

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:

<https://reachmd.com/programs/cme/early-action-in-obesity-transforming-practice-improving-outcomes/36273/>

Released: 12/03/2025

Valid until: 12/03/2026

Time needed to complete: 15

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Early Action in Obesity: Transforming Practice, Improving Outcomes

Announcer:

Welcome to CE on ReachMD. This activity, titled, "Early Action in Obesity: Transforming Practice, Improving Outcomes" is provided by Medcon International.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Busetto:

Because of the myriad of obesity-related complications that can adversely affect patients, it is imperative that healthcare providers diagnose and treat obesity early.

Join us today, as we discuss the urgency of early intervention, review therapies for obesity management, and evaluate updates to clinical practice guidelines. This is Continuous Education on ReachMD, and I am Dr. Luca Busetto.

Dr. Pietilänen:

And I'm Dr. Kirsi Pietilänen.

Let's begin our conversation with the urgency of early intervention in obesity and its effects on obesity-related complications. So, Luca, what are your recommendations to our audience, particularly in the primary care setting?

Dr. Busetto:

You see, I think that the urgency of early intervention in obesity is quite clear. In particular, the importance of recognizing and addressing obesity in its early stages to prevent or mitigate the development of serial health complications. This was included in the European Practical and Patient-Centered Guidelines for Adult Obesity Management in Primary Care that the European Association for the Study of Obesity

about one-third of patients with overweight or obesity, if not treated, they tend to progress with BMI levels. And this progression is associated to an increased risk of developing obesity-related complications, and this is also associated with an increased healthcare cost, both as primary care visits, drugs, hospitalization, and so on.

So, these data again demonstrate the importance of an early intervention in obesity management.

Dr. Pietilänen:

So, yes, indeed. So, those studies really, I think, stress the fact that we need to have early treatment. And that's not only maybe for the healthcare costs, but it's also for the benefit of our patients because when we are really taking care of our patients early, then we are at the same time um helping that we really relieve the stigma. We are taking our patients seriously. We are really listening to their needs. And we are, by that, really overcoming the treatment inertia that we often see with obesity.

So, definitely, there are many, many perspectives that we can take, both from the society and healthcare point of view, but also from our own patients'.

Dr. Busetto:

So, Kirsi, now I review the urgency for intervention, but let's move on treatment. What is evidence behind available therapies for patients with obesity, today.

Dr. Pietilänen:

Well, of course, our therapies, they span lifestyle and medications and surgery. And we are living in a very interesting era because we have several new medications now. The center of gravity is now on GLP-1-based or GLP-1 and GIP-based therapies, which are very efficacious.

For example, the new semaglutide 2.4 milligram produces around 15% mean weight loss and uniquely it lowers major adverse cardiovascular events by around 20% in the SELECT study, which is a very important point because we do need to not only improve the weight loss results, but also to protect our heart.

There are also other studies that have shown effects for knee osteoarthritis, heart failure, sleep apnea and liver diseases. Then the GLP-1 and GIP dual agonist, tirzepatide, shows a mean weight loss of 20%. And we are really coming to a situation where we are having new, very, very efficacious products where we reach 20% or even more weight loss.

And the new perspective maybe, is that we will have as well high dose semaglutide to 7.2 milligrams, and that study showed that there's around 21% weight loss. And also, as another angle, we also have oral drugs. We have oral incretin options. We have studies on oral semaglutide, and we have the non-peptide GLP-1, orfoglitron, where we also have promising results.

So, this is what we are having. We need to watch the pipeline. We are getting closer and closer to very efficacious medications. And also, then paired with structured lifestyle therapy and paired with safety measures, like assuring nutrition and preventing muscle loss, all these elements for sure will improve our outcomes later in the obesity treatment.

Dr. Busetto:

Thank you, Kirsi, for this very nice review of the randomized controlled trials that we have with these new obesity management medications.

I would add that apart from the randomized control trials, we are now accumulating evidence coming from the real world, so real-world evidence coming out from colleagues using these medications in the real clinical setting and this could be an additional important point to stress about this medication.

Dr. Pietilänen:

So, Luca, now that the providers have brushed up on available therapies, let's review from your perspective, the clinical practice guidelines. What would you tell us about them?

Dr. Busetto:

For those just tuning in, you are listening to CE on ReachMD. I am Dr. Luca Busetto, and here with me today is Dr. Kirsi Pietilänen. And we are discussing how taking early action in obesity may improve outcomes for patients.

Dr. Busetto:

During the guidelines, they are changing in these times because, as you say, we are paying much more attention not only to weight loss, but also to the effect of weight loss and obesity management medication and prevention of obesity-related complications. So, we are moving from a purely weight-centric approach to a much more holistic clinical approach in which we take into account not only BMI, but also the clinical status of the patients and the need for improvement in physical performance and obesity-related complications.

This was included, at least in part, in the Primary Care Guidelines for EASO, and it is very, very clearly included in the very nice guidelines that our colleagues in Canada produced in the last year in which the attention was much more on the whole patients and not only on weight, because weight loss is not the target; weight loss is one part of obesity management and obesity is a chronic disease.

EASO, the European Association for the Study of Obesity, is moving in this direction. And in the last year, we presented in particular, an algorithm for helping clinicians to select which obesity management medication is appropriate in the individual patients.

Announcer:

You have been listening to CE on ReachMD. This activity is provided by Medcon International.

To receive your free CE credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.