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Real-World Effectiveness of Liraglutide for Obesity: Multicenter Data From Turkey

Ryan Quigley:

You're listening to *Clinician's Roundtable,* and this is an *AudioAbstract.* I'm Ryan Quigley, and today, I'll be reviewing new evidence on liraglutide for obesity, published in the *European Journal of Medical Research* in 2025.

Obesity continues to climb worldwide, and Turkey now reports the highest adult obesity rates in Europe. While randomized trials have shown that liraglutide—a GLP-1 receptor agonist—can drive meaningful weight loss, large-scale real-world data have been limited. This multicenter study in Turkey helps fill that gap.

Researchers reviewed data from more than one thousand adults with obesity treated across 38 endocrinology clinics between 2020 and 2023. Those who had bariatric surgery or who were taking other weight-loss drugs were excluded.

So, what did the investigators find? Nearly half of all participants—about 48 percent—reported at least one side effect, with nausea and vomiting being the most common. Interestingly, the main reason people stopped treatment wasn't intolerance but cost, with about 43 percent discontinuing the medication because it was too expensive.

Among those who continued, the median treatment duration was four months, with a median daily dose of 2.4 milligrams—slightly below the full three-milligram dose used in trials. Even so, results were strong.

More than three out of four patients achieved at least a five percent weight loss, and about 40 percent lost 10 percent or more of their body weight. After one year, the median total weight loss reached 13.5 kilograms. Treatment duration was the only independent predictor of success—patients who stayed on liraglutide longer achieved greater weight loss.

Metabolic outcomes also improved. Fasting glucose, hemoglobin A1c, LDL cholesterol, and triglyceride levels all dropped significantly, while liver enzyme levels declined modestly. Patients with diabetes saw their hemoglobin A1c fall by roughly 0.85 percent after a year.

Subgroup analyses added further nuance. Combining liraglutide with orlistat enhanced early weight loss, though the advantage didn't persist over time. Notably, age, sex, and baseline BMI didn't significantly affect outcomes. And self-reported adherence to diet and exercise didn't show a clear link to success, perhaps reflecting the variability of real-world reporting.

Serious adverse events were rare, occurring in less than one percent of patients. These included isolated cases of pancreatitis, cholecystitis, and elevated liver enzymes. Other reactions, like fatigue or mood changes, were uncommon and typically resolved after discontinuation.

Now, the study limitations are worth noting. Because this was a retrospective observational study, some patients had missing follow-up data, and relatively few continued treatment for a full year. Lifestyle behaviors were self-reported, which can introduce bias, and no control group was used for comparison. These factors limit causal interpretation, though the associations remain clinically meaningful.

Taken together, the findings reinforce that liraglutide remains an effective and well-tolerated GLP-1 analogue for weight management in real-world practice. Even at slightly lower doses, patients achieved meaningful weight and metabolic improvements. For many patients, the key to success lies in staying on treatment—and being able to *access* treatment— long enough to see those results.

As newer GLP-1 agents like semaglutide and tirzepatide draw global attention, this national study reminds clinicians that liraglutide continues to be a practical, accessible, and evidence-based option for obesity management, especially in settings where affordability and availability remain barriers.

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Reference:

Hepşen S, Haymana C, Cavnar Helvacı B, et al. Comprehensive analysis of real-world data on liraglutide treatment in patients with obesity: a multicenter national study. *Eur J Med Res.* 2025;30(1):956. doi:10.1186/s40001-025-02836-5

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