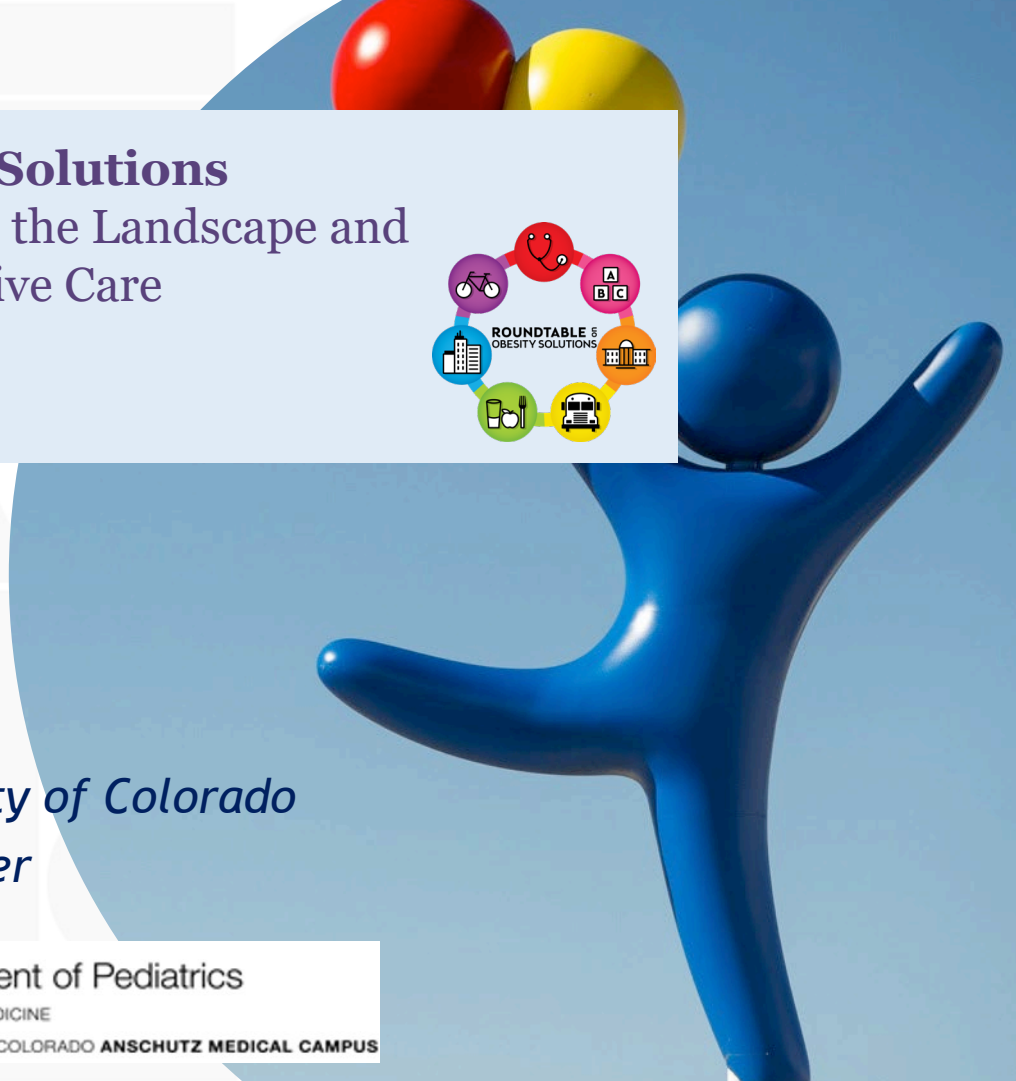
Roundtable on Obesity Solutions

Medications and Obesity: Exploring the Landscape and Advancing Comprehensive Care

March 19-20, 2024



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Session Call to Action: Current State of Pharmacokinetics and Pharmacology for Obesity

Session 1: Current State of Pharmacokinetics and Pharmacology for Obesity

- Need studies on medication approaches to improve body composition with weight loss or medication-induced weight gain
- Pharmacokinetics is not linear- Lipophilic drugs increases selective solubility in excess adipose tissue
- Sponsors should address drug disposition and impact of obesity early in drug–due to volume of blood cleared of drug per unit of time
  - Decision tree and Model informed drug development (MIDD) can help
  - Determine need to enroll in phase 2/3 clinical trials

- Stakeholder engagement
  - Collective efforts is needed from all stakeholders

Session Call to Action: Advancing Optimal Obesity Treatment: Intersections Between Treatment Options

Session 2: Advancing Optimal Obesity Treatment: Intersections Between Treatment Options

- Improve Access and Education
  - Need to engage our non-specialist colleagues e.g., PCP given limited number of obesity medicine clinicians.
  - Access to all treatments; address weight bias and stigma in all treatment settings
  - Address deficits in medical education curriculum
- Research on Food noise:
  - Increased *food cue reactivity or food-related intrusive thoughts.*
  - Silencing food noise may be a compelling reason why people will stay on AOM or want to start AOM
- Future research for adult and pediatric populations:
  - Inclusion of broader samples with mental health comorbidities
  - Establish system of screening and monitoring of MH in youth prescribed AOMs
  - Optimize outcomes assessment in youth with psychosocial measures
  - Evaluate health lifestyle programs in conjunction with AOMs
  - Assess AOM risk; especially rapidity and extent of weight loss

Wardle J et al. J Clin Endocrinol Metab. 2008 Sep;93(9):3640-3. Epub 2008 Jun 26.

Session 2: Advancing Optimal Obesity Treatment: Intersections Between Treatments

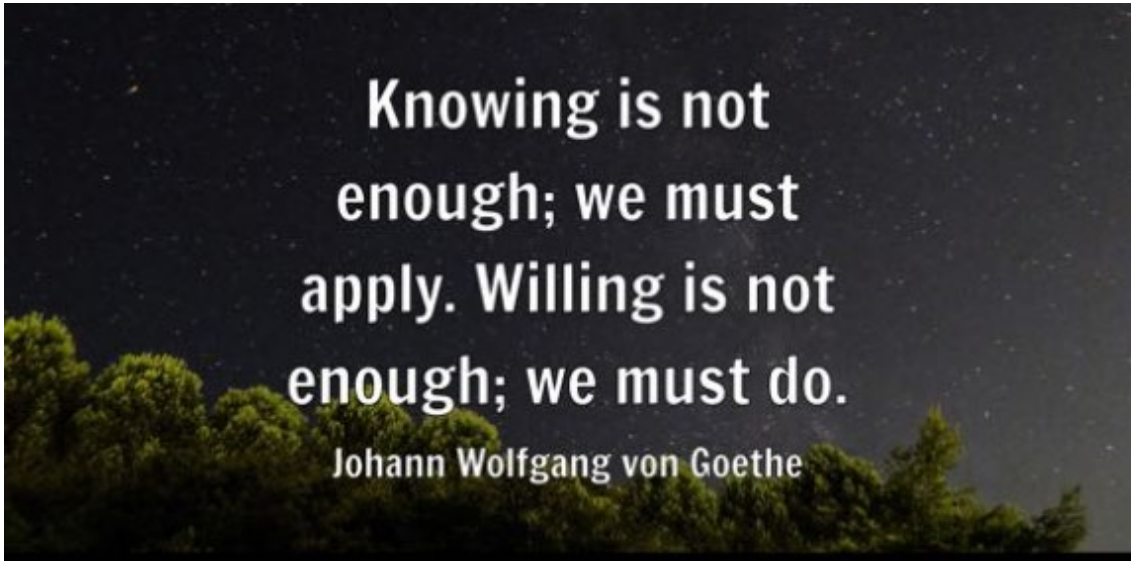
- Establish a Consortium to address several research areas
- Reframe how we think about lean muscle mass, fitness and activity with use of AOMs for future studies and clinical care
  - consider the quality of muscle mass vs the volume of the muscle mass. To improve quality of muscle mass is through exercise
  - identify valid and reliable measures of body composition; need measures of muscle in addition to lean; include measures of bone health; also think about proxy measurements for muscle quality e.g., increasing strength with hand grip

- Future research on Knowledge gaps:
  - How to conceptualize obesity in the context of health?
  - What is the goal of therapy and how do we define it?
  - Is there a circumstance where cost-benefit is sustainable?
  - How do we integrate older AOMs with newer ones?
  - What's the role of lifestyle treatment in the context of AOMs?
  - Do we start treatment early or wait for complications to develop?
  - Is there such a thing as too much weight loss? What is the optimal tempo of weight loss?

Session Call to Action : Navigating Clinical Practice, Economic, and Policy Challenges of New Obesity Treatments

Session 3: Navigating Clinical Practice, Economic, and Policy Challenges of New Obesity Treatments

- Who is the authoritative body that defines the predominant guideline or standard of care?
  - From Canadian Guidelines- Needs to be a standard of care which is updated regularly. An example – American Diabetic Association (ADA)
  - Pharmacotherapy does not mean we ignore the environment
- Examples using RE AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework applied to obesity treatment to to move towards implementation
- Modeling of economic costs and data needs of CBO support greater advocacy e.g., Treat and Reduce Obesity Act (TROA), response to CBO blog
- Encourage a whole person health approach, reimburse providers for obesity care consistent with standards of practice, include lifestyle/behavioral treatment plans
  - Medicare cost offsets in 10 years from Medicare coverage only would be $176B, with total social benefits over $1T
    - Benefits grow over time as more people get access to treatments


Knowing is not
enough; we must
apply. Willing is not
enough; we must do.
Johann Wolfgang von Goethe

Thank you