



Clinical impact of obesity

Critical considerations on the impact
of weight loss and regain

Obesity may be putting your patients at risk¹

How do you treat your patients with obesity who may be at risk for comorbidities?

More than 40% of Americans age 20 or older have obesity, and this can lead to increased health risks and complications.^{1,2} Your own patients are likely dealing with these issues, including one or more of the at least **60 different comorbidities associated with obesity**.³⁻⁵

Hypertension

PCOS

OSA

Comorbidities that obesity may cause or worsen include⁵:

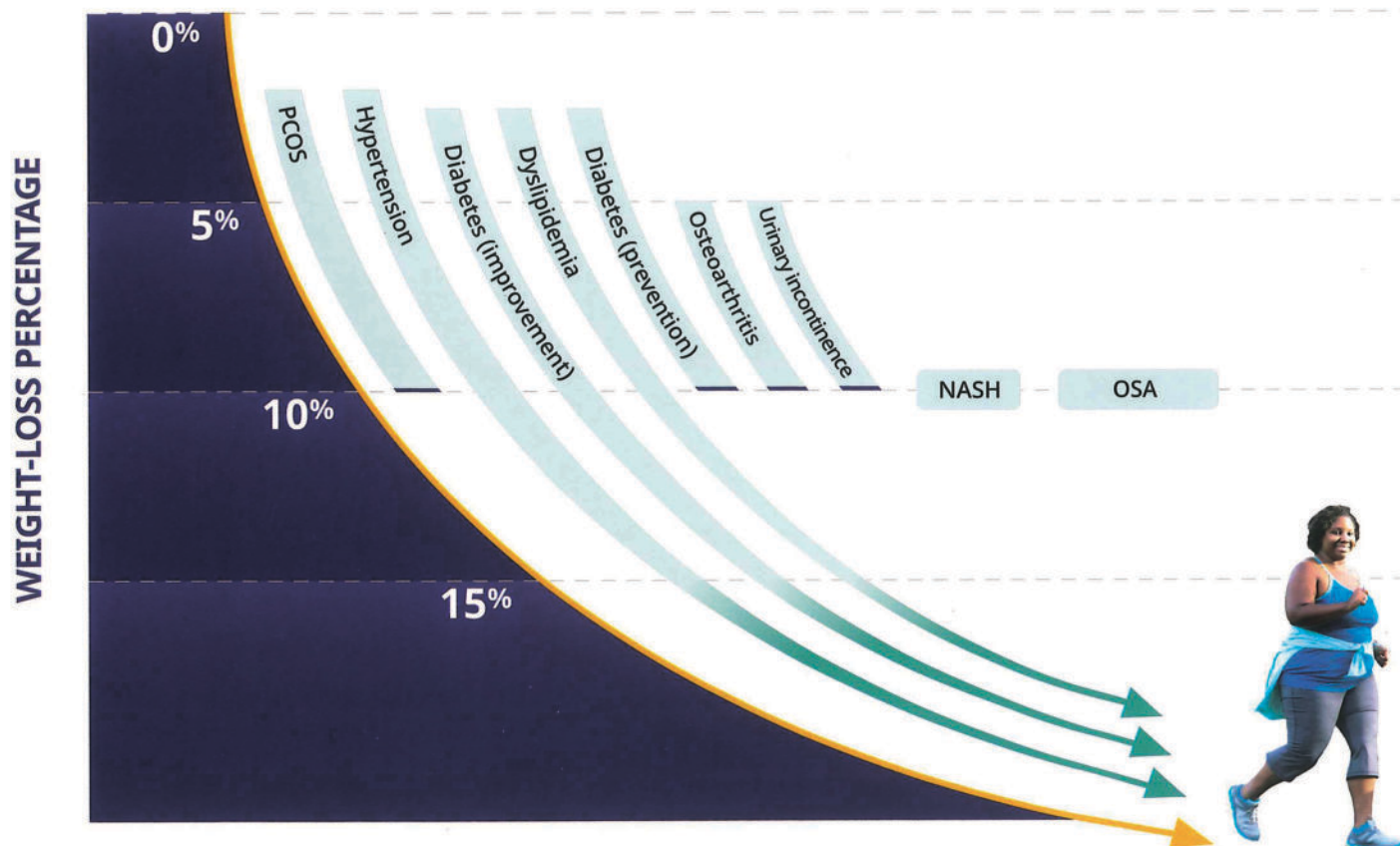
- ☐ Type 2 diabetes
- ☐ Diabetes risk, prediabetes
- ☐ Dyslipidemia
- ☐ Hypertension
- ☐ Cardiovascular disease and cardiovascular disease mortality
- ☐ NAFLD/nonalcoholic steatohepatitis
- ☐ Female infertility (including PCOS)
- ☐ Male hypogonadism
- ☐ OSA
- ☐ Asthma/reactive airway disease
- ☐ Osteoarthritis
- ☐ Urinary stress incontinence
- ☐ Depression
- ☐ GERD

GERD, gastroesophageal reflux disease; NAFLD, nonalcoholic fatty liver disease; OSA, obstructive sleep apnea; PCOS, polycystic ovary syndrome.

Weight loss can lead to improvement in certain common comorbidities⁴

You can help patients lose weight and improve weight-related comorbidities.

Studies have shown that weight-loss benefits for some comorbidities can be seen after as little as 3% weight loss. More improvements can start to develop in patients as the weight loss increases to 5% and 10%, and continued weight loss can lead to even greater improvements in certain comorbidities.⁴



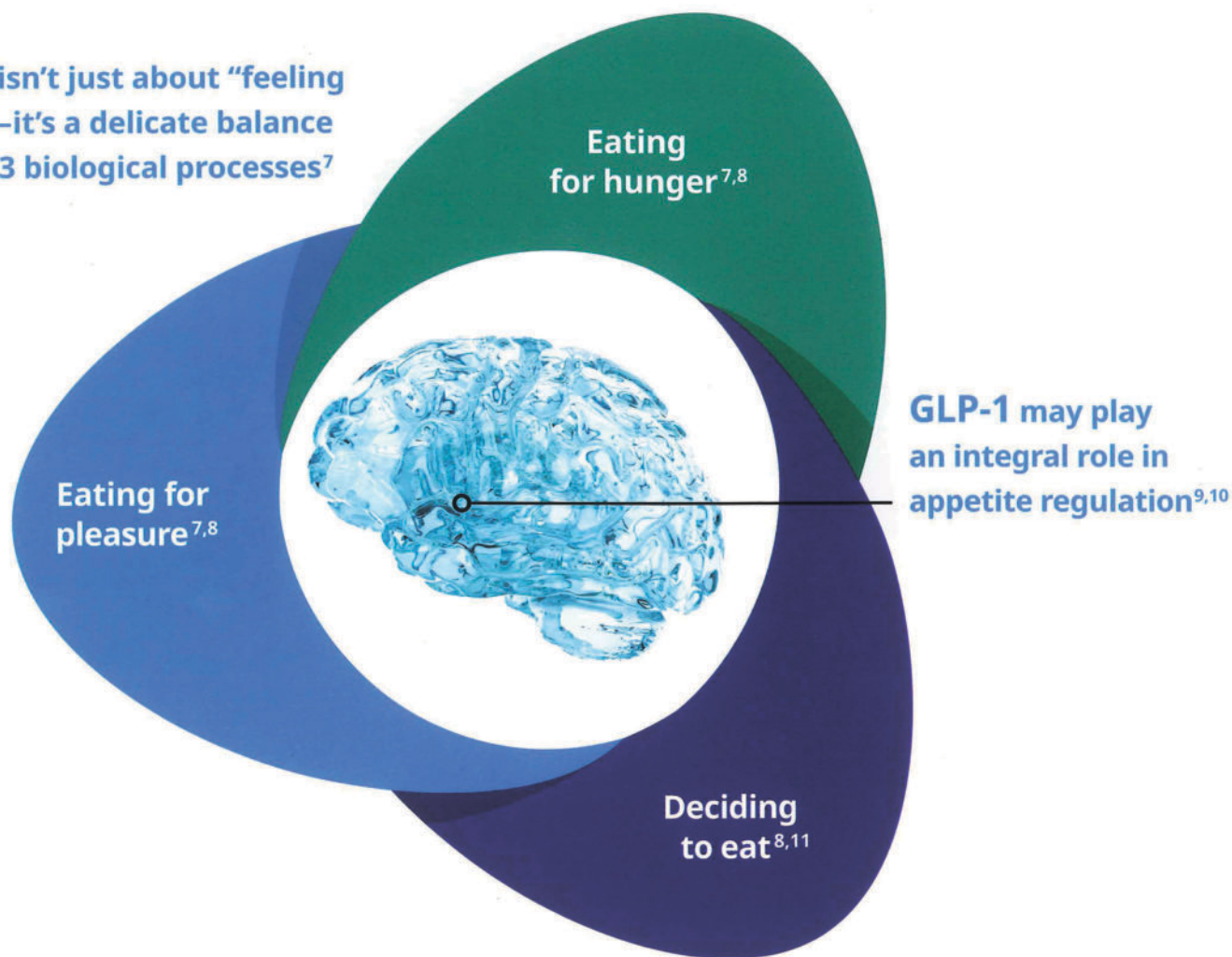
Weight-loss goals should be tied to improvement in number and severity of common obesity complications.^{4,5}

NASH, nonalcoholic steatohepatitis; OSA, obstructive sleep apnea; PCOS, polycystic ovary syndrome.

The brain plays a critical role in appetite regulation

Is it time to stop blaming weight regain on lack of willpower?

Appetite isn't just about "feeling hungry"—it's a delicate balance between 3 biological processes⁷



In patients with obesity, key systems controlled by the brain become imbalanced.⁷

Sustaining weight loss can be hard because of metabolic adaptation^{12,13}

If obesity is such a serious health risk, why don't more patients lose the weight and keep it off?

After gaining weight, it often becomes difficult to both lose it and keep it off following initial success. This may not be due to their lack of self-control. Despite your patient's best efforts, the natural process known as metabolic adaptation may prevent them from keeping the weight off following reduced-calorie intake.^{12,13}

WEIGHT LOSS



REDUCED-CALORIE
INTAKE AND INCREASED
PHYSICAL ACTIVITY

WEIGHT REGAIN



SATIETY
HORMONES
DECREASE

HUNGER
HORMONE
INCREASES

RESTING
METABOLIC RATE
DECREASES



CCK, cholecystokinin; GLP-1, glucagon-like peptide-1; PYY, peptide YY.

What is your plan for reducing the impact of weight-related comorbidities?

With support from their health care team, patients lost ~5x more weight than with a self-directed program.¹⁴

For some patients, lifestyle modifications are not enough to give them lasting and meaningful results. Metabolic adaptation—the body's reaction to weight loss by slowing metabolism and altering appetite-regulating hormones—can make long-term weight management difficult for many of your patients living with obesity.^{5,12,13}

Metabolic adaptation must be continuously offset through long-term weight management.⁵

Pharmacotherapy can supplement healthy eating and physical activity to help patients achieve increased weight loss.⁵ When considering pharmacotherapy for patients with obesity, make sure to do the following:

- ☐ Assess if it is appropriate to add pharmacotherapy to your patients' weight-management efforts
- ☐ Ensure patients know that pharmacotherapy is an aid to their weight-management efforts, not a replacement for them
- ☐ Set flexible short- and long-term goals with your patients

Understanding why people struggle with weight maintenance can help your patients achieve success.

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