IFSO guidelines - pharmacological treatments

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Disclosures

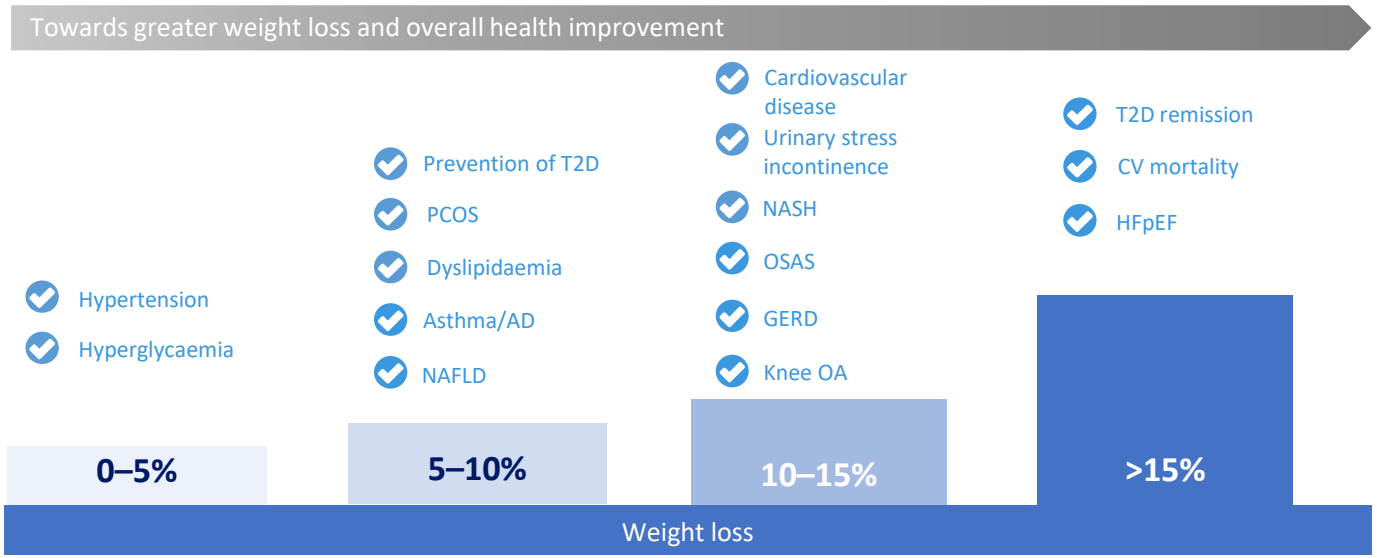
I

- I have received research funding from the National Institute for Health and care Research, Medical Research Council, Jon Moulton Charity Trust, Fractyl, Novo Nordisk, Fractyl and Randox.
- I have received honoraria for educational events from Novo Nordisk, Astra Zeneca, Currax, Boehringer Ingelheim, Screen Health and GI dynamics.

Statements

Weight management should not be restricted to a step-wise approach, but be tailored to an individual's health status.

Greater weight loss leads to improved health outcomes

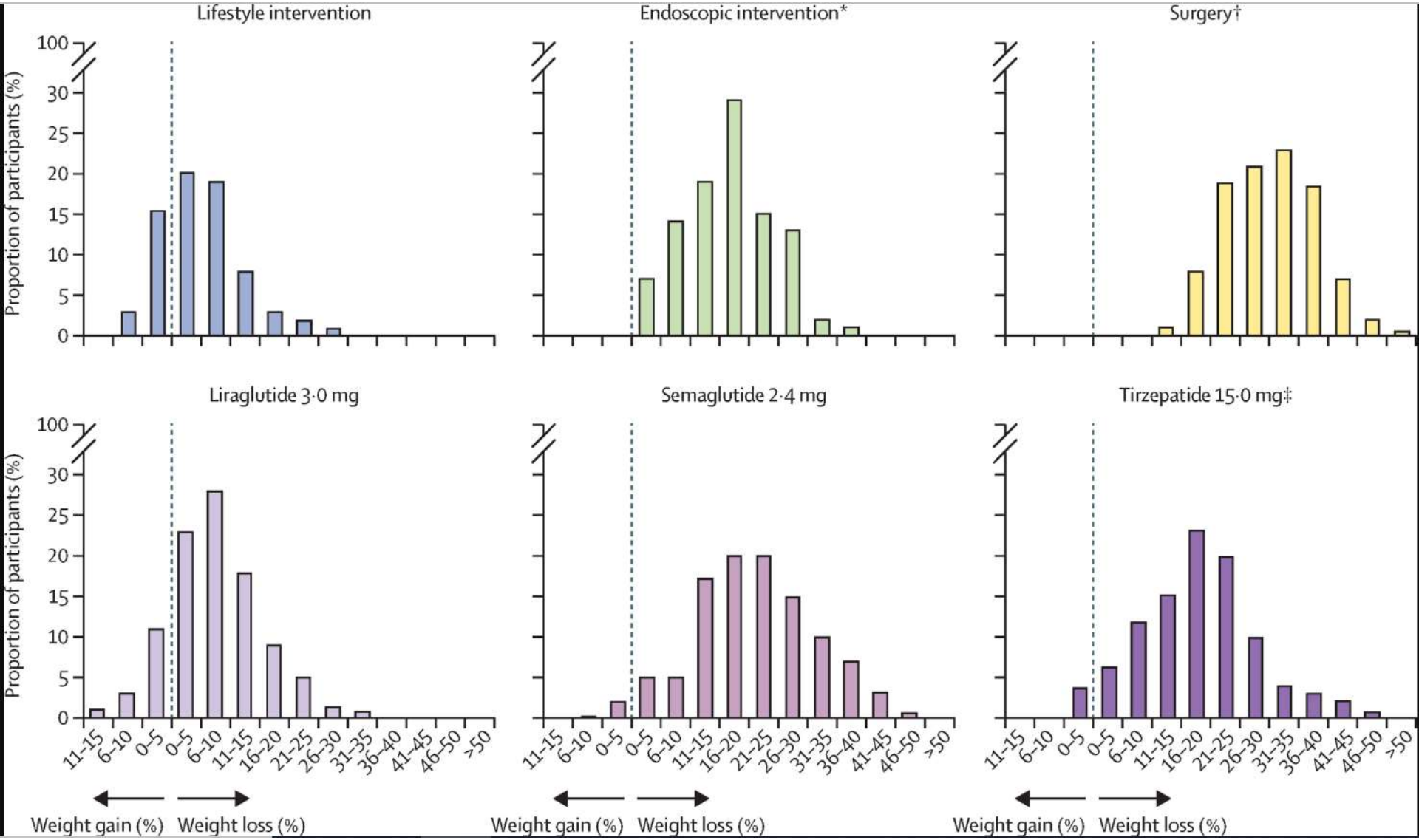


Garvey WT et al. Endocr Pract 2016;22(Suppl. 3):1–203; Look AHEAD Research Group. Lancet Diabetes Endocrinol 2016;4:913–21; Lean ME et al. Lancet 2018;391:541–51; Benraoune F and Litwin SE. Curr Opin Cardiol 2011;26:555–61; Sundström J et al. Circulation 2017;135:1577–85.

Statements

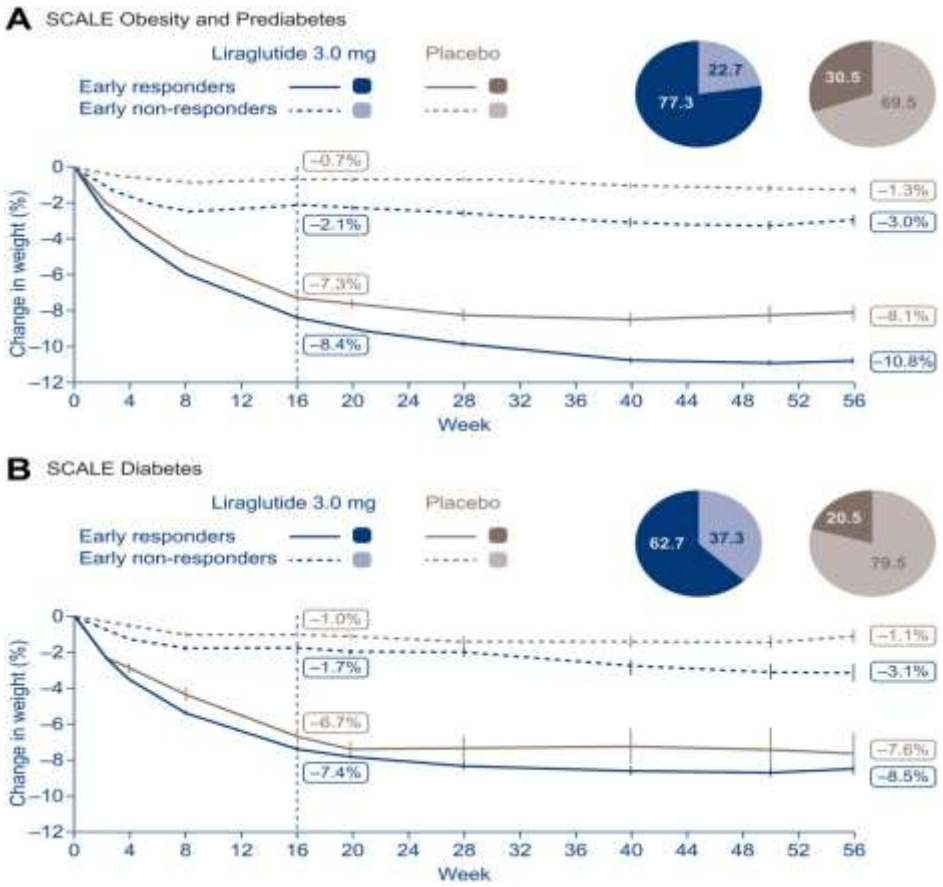
Response to weight management treatments should be reviewed frequently and altered/supplemented if there is a suboptimal response or additional weight loss is required.

Heterogeneity of response to treatments



Perdomo et al Lancet 2023

Early Weight Loss with Liraglutide 3.0 mg Predicts 1-Year Weight Loss

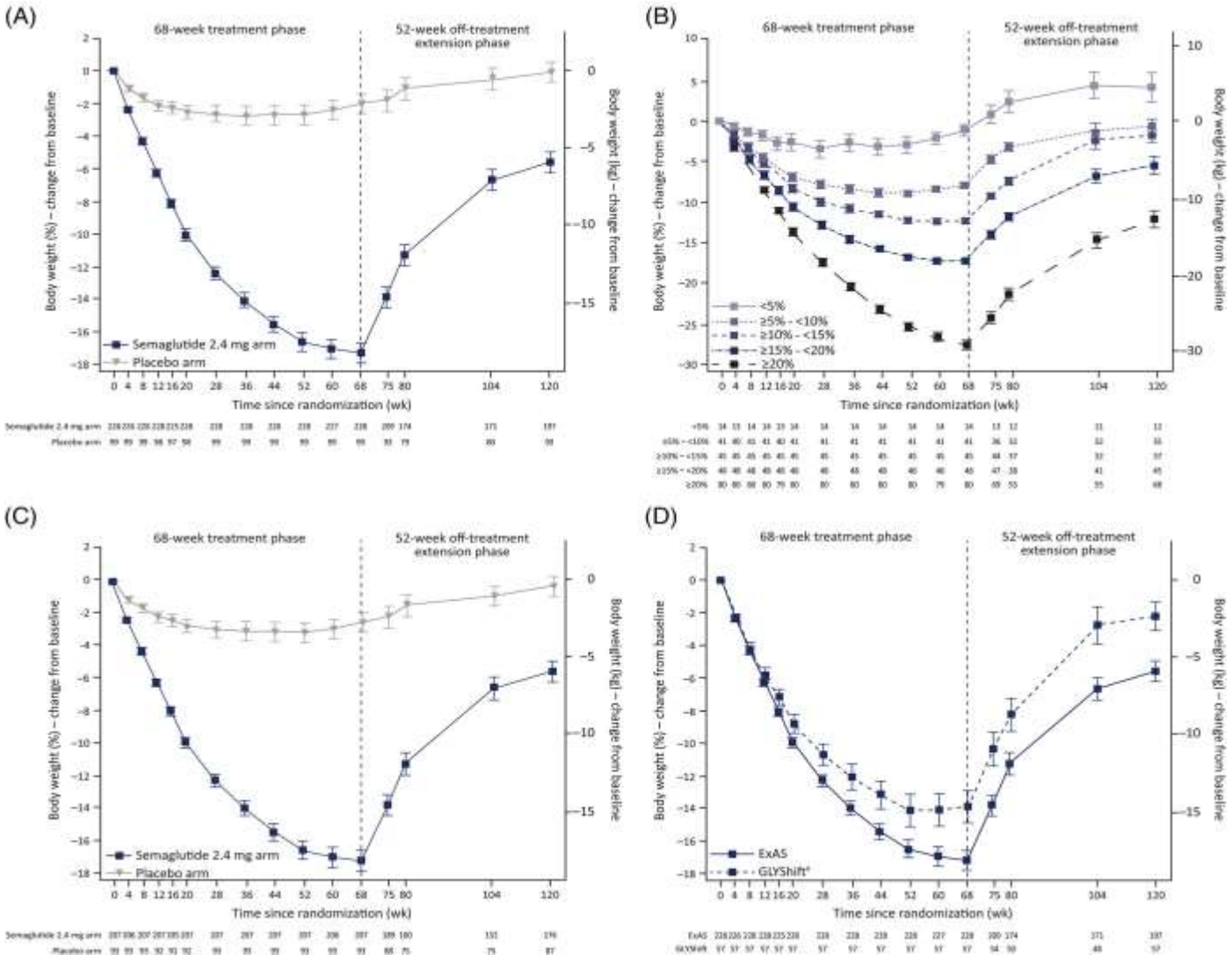


Fujioka et al, *Obesity*, 2016

Statements

AOMs are inappropriate for *long-term* use in people *≥12 years old* for the treatment of obesity.

Weight regain when treatment stopped



Wilding et al, DOM, 2022

Once-Weekly Semaglutide in Adolescents with Obesity

The NEW ENGLAND JOURNAL of MEDICINE

RESEARCH SUMMARY

Once-Weekly Semaglutide in Adolescents with Obesity

Weghuber D et al. DOI: 10.1056/NEJMoa2208601

CLINICAL PROBLEM

Young people with obesity have limited options if pharmacotherapy is indicated. The glucagon-like peptide-1 analogue semaglutide — at a once-weekly, 2.4-mg, subcutaneous dose — is approved for weight management in adults with obesity. Its efficacy and safety in adolescents with obesity have been unknown.

CLINICAL TRIAL

Design: A phase 3a, multinational, double-blind, parallel-group, randomized, placebo-controlled trial assessed the efficacy and safety of semaglutide plus lifestyle intervention, as compared with lifestyle intervention alone, in adolescents with obesity.

Intervention: 201 adolescents 12 to <18 years of age with a body-mass index (BMI) in the ≥95th percentile, or in the ≥85th percentile with at least one weight-related coexisting condition, were assigned in a 2:1 ratio to receive subcutaneous semaglutide (2.4 mg once weekly) or placebo for 68 weeks. All participants and their parents received counseling about nutrition and physical activity for weight loss throughout the trial. The primary end point was the percentage change in BMI from baseline to week 68.

RESULTS

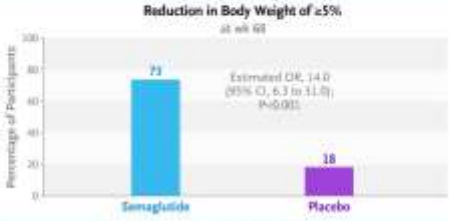
Efficacy: The semaglutide group had a clinically relevant reduction in mean BMI at week 68, whereas the placebo group had a modest increase.

Safety: Gastrointestinal disorders were the most common adverse events with semaglutide and were generally mild or moderate and of limited duration. Acute cholelithiasis occurred only with semaglutide (in five participants).

LIMITATIONS AND REMAINING QUESTIONS

- The durability of semaglutide's treatment effect in adolescents is unclear, as is the effect of treatment cessation.
- The generalizability of the findings may be limited, given that the trial included more female than male participants, most were White, and only eight had type 2 diabetes.

Links: Full Article | NEJM Quick Take



CONCLUSIONS

In adolescents with obesity, once-weekly treatment with a 2.4-mg dose of subcutaneous semaglutide plus lifestyle intervention led to a significant reduction in BMI at week 68, as compared with lifestyle intervention alone.

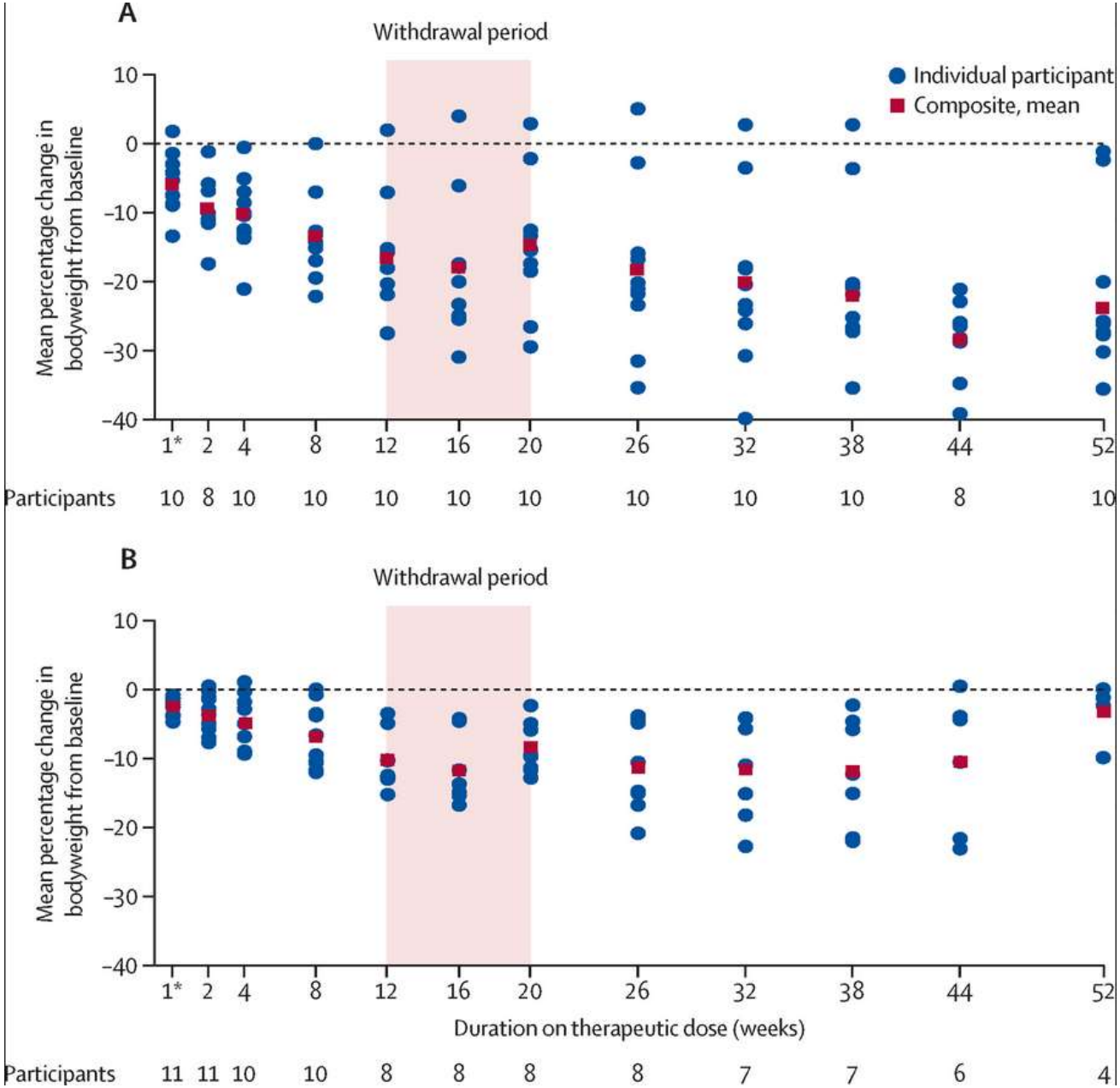
Weghuber D et al. N Engl J Med2022;387:2245-2257

Statements

If available, genetic screening for monogenic obesity and syndromic obesity should be performed in people with a BMI ≥40 and a history of childhood-onset obesity and hyperphagia.

Setmelanotide should be offered to children ≥ 6 years old and people with genetic mutations/syndromic obesity in accordance with its licensed indications.

Setmelanotide for POMC and LEPR deficiency

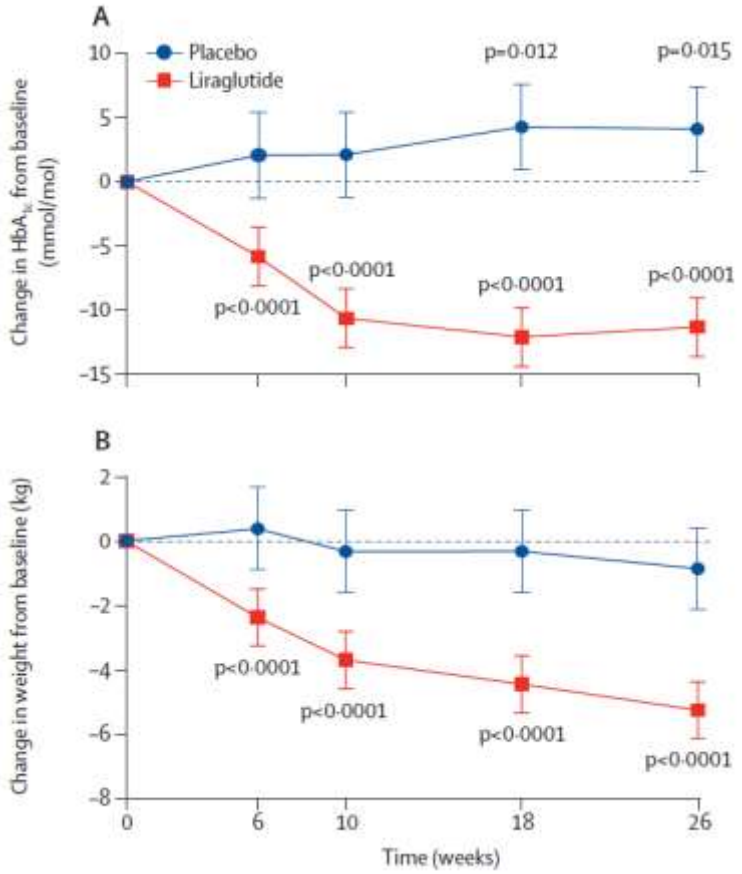


Clément et al, Lancet 2020

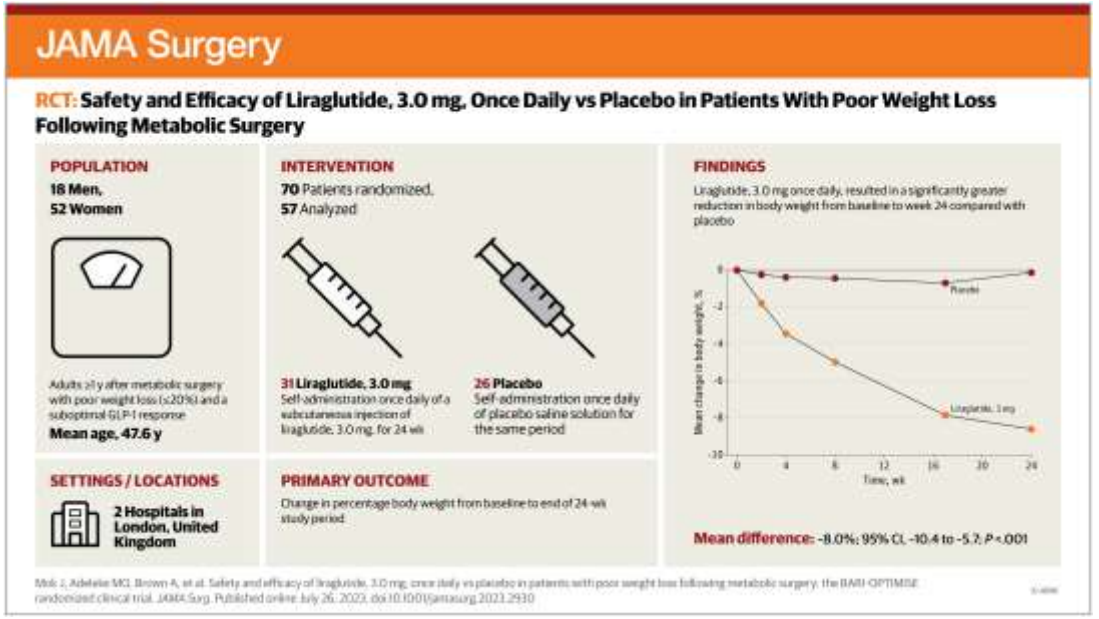
Statements

Adjuvant AOM should be offered to adults and children who require additional anti-obesity treatment after metabolic/bariatric surgery.

GRAVITAS and BARIOPTIMISE



Miras et al, Lancet D&E, 2019



Mok, Batterham, Makaronidis et al, JAMA surgery 2023

Conclusions

- Fundamental shift in the way obesity is treated.
- A new framework of thinking differently about the disease and highlights a lot more its biological drivers.
- Consensus group comprised of a wide range of the multidisciplinary team professionals treating the disease, and not just bariatric surgeons.
- Language used in the statements is disruptive.