Obesity Treatment: Nutrition with Anti-Obesity Medications

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Disclosures Statement

• Nothing to disclose
The importance of nutrition interventions with Anti-Obesity Medications (AOMs)

- Understand the under-use of medical nutrition therapy
- Recognize nutritional deficiencies and unique nutrition needs with AOMs
- Develop methods for spotting nutritional concerns in patients prescribed AOMs
- Expand the obesity treatment toolbox
Use-Cases for Medical Nutrition Therapy (MNT)

- Optimize success with AOMs
- Preserve lean body mass while reducing adipose tissue
- Prevent nutrient deficiencies
- Improve gut microbiome
- Lifestyle modification & behavior change support
- Nutrition is a major factor for survival
- Nutrition is a significant component of the treatment and prevention of most diseases
Moving beyond calorie deficits
Focus on quality of calories
Behavioral counseling
Focus on health goals of the individual
Balance individual cultural preferences, circumstances, health history, and current health needs
Reduce risk of eating pathology or eating disorder
Work within limitations, including social determinants of health
MNT

- Listen actively to the person, avoid assumptions
- Assess nutrition status
- Plan for challenges: travel, events, holidays
- Support gut health
- Identify symptoms related to certain foods or allergies
- Guidance on food preparation
- Problem-solving: set reminders, schedule certain activities
- Anticipatory guidance
Why aren’t more patients benefiting from MNT?

- Medicare reimburses MNT only for diabetes and chronic kidney disease or kidney transplant in the last 36 months

- Medicaid may cover as part of preventive counseling, varies state to state

- Commercial insurance ranges from no coverage to 2 visits per month or more

- Covered as a requirement prior to bariatric surgery
  - Some programs prepare patients starting certain AOMs in a similar manner
Legislation

**Treat and Reduce Obesity Act (TROA)** reintroduced into Congress July 2023

- Expand Medicare to include: Obesity screening, intensive behavioral counseling from a range of providers, FDA-approved medication for chronic weight management

**Medical Nutrition Therapy Act S.3297** reintroduced in Senate November 2023

- Expand Medicare to include: prediabetes, obesity, HTN, GI disorders, malnutrition, eating disorders, cancer, HIV/AIDS, hyperlipidemia, and cardiovascular disease. Allow more providers to refer for MNT (PA, NP, Psychology, etc)
Guidelines for obesity treatment

• Chronic, relapsing disease
• Treatable with old and new tools
• Weight/BMI are a small part of the picture
• ABCD – adiposity-based chronic disease
• AOM Rx guidelines are still BMI-based
  • BMI >30 kg/m²
  • BMI > 27 kg/m² with adiposity-related complication
• Use AOMs in conjunction with lifestyle modifications
• AND, OMA, AACE guidelines
• Trauma-informed care
Pediatric considerations for obesity treatment

- Family-based interventions
- Improving quality of nutrition
- Improving relationship with food
- Improving response to internal signals
- Reducing risk of disordered eating
- Consider genetic components
<table>
<thead>
<tr>
<th>Medication</th>
<th>Approval for use</th>
<th>Potential Adverse Side Effects</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phentermine</td>
<td>1959 Ages 16 and over</td>
<td>Increased HR/BP, Constipation, dry mouth, headache, bruxism</td>
<td>Glaucoma, hyperthyroidism, pregnant</td>
</tr>
<tr>
<td>Phentermine/Topiramate (Qsymia)</td>
<td>2012 Ages 12 and over</td>
<td>Above, plus: mood change, paresthesia, kidney stones</td>
<td>Glaucoma, hyperthyroid, pregnant</td>
</tr>
<tr>
<td>Bupropion/naltrexone (Contrave)</td>
<td>2014 Ages 18 and over</td>
<td>Nausea, dizziness, constipation, headache</td>
<td>Opioid use, uncontrolled HTN or seizures, pregnant</td>
</tr>
<tr>
<td>Liraglutide (Saxenda)</td>
<td>2014 Ages 12 and over</td>
<td>Increased HR, nausea or vomiting, constipation</td>
<td>Medullary thyroid cancer, MEN 2 syndrome, preg</td>
</tr>
<tr>
<td>Semaglutide (Wegovy)</td>
<td>2021 Ages 12 and over</td>
<td>Nausea or vomiting, constipation or diarrhea</td>
<td>Medullary thyroid cancer, MEN 2 syndrome, preg</td>
</tr>
<tr>
<td>Tirzepatide (Zepbound)</td>
<td>2023 Ages 12 and over</td>
<td>Nausea or vomiting, constipation or diarrhea</td>
<td>Medullary thyroid cancer, MEN 2 syndrome, preg</td>
</tr>
<tr>
<td>Orlistat</td>
<td>1999 Ages 8 and over</td>
<td>Diarrhea, gas, leakage of oily stools, stomach pain</td>
<td>Chronic malabsorption and cholestasis, monitor warfarin, levothyroxine</td>
</tr>
<tr>
<td>Setmelanotide</td>
<td>2020 Ages over 6 with specific rare genetic conditions</td>
<td>Nausea, vomiting, headache, diarrhea, abdominal pain, fatigue, depression, back pain</td>
<td>Pharmokinetics unknown in &gt;65 years of age, pregnancy, hepatic impairment</td>
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# Nutrition in clinical trials

<table>
<thead>
<tr>
<th>Trial</th>
<th>Nutrition intervention</th>
<th>Additional guidance</th>
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<tbody>
<tr>
<td><strong>Bupropion/naltrexone – 56 weeks</strong></td>
<td>500-calorie/day deficit with counseling at baseline, 12, 24, 36 &amp; 48 weeks</td>
<td>Increase activity and behavior modification advice</td>
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<tr>
<td>Apovian et al.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Liraglutide – 56 weeks</strong></td>
<td>Counseling on lifestyle modification</td>
<td></td>
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<tr>
<td>Pi-Sunyer et al.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Phentermine – 104 weeks, currently in Phase 4 [NCT05176626]</strong></td>
<td>Commercial digital app for nutrition plan, tracking, &amp; coaching</td>
<td>12 clinic visits with obesity provider</td>
</tr>
<tr>
<td><strong>Phentermine/topiramate – 56 weeks</strong></td>
<td>500- calorie/day deficit well-balanced recommended</td>
<td>Nutritional and lifestyle modification counseling offered</td>
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<tr>
<td>Gadde et al.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Semaglutide – 68 weeks</strong></td>
<td>500-calorie deficit/day with individualized counseling q4 weeks</td>
<td>150 minutes activity (walking) per week, nutrition and activity recorded on app or paper</td>
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<tr>
<td>Rubino et al.</td>
<td></td>
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<tr>
<td><strong>Tirzepatide – 72 weeks</strong></td>
<td>500-calorie deficit/day with counseling on healthful and balanced meals</td>
<td>150 minutes activity per week</td>
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<tr>
<td>Wilding et al.</td>
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What could go wrong?

- Popularity of newer AOMs means they are prescribed without the proper support, monitoring, or follow-up
- People get sick
- Media/social media amplification
- AOMs continue to get a bad reputation
- Bias and stigma persist
- Long-term use discouraged
Potential nutrient deficiencies

- Calories
- Protein
- B12, other B vitamins
- Iron
- Calcium/Vitamin D
- Fiber
- Electrolyte disturbance or B1 depletion related to nausea/vomiting or diarrhea
Monitoring

- Body composition
- Labs
- CGM
- Food or activity logs/other data
- Identify barriers
- Avoid weight-only focus
- Reflect on the patient’s health goals
- Adverse side-effect management
### Adverse Side Effect Management

<table>
<thead>
<tr>
<th><strong>Advice</strong></th>
<th><strong>Details</strong></th>
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</thead>
<tbody>
<tr>
<td>Can occur with any AOM, usually short-term with improvement over time</td>
<td>Hydration important</td>
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<tr>
<td>Room temp, cold or hot beverages may be better tolerated</td>
<td>Ginger, ginger chews, ginger tea, herbal tea</td>
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<td>Smaller portions, smaller more frequent meals</td>
<td>Eating more slowly, avoid overeating</td>
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<td>Avoid high-fat meals, avoid snacks with highly concentrated sugar</td>
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Considerations

- Pre-surgical adjustments: Some medications should be held longer prior to surgery
- Lifestyle modifications, includes more than nutrition and physical activity
- Disordered eating recognition: SCOFF screen, orthorexia
Considerations

- Is this the best medication?
- Weight-promoting medication?
- Other benefits of medication?
Obesity Treatment Toolbox

Obesity treatment is not one-size-fits-all

Family affair: nutrition and lifestyle for the family

More tools = better patient care

Combination of approaches, planning for course deviation, support, and advocacy

Ongoing learning, formal and informal
References