



The American Osteopathic College of Occupational and Preventive Medicine 2024 Midyear Educational Conference

Obesity: New Injectables Implications and Use



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Learning Objectives

- Describe the benefits GLP-1 RA provide for diabetes treatment
- Explain the physiologic effects of incretins on appetite and weight
- Discuss the results of key incretin obesity treatment studies
- Identify the risk, benefits, and future opportunities of incretins for obesity treatment

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GILA MONSTER



Venomous lizard
-Non-fatal but painful toxic venom
-Venom contains bioactive peptides
-Exendin-4
-Exenatide – synthetic blueprint of exendin-4.

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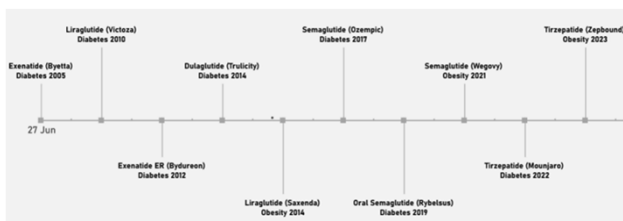
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Incretin Receptor Agonists

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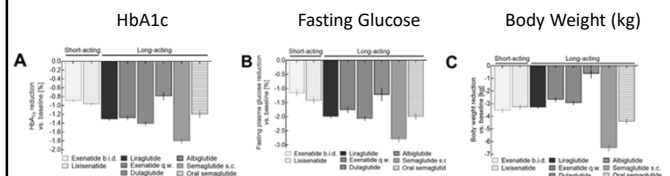
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Timeline of GLP-1 & GLP-1/GIP RA's



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From Diabetes to Obesity



Nauck, Molec Metab, 2021

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From Diabetes to Obesity

Semaglutide v. Insulin Glargine

THE LANCET
Diabetes & Endocrinology

Efficacy and safety of once-weekly semaglutide versus once-daily insulin glargine as add-on to metformin (with or without sulfonylureas) in insulin-naïve patients with type 2 diabetes (SUSTAIN 4): a randomised, open-label, parallel-group, multicentre, multinational, phase 3a trial

Vincent R. Arora, Stephen C. Bain, Bernhard G. Carr, William H. Miller, Ludger Rose, Maha Audena, Evonson Rose, J. Hans DeVries

Semaglutide
Greater ↓ HbA_{1c}
Greater ↓ weight
Less hypoglycemia

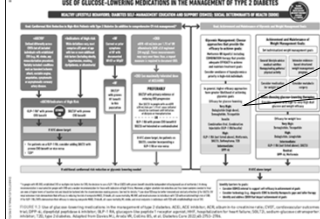
Arora, Diab & Endo, 2017

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From Diabetes to Obesity

2024 ADA Standard of Care in Diabetes



In general, higher efficacy approaches have greater likelihood of achieving glycemic goals

Efficacy for glucose lowering

Very High:
Dulaglutide (high dose),
Semaglutide, Tirzepatide,
Insulin

High:
GLP-1 RA (not listed above), Metformin,
SGLT2i, Sulfonylurea, TZD

Intermediate:
DPP-4i

ADA, Diabetes Care, 2024

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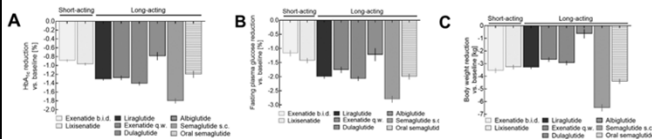
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From Diabetes to Obesity

HbA_{1c}

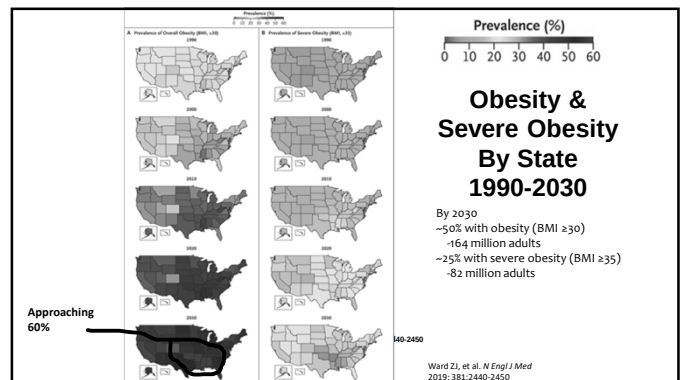
Fasting Glucose

Body Weight (kg)



Nauck, Molec Metab, 2021

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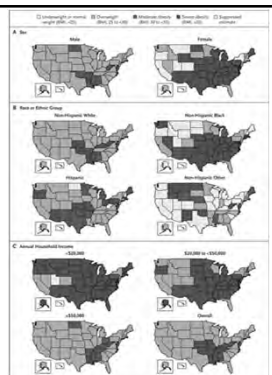
Ward ZL, et al. N Engl J Med 2019; 381:2440-2450

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Gender, Racial & Income Disparities

- Women
- Non-Hispanic Black
- Hispanic
- Low income

THE NEW ENGLAND JOURNAL OF MEDICINE
Ward, 2019



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Why Do People Develop Obesity?

Traditional Thinking

Purposeful behavior
regulates weight

-

Calories in & Calories
out
regulates weight

Additional Understanding

Biology
Regulates weight

-

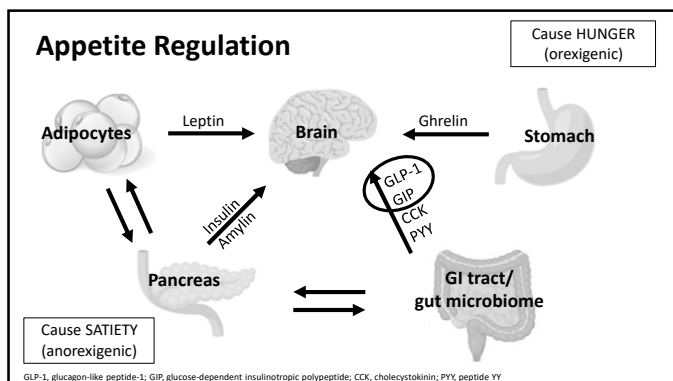
Hormonal Response
regulates weight

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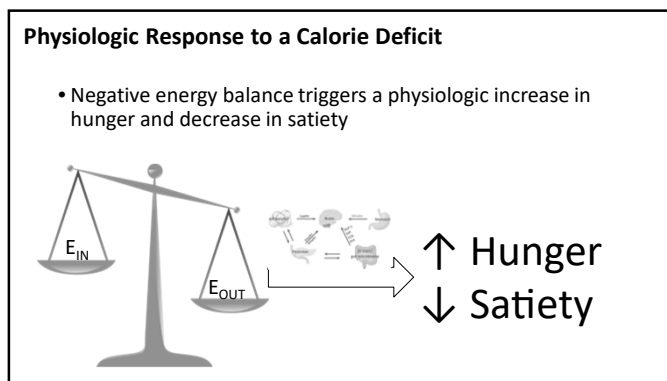
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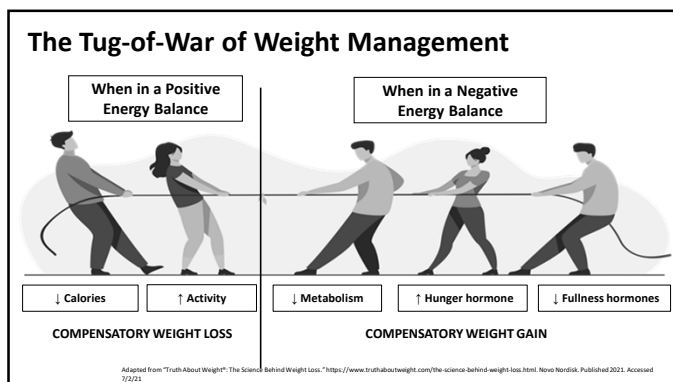
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Long-Term Impact of Weight Loss on Appetite Regulators

62-week study measuring appetite regulators after weight loss

- Levels after 10-week weight loss phase (mean weight loss 14%)
- Levels after 52-week maintenance phase

	Ghrelin	Leptin	PYY	GLP-1	CCK
Effect	Hunger	Satiety	Satiety	Satiety	Satiety
10 weeks	↑47%	↓64%	↓12%	↓7%	↓15%
62 weeks	↑21%	↓35%	↓20%	↓4%	↓5%

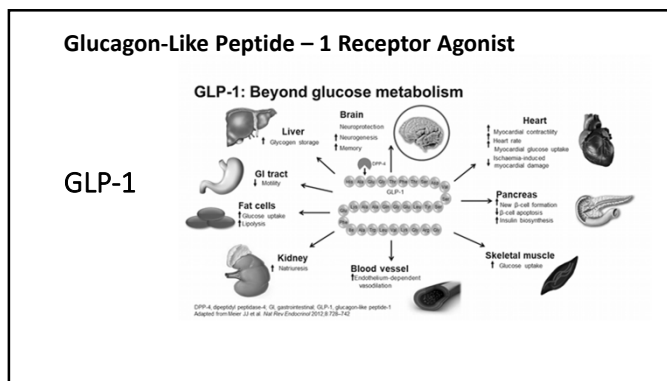
	Perceived Hunger	Desire to Eat
10 weeks	↑20%	↑11%
62 weeks	↑37%	↑26%

Sumithran P et al. *New Engl J Med*. 2011;365(17):1397-1604. (supplementary data)

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GLP-1

• Glucagon-like Peptide-1

- Produced in distal small intestine and colon
- Stimulated primarily by dietary carbohydrates
- Increases satiety – central effect
- Accentuates glucose-dependent insulin release
- Reduces hepatic gluconeogenesis by decreasing glucagon
- Delays gastric emptying
- Inactivated by Dipeptidyl peptidase-4 (DPP-4)



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GLP-1

• Glucagon-like Peptide-1

- GLP-1 levels reduced in
 - Obesity
 - Pre-diabetes
 - T2D
- Increases significantly after gastric bypass
- Liraglutide and semaglutide are GLP-1 receptor agonists and are approved for obesity treatment



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GLP-1 Receptor Agonists - Obesity Treatment

Liraglutide (Saxenda)

Daily subcutaneous injection

Dosing Titration

- 0.6mg x 7 days
- 1.2mg x 7 days
- 1.8mg x 7 days
- 2.4mg x 7 days
- 3.0mg x 7 days

Semaglutide (Wegovy)

Weekly subcutaneous injection

Dosing Titration

- 0.25mg x 4 weeks
- 0.5mg x 4 weeks
- 1.0mg x 4 weeks
- 1.7mg x 4 weeks
- 2.4mg x 4 weeks

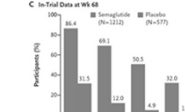
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Key Studies - Semaglutide

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Once-Weekly Semaglutide in Adults with Overweight or Obesity

STEP 1 – 15% Weight Loss

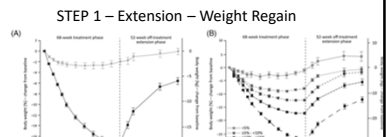


Wilding, NEJM, 2021

DIABETES, OBESITY AND METABOLISM

Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension

STEP 1 – Extension – Weight Regain



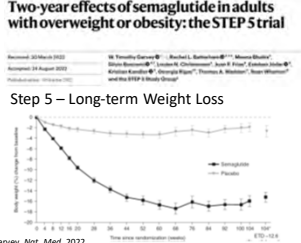
Wilding, Diab, Obesity, & Met, 2022

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Key Studies - Semaglutide

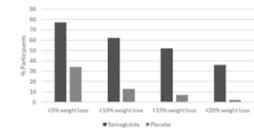
Two-year effects of semaglutide in adults with overweight or obesity: the STEP 5 trial

Step 5 – Long-term Weight Loss



Garvey, Nat. Med, 2022

Categorical Weight Loss at 2 Years

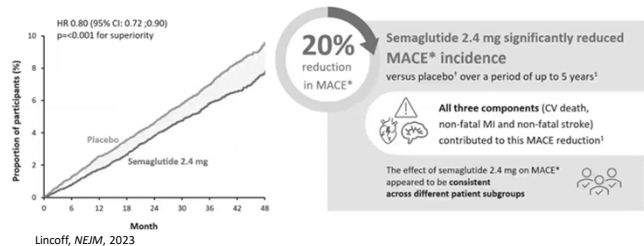


CV RF	Semaglutide	Placebo
WC (cm)	-14.4	-5.2
SBP mmHg	-5.7	-1.6
DBP mmHg	-4.4	-0.8
% WL	-15.6%	-3.0%
HbA _{1c} %	-0.4%	-0.1%
HDLc	9.6	8.10
LDLc	-6.1	-2.7
Trig	-19.0	3.7
CRP %Δ	-56.7	-7.8

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Key Studies - Semaglutide

CVOT – Secondary MACE Prevention



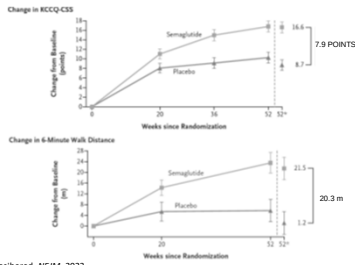
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Key Studies - Semaglutide

STEP - HFpEF



Patients with heart failure w/
preserved ejection fraction
-↓ symptoms
-↓ physical limitations
-↑ exercise function
-↓ weight

Kosiborod, NEJM, 2023

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GIP Receptor Agonists

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GIP

• Glucose-dependent insulinotropic polypeptide

- Produced in proximal & distal small intestine
- Stimulated primarily by dietary carbohydrates
- Decrease food intake – central effect
- Accentuates glucose-dependent insulin release
- Increases glucagon release – glucose dependent
- Increases gastric emptying
- Inactivated by Dipeptidyl peptidase-4 (DPP-4)
- Tirzepatide is a GLP-1/GIP receptor agonist used for obesity treatment

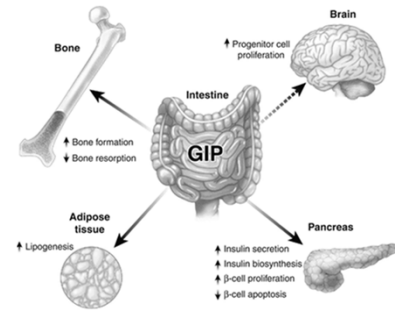


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Glucose-Dependent Insulinotropic Polypeptide Receptor Agonist

GIP



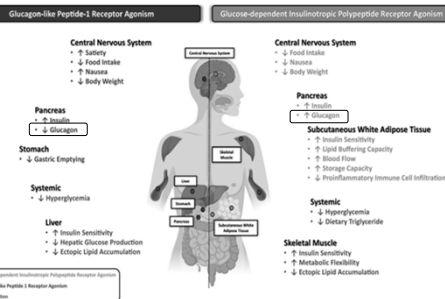
Chandarana, 2012

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GLP-1 RA

Figure 2

GIP



Cell

Trends in Endocrinology & Metabolism
Savaris, Trends Endo & Metab 2020

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GLP-1/GIP Receptor Agonist Obesity Treatment

Tirzepatide (Zepbound)

Weekly subcutaneous injection

Dosing Titration

- | | |
|-------------------|--------------------|
| • 2.5mg x 4 weeks | • 10mg x 4 weeks |
| • 5.0mg x 4 weeks | • 12.5mg x 4 weeks |
| • 7.5mg x 4 weeks | • 15mg x 4 weeks |

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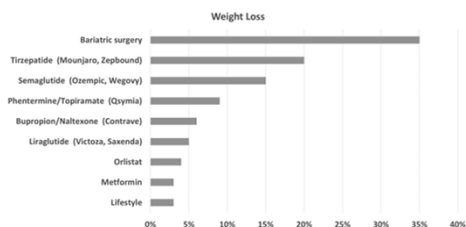
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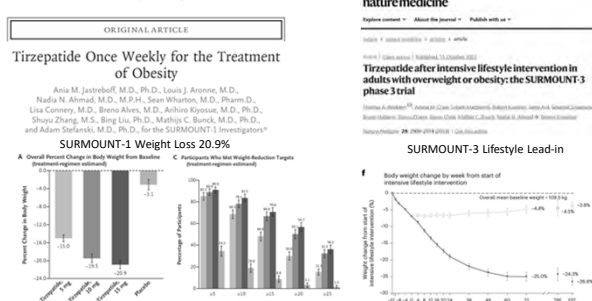
Key Studies - Tirzepatide

Expected Weight Loss



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Key Studies - Tirzepatide



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Downside Risks – GLP-1 & GLP-1/GIP RA's

- Contraindications
 - Personal or family history of medullary thyroid carcinoma
 - Personal history of MEN2
- Warnings
 - Acute Pancreatitis
 - Gallbladder disease
 - Hypoglycemia
 - Acute kidney injury
 - Diabetic retinopathy (T2D)
 - Increased heart rate
 - Suicidal ideation



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Downside Risks – GLP-1 & GLP-1/GIP RA's

- Adverse Reactions
 - GI – nausea, vomiting, diarrhea, constipation, GERD
 - Elevated heart rate
 - Elevated amylase & lipase (~30-40% increase)
- Other considerations
 - Pregnancy
 - Breastfeeding



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Downside Risks – GLP-1 & GLP-1/GIP RA's

- Nutritional Concerns
 - Paradigm shift – eating enough
 - Nutrient quality
 - Protein
 - Vegetables
 - 3 F's
 - Eating too Fast
 - Eating until too Full
 - Eating too much Fat
- Physical Activity
 - Maintaining Muscle mass



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Future of Anti-Obesity Medications

Mechanism	Medication	Route	Study	Weight Loss
GLP-1 RA	Semaglutide	Oral	OASIS – Phase 3	17.4%
GLP-1 RA/Amylin RA	CagriSema	SC	REDEFINE – Phase 3	
GLP-1/Glucagon RA	Survodutide Pemvidutide Cotadutide Efinaopegdutide	SC	SYNCRONIZE – Phase 2 MOMENTUM – Phase 2	14.9%
GLP-1/GIP/Glucagon RA	Retudatride	SC	TRIUMPH – Phase 2	24.2%
GLP-1 sm. molecule RA	Orforglipron	SC	ATTAIN – Phase 2	14.7%
Monoclonal AB blocks activin pathway	Bimagrumab	SC	Phase 2	



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Future of Anti-Obesity Medications

- Benefits Beyond Weight Loss
 - 237 disease caused or made worse by obesity
- Type 2 Diabetes treatment
 - Treating insulin resistance vs. glucose control
- Cardiovascular risk reduction
- Improved cardiovascular outcomes – MACE reduction
- Osteoarthritis improvement – weight and inflammation
- Metabolic dysfunction-associated steatotic liver disease (MASLD formerly NAFLD)
 - Particularly agents that have glucagon receptor agonist activity
- Addiction behaviors
- Immobility
- Chronic pain



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