve and gastric bypass procedures. Most insurances will cover these procedures after a patient follows a formal MD-supervised weight loss program for 6 months.



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WEIGHT LOSS MANAGEMENT WORKSHEET

PATIENT NAME: _____ DOB: _____

Instructions: Fill out this worksheet in advance of your appointment for weight loss counseling. If this is not completed, or you have not researched medication coverage as outlined below, your appointment will be cancelled.

Current Height (inches) _____ Weight (pounds) _____

Waist Circumference (inches) _____ Current BMI: _____

Initial Goal Weight (pounds) _____ (Corresponds to BMI: _____)

Goal #2 Weight, if applicable (pounds) _____ (Corresponds to BMI: _____)

Goal #3 Weight, if applicable (pounds) _____ (Corresponds to BMI: _____)

Ultimate Goal Weight, if applicable (pounds) _____ (BMI: _____)

Note: it often makes sense to make stepwise goals for weight loss. That is, set an *initial* goal, usually at a level that downgrades your obesity category. So, if one is morbidly obese (BMI 40+), try to first achieve a weight loss that puts you in just the obesity category (BMI < 40). Then, work on getting to the midpoint of obesity (a BMI of 35), and finally, getting out of the obesity category with a BMI of less than 30.

Using the website <https://www.niddk.nih.gov/bwp>, I have determined that to reach my INITIAL goal weight as outlined above, I have chosen to increase my physical activity by _____ %, and will need to decrease my caloric intake to _____ calories per day. This will allow me to reach my initial goal weight in about _____ days.

I can utilize calorie counting tools on my smartphone/iPhone, such as MyPlate Calorie Counter, MyFitnessPal or CalorieCounter+ by NutraCheck. I also plan to use websites such as www.myplate.gov to help me meet good nutritional goals.

To be prescribed a weight loss drug, I understand that certain clinical criteria must be met. Along with the above-noted lifestyle changes which encompass diet and exercise, I am interested in the following adjunctive medication: _____. I have checked with my health insurance, prescription formulary and/or pharmacy and have learned that this medication (circle one):

IS COVERED

IS NOT COVERED

IS COVERED WITH PRIOR AUTHORIZATION

If it is NOT covered, I am willing to pay the out of pocket price for this medication. I further understand that if a medication requires prior authorization, obtaining this authorization does not imply that it will come at a reasonable cost. I agree to follow-up as directed (which may be monthly or every 3 months) for appropriate monitoring while taking this drug. And finally, I understand that DaubMD, Inc. may not have the resources to obtain prior authorization on more than one weight loss drug, or more than two prior authorizations for the same drug, during a calendar year.

Signed _____