

Weighing the Evidence

ON WEIGHT LOSS DRUGS

By Narendra Singh, MD

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More than 70% of the US population is now considered either overweight (BMI > 27) or obese (BMI > 30). Multiple factors have contributed to this weight gain epidemic which include excess caloric intake, more sedentary lifestyles, increased stress and decreased sleep patterns.

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For decades, attempts to find effective weight loss drugs have been undertaken with very little success. Many of the earlier drugs were taken off the market because they caused heart valve complications, increased the risk of depression, suicidal ideation, cancers or had intolerable gastrointestinal side effects.

Recently a class of medications called GLP1 agonists have received a lot of attention for their weight loss potential. Drugs in this class include dulaglutide (Trulicity) semaglutide (Ozempic, Wegovy and Rybelsus) and tirzepatide (Mounjaro). They were all initially indicated for lowering glucose in type II diabetics but later found to also significantly lower weight between 15-50 pounds. By enhancing the effects of the body's own glucose lowering peptide, these drugs work in a variety of different ways -improving pancreatic and liver function as well as impacting the brain appetite center and delaying gastric emptying. Many of the medication side effects are related to the latter property. Overconsumption of food or drinks results in nausea, vomiting, bloating and sometimes diarrhea or constipation. Many of these symptoms can be overcome by reducing portion size, spacing out meals with small snacks and gradually up titrating the medication dose. These drugs are

given as a simple self-administered injection on a weekly basis.

As word of the weight loss success of the medications grew, it became the drug of choice for many Hollywood celebrities wanting to lose a few pounds. Soon after, many individuals who did not necessarily need the medication began utilizing the drug, resulting in a worldwide shortage that is slowly being remedied. Presently most insurance companies do not cover the drug in non-diabetics, considering it a lifestyle medication rather than medical necessity.

So the question becomes does hype have merit? The early answer appears to be a resounding yes. In patients with type 2 diabetes in addition to lowering glucose and causing weight loss these drugs reduce the risk of heart attacks strokes and cardiovascular death.

In patients with obesity and heart failure a recent study showed semaglutide significantly improves symptoms and quality of life in conjunction with weight loss. Ongoing studies hope to also show that it will reduce hospitalization for heart failure.

In November 2023, during the American Heart Association meeting, the 17604 patients, a five year follow-up SELECT study presented their findings of using semaglutide in overweight and obese patients who are NOT diabetic but

already have cardiovascular disease. The top line results released show that this therapy reduces future cardiovascular death, heart attacks and strokes by 20% making this a cardioprotective drug rather than a lifestyle therapy.

While diet and exercise remain the mainstay for weight loss, this new class of medications offers the promise of doing more than just keeping your weight down. As always, a discussion on the use of these medications should be held in conjunction with advice from your health care professional.

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