

Start Pharmacotherapy in Conjunction With Lifestyle Therapy in the **TREATMENT OF OBESITY**¹

Antiobesity medications deliver better weight loss maintenance results as part of a comprehensive treatment approach for appropriate patients¹

Reduced caloric intake and increased physical activity alone may not be enough for **LASTING WEIGHT LOSS**¹⁻³

~50%

of weight lost with continued intensive lifestyle therapy in year 1 is **regained in 4 years**^{2,a}

90%

of people with obesity are **unable to keep weight off long term**^{3,b,c}

7x

People with obesity typically make **7 serious weight loss attempts** in their adult lifetime^{3,c}

^aFrom an 8-year multicenter study of 2570 patients randomized to the intensive lifestyle intervention (ILI) arm. The ILI arm was adapted from the Diabetes Prevention Program. ILI provided comprehensive behavioral weight loss counseling and was designed to achieve and maintain weight loss over the long term.

^bLong-term weight loss is defined as losing at least 10% of initial body weight and maintaining the loss for at least 1 year.

^cResults from quantitative surveys in a study of more than 3000 adult patients with a BMI of ≥ 30 kg/m², based on self-reported height and weight.

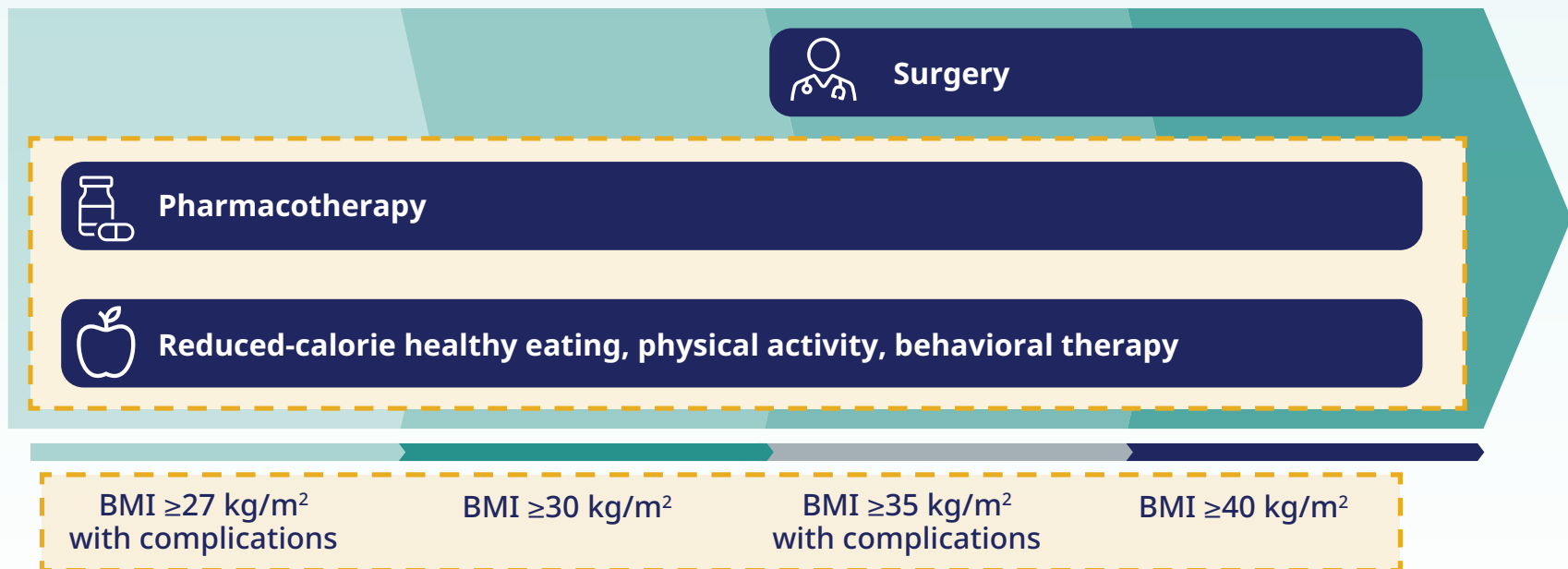


According to the AACE/ACE clinical practice guidelines, continued use of pharmacotherapy should transition from the role of **weight loss** to **weight maintenance**¹

When Should I **START PHARMACOTHERAPY?**

Pharmacotherapy, in conjunction with lifestyle modification, is indicated **FOR PATIENTS WITH A BMI ≥ 30 kg/m² OR A BMI ≥ 27 kg/m² AND AT LEAST ONE WEIGHT-RELATED COMORBIDITY¹**

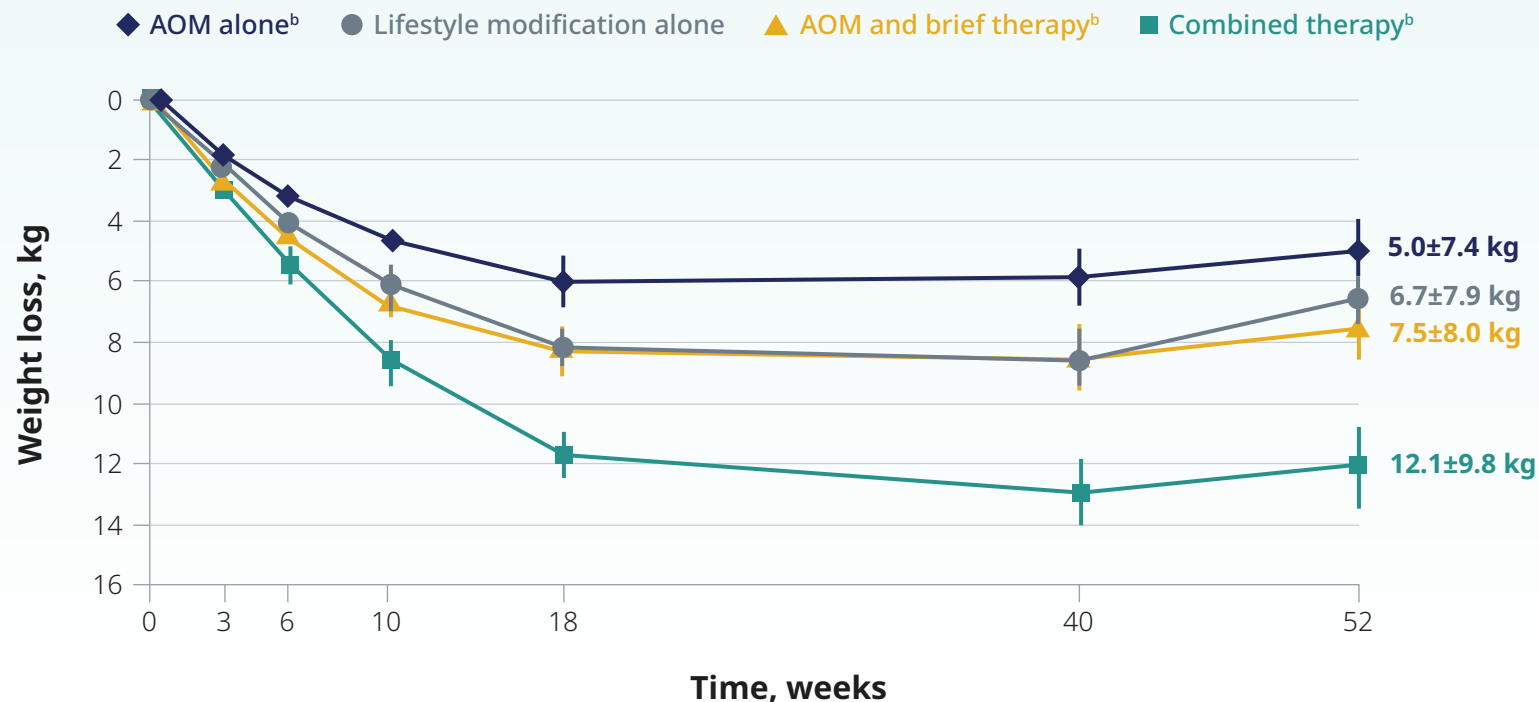
AACE/ACE guidelines for the management of overweight and obesity in adults¹



AACE/ACE guidelines for the management of overweight and obesity in adults recommend combination therapy with pharmacotherapy and lifestyle interventions for long-term weight management in appropriate patients¹

The combination of pharmacotherapy and lifestyle interventions is **MORE EFFECTIVE THAN EITHER ALONE**^{4,a,b}

Give your patients a **BETTER CHANCE AT SUCCESS** by starting pharmacotherapy and lifestyle intervention simultaneously



AOM, antiobesity medication; BMI, body mass index; PCP, primary care provider.

^aFrom a 1-year study of 224 patients with BMI of 30–45 kg/m² randomly assigned to receive: AOM alone (eight 10- to 15-minute visits with PCP and a daily dose of sibutramine); lifestyle modification alone (group meetings weekly or every other week that followed the LEARN Program for Weight Control); AOM and brief therapy (“AOM alone” regimen plus homework and supplemental materials that were reviewed during visits with PCP); and combined therapy (“AOM alone” plus “lifestyle alone” with slight adjustments).

^bMedication used was sibutramine.

Weight loss may lead to beneficial health outcomes¹

ACHIEVE SUSTAINED WEIGHT LOSS BY CONSIDERING LONG-TERM TREATMENT WITH PHARMACOTHERAPY¹

Choose an **FDA-APPROVED** prescription medication for weight loss^{1,5,6}

	Agent or class^{1,6}	Dosing¹	Mechanism of action⁶
Short-term option	Phentermine	See product-specific information	Sympathomimetic
Long-term options	Orlistat	3x a day before meals	Lipase inhibitor
	Phentermine/ topiramate ER	Once daily	Sympathomimetic; GABA receptor modulation, carbonic anhydrase inhibition, glutamate antagonism
	Naltrexone ER/ bupropion ER	Twice daily	Opioid receptor antagonist; dopamine and norepinephrine reuptake inhibitor
	GLP-1 receptor agonists	Once-daily or once-weekly options ⁵	Binds and activates GLP-1 receptors

ER, extended release; GLP-1, glucagon-like peptide-1.

Visit www.rethinkobesity.com to learn more about the use of pharmacotherapy for the long-term management of obesity

References:

1. Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22(suppl 3):1-203.
2. Look AHEAD Research Group. Eight-year weight losses with an intensive lifestyle intervention: the look AHEAD study. *Obesity (Silver Spring).* 2014;22(1):5-13. doi:10.1002/oby.20662
3. Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: results from the national ACTION study. *Obesity (Silver Spring).* 2018;26(1):61-69.
4. Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005;353(20):2111-2120.
5. National Institutes of Health. National Institute of Diabetes and Digestive and Kidney Diseases. Accessed September 1, 2021. <https://www.niddk.nih.gov/health-information/weight-management/prescription-medications-treat-overweight-obesity>.
6. Bray GA, Frühbeck G, Ryan DH, Wilding JPH. Management of obesity. *Lancet.* 2016;387(10031):1947-1956.