

# Prescription Weight Loss Drugs

Obesity is a disease, and the science is ever evolving as to treatment options. In recent years, several new drugs have been approved by the FDA for weight loss.

Per FDA regulation, these drugs are approved to be used in **combination** with healthy eating and physical activity. Eat Smart, Move More, Prevent Diabetes and Eat Smart, Move More, Weigh Less can complement medications you may be taking to help you manage your diabetes and/or weight.

## What are these new drugs?

The recently FDA-approved drugs work on the glucagon-like peptide (GLP) receptors and the central satiety center. These are the first new anti-obesity drugs to be approved in nearly ten years. These drugs work by binding the GLP-1 and the glucose-dependent insulinotropic polypeptide (GIP) receptor. There are two main types of these drugs on the market:

CLASS OF DRUG	ACTION IT TAKES	BRAND NAMES	WHAT IT IS PRESCRIBED FOR <sup>1</sup>
Semaglutides <sup>a</sup>	GLP-1 receptor agonist	Ozempic, Ryblesus and Wegovy	Type 2 diabetes (Ozempic, Ryblesus) Weight Loss (Wegovy)
Tirzepatides <sup>b</sup>	GLP-1 AND GIP receptor agonist	Mounjaro and Zepbound	Type 2 diabetes (Mounjaro) Weight Loss (Zepbound)

1. These drugs are the same but doses differ based on why the drug is being prescribed.

## How do these drugs work?

Semaglutide and tirzepatide drugs work to help lower blood glucose. They increase the amount of time food stays in the stomach and intestines. They activate the appetite centers of the brain to help with cravings and regulate hunger. All of these factors taken together work to decrease food intake and promote weight loss. The difference between the drugs is that semaglutide works only on the GLP-1 receptors while tirzepatide works on both GIP and GLP-1 receptors and may have an even more profound impact on weight.<sup>c</sup> Per FDA regulations, these drugs are to be used in combination with a healthy diet and physical activity.<sup>d</sup>

## Do these drugs work?

Average weight loss with semaglutide use is 12.4%<sup>e-g</sup> and 17.8% with tirzepatide use.<sup>h</sup> For example, a 220-pound person may lose around 25 to 40 pounds with the use of these drugs.

Many in the medical and research community are suggesting that these drugs are game changers in the treatment of obesity.



## What are the downsides of these drugs?

There are challenges, however, not the least of which is the cost and who will pay for the drugs as few health care plans will cover weight loss medication. As of 2024, Medicare is currently not covering these drugs for weight loss, and health care plans that were covering them have since stopped due to the staggering costs. A one-month supply of these drugs can be over \$1,000. Work is underway to explore the health benefits of these drugs beyond weight loss including a decrease in heart disease, liver disease, kidney disease, stroke, and other chronic diseases. Perhaps in the future, due to benefits beyond weight loss, these drugs will be covered by health care plans including Medicare.

There are also side effects with both of these classes of drugs including nausea, vomiting, constipation, stomach discomfort, and bloating. Further, you must remain on these drugs. Evidence shows you will likely regain the weight if you discontinue the use of these drugs. Even with all of these downsides, the amount of weight that can be lost is medically significant and can help with what continues to be a serious disease for many. They are not, however, a cure for obesity but a tool to be used together with a healthy diet, physical activity, stress management, and proper sleep. The next decade will tell the full story of the impact of these drugs and their overall impact on health and well-being of those with obesity.



## A final word about these drugs

These are serious medicines and should only be taken by those who have obesity. They are not meant to be taken to lose a few pounds or achieve a weight that is unrealistic for your body. The potential side effects are serious and the benefit of taking the drug should outweigh any potential risk. These drugs should only be prescribed by a physician trained in using these drugs to treat obesity and be dispensed by a licensed pharmacist.

It is important to remember that FDA approved these drugs to be used in combination with healthy eating and physical activity. Learning to make healthy changes in diet and physical activity is important for these drugs to have maximum impact. Eat Smart, Move More, Prevent Diabetes and Eat Smart, Move More, Weigh Less can inform and empower you to live mindfully and make good choices about eating and physical activity.

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b. US Food and Drug Administration. FDA News Release FDA approves new medication for chronic weight management. November 8, 2023. <https://www.fda.gov/news-events/press-announcements/fda-approves-new-medication-chronic-weight-management>. Accessed March 16, 2024.

c. Scheen AJ. Dual GIP/GLP-1 receptor agonist: new advances for treating type-2 diabetes. *Annales d'Endocrinologie*. 2023;84(2):316-321.

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