

Medical Management of Obesity in Women's Health

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Identified or perceived conflict of interest has been resolved
in accordance with ACCME guidelines.

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Faculty Disclosures

Dr. Ryan has the following disclosures:

Consulting Fees: Alyvent, Amgen, Bausch Health, Boehringer Ingelheim, Epitomee, Gila Therapeutics, IFA Celtic, Janssen, KVK Tech, Novo Nordisk, Phenomix, Quintiles, Real Appeal (United Health), ReDesign Health, Sanofi, Scientific Intake

Commercial Interest Speakers Bureau: Novo Nordisk

Contracted Research: SELECT Steering Committee (Novo Nordisk)

Ownership Interest: Gila Therapeutics, Phenomix, Xeno Bioscience, Epitomee, ReDesign Health, Scientific Intake



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Objectives

- Identify women with obesity and determine their comorbidity risk, with a focus on T2DM and CVD
- Associate the hormonal role in energy regulation and metabolic adaptations to the pathophysiology of obesity in women
- Apply guideline-based algorithms to appropriately individualize treatment for women with obesity that is poorly managed with diet and exercise
- Develop strategies to improve communication and engage patients in shared-decision making during annual health visits

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Factors that Drive Weight Gain Across the Lifespan

- Medications
- Poor sleep, shift work
- Poor eating behavior/processed foods
- Emotional stress
- Smoking Cessation
- Marriage
- Alterations in the growth trajectory through adolescence
- Post-pregnancy weight retention
- Menopause (body fat distribution)

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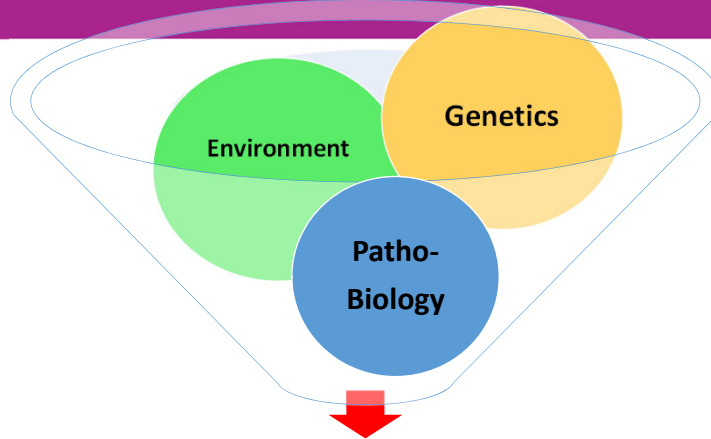
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Etiology of Obesity



Some individuals are predisposed to develop obesity under current environmental conditions, while others are less susceptible



Metabolic and Biologic Adaptations that Defend Body Weight

Old paradigm



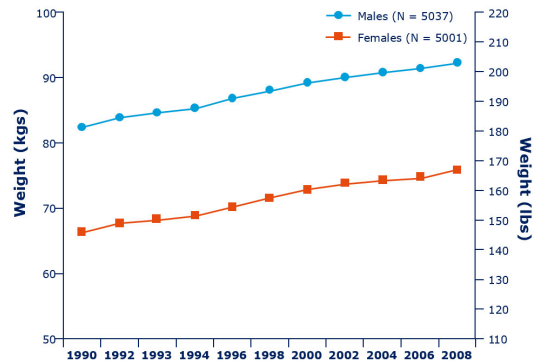
New paradigm



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Body Weight and Body Fat
Are Defended as Weight
Increases Over the
Lifespan for 95% of People

Average 18-year weight trajectory for men and women



Malhotra R, et al. Obesity 2013; 21: 1923-1934.

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The Effect of Continued Environmental Pressure on Body
Weight Settling Point in Adulthood



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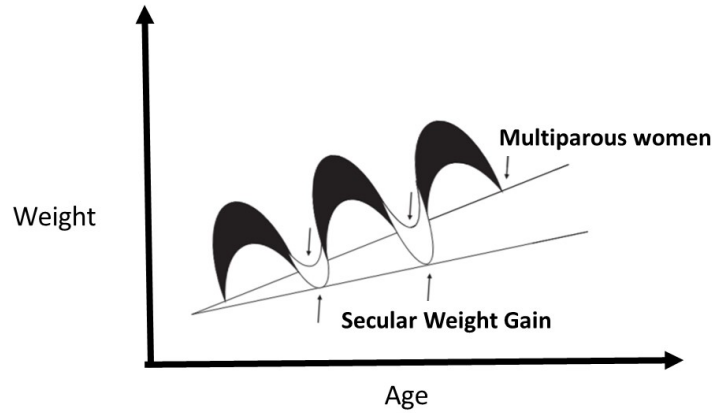


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Each Pregnancy Results on Average in ~1 Kg of Weight Gain



Melzer K, Schutz Y. International Journal of Obesity. 2010; 34:S44-S52.

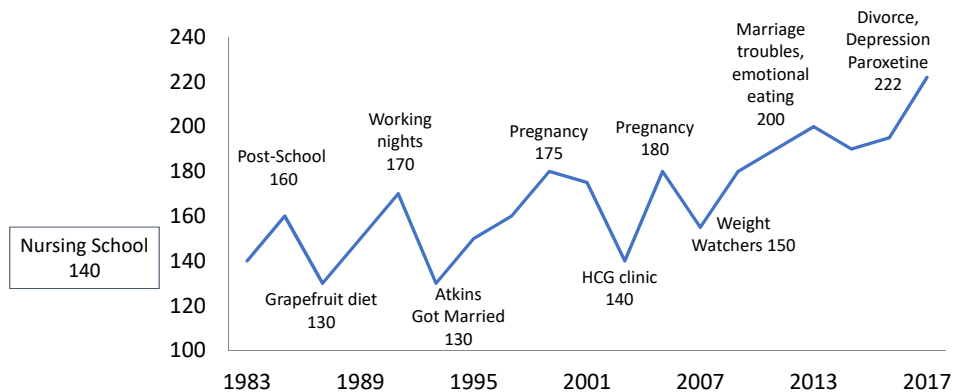
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On an individual basis, weight across the lifespan often looks like this...



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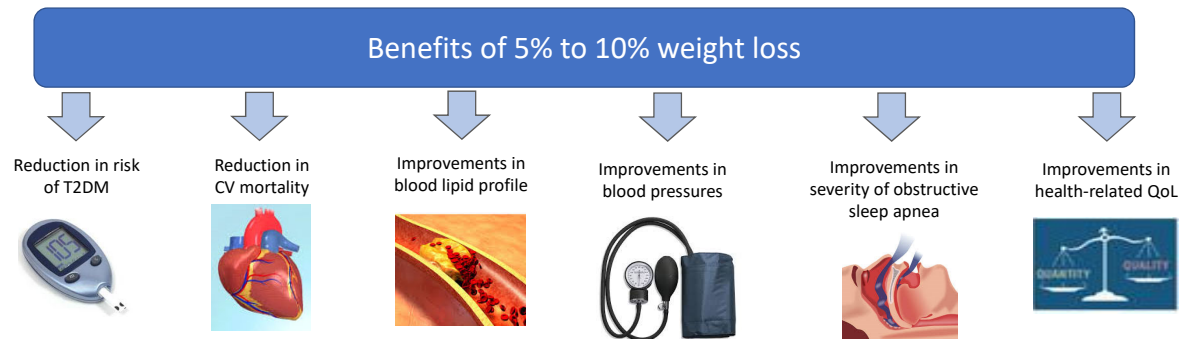


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Weight Loss Improves Obesity-Related Comorbidity



Knowler WC, et al. N Engl J Med. 2002;346:393-403.
 Li G, et al. Lancet Diabetes Endocrinol. 2014;2:474-480.
 Ryan DH, Curr Obes Rep. 2017;6:187-194.
 Wing RR, et al. Diabetes Care. 2011;34:1481-1486.
 Foster DG, et al. Arch Intern Med 2009;169:1619-1626.
 Warkentin LM, et al. Obes Rev. 2014;15:169-182.

Weight loss may also improve non-alcoholic fatty liver disease and osteoarthritis

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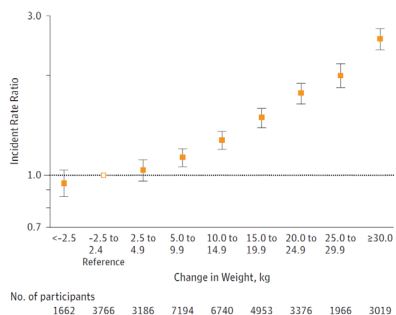


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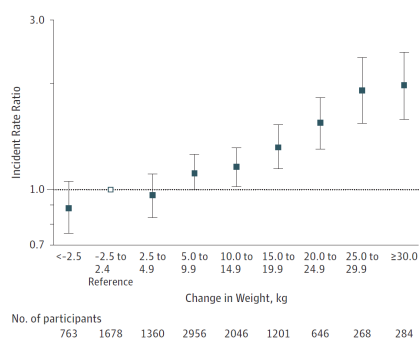


Weight Gain From Early to Middle Adulthood and Risk for T2DM, CVD, Cancer, Non-traumatic Death

Never smoking women, median follow-up 18 years



Never smoking men, median follow-up 14 years



Zheng Y, Manson JE, Yuan C, et al. JAMA. 2017;318(3):255-269.

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Pharmacologic Therapies

Agent	Action	Approval by US FDA	Scheduled Drug
Phentermine	• Sympathomimetic amine; norepinephrine release and to lesser extent releases other monoamines	Approved 1959	YES
Orlistat	• Pancreatic lipase inhibitor; Blocks absorption of 30% of ingested dietary fat	Approved 1999 OTC Approved 2006	NO
Lorcaserin	• 5-HT _{2C} serotonin agonist • Little affinity for other serotonergic receptors	Approved 2012	YES
Phentermine/ Topiramate ER	• Sympathomimetic • Anticonvulsant (GABA receptor modulator carbonic anhydrase inhibitor, glutamate antagonist)	Approved 2012	YES
Naltrexone ER/ Bupropion ER	• Opioid receptor antagonist • Dopamine/norepinephrine reuptake inhibitor	Approved 2014	NO
Liraglutide	• GLP-1 receptor agonist	Approved 2014	NO

OTC = over the counter; ER = extended release; GABA = gamma-aminobutyric acid

www.accessdata.fda.gov/scripts/cder/drugsatfda

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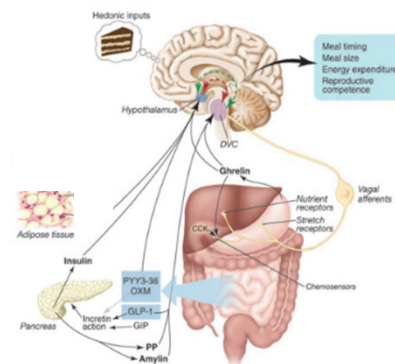
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New Paradigm: Food intake and Body Fat Regulation Are Largely Biologically Determined

- The brain regulates food intake
 - Homeostatic System – hunger and satiety
 - Reward System – craving and susceptibility to food cues
- Peripheral signals communicate
 - Acute food intake status – **GLP-1, CCK, PYY, ghrelin, amylin, vagus nerve**, etc.
 - Body fat status - **Leptin**
- The brain regulates energy expenditure



CCK = cholecystokinin; GLP-1 = glucagon-like peptide-1; PYY = peptide tyrosine tyrosine.

Berthoud HR, et al. Gastroenterology. 2017;152(7):1728-38.

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GLP-1 Agonist Clinical Data

The role of gut hormones in obesity
Jessica KW. Ma^{1,2,3}, Jantine M. Makranda^{1,2,3} and Rachel L. Batterham^{1,2,3}

Abstract
Obesity is a complex condition with multiple aetiological factors. Gut hormones play a central role in the regulation of energy balance and are therefore important in the pathogenesis of obesity. This review discusses the role of gut hormones in obesity and the potential for their use in the treatment of obesity.

The effects of GLP-1 analogues in obese, insulin-using type 2 diabetes in relation to eating behaviour
Michael Rossner, Dr. Ross¹, Josep Roura-Lladres², Julia Fridolf-Petersen³, Hans-Peter Heidecker⁴, Steven Brunnhuber⁵, Hans Björkelund⁶

Abstract
Insulin resistance is a key feature of type 2 diabetes (T2D). Insulin resistance is associated with increased hunger and prospective food consumption, which may contribute to weight gain. GLP-1 analogues improve insulin sensitivity and may therefore reduce hunger and prospective food consumption. This study investigated the effects of the GLP-1 analogue, liraglutide, on eating behaviour in obese, insulin-using T2D patients.

Role of gastrointestinal hormones in feeding behavior and satiety treatment
Mikael Rossner¹, Hans-Peter Heidecker², Hans Björkelund³, Steven Brunnhuber⁴, Josep Roura-Lladres⁵, Julia Fridolf-Petersen⁶

Abstract
Gastrointestinal hormones play a central role in the regulation of feeding behavior and satiety. This review discusses the role of these hormones in feeding behavior and the potential for their use in the treatment of obesity and T2D.

The Effect of Glucagon-like Peptide-1 (GLP-1) on Obesity
Hans-Peter Heidecker and Mikael Ross

Abstract
Obesity is a complex condition with multiple aetiological factors. Gut hormones play a central role in the regulation of energy balance and are therefore important in the pathogenesis of obesity. This review discusses the role of gut hormones in obesity and the potential for their use in the treatment of obesity.

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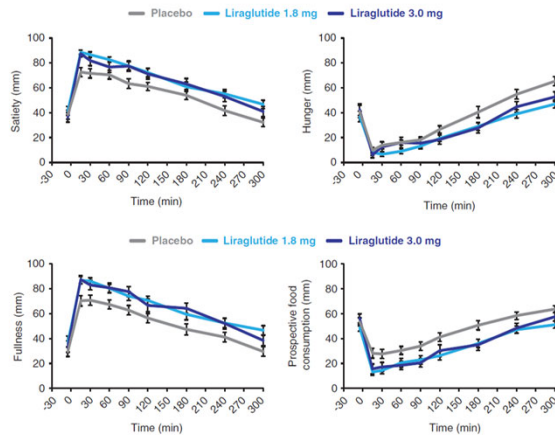


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Liraglutide 1.8 mg and 3.0 mg

- ↓ hunger, prospective food consumption
- ↑ satiety, fullness
- Delays gastric emptying



Disclaimer: Liraglutide 1.8mg is not approved for weight management
*Statistical significance P <.05 vs. placebo.
Data for overall includes 100 minus scores for hunger and PFC.
van Can J, et al. Int J Obes (Lond). 2014;38:784-793.

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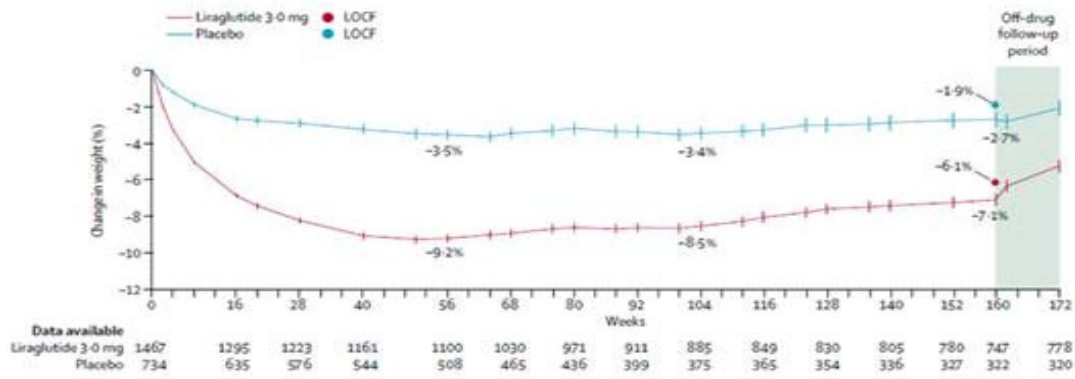


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SCALE Obesity and Prediabetes: Change in Body Weight (%), Liraglutide 3.0 mg vs. Placebo



Le Roux C, et al. Lancet. 2017;389:1399-1409.

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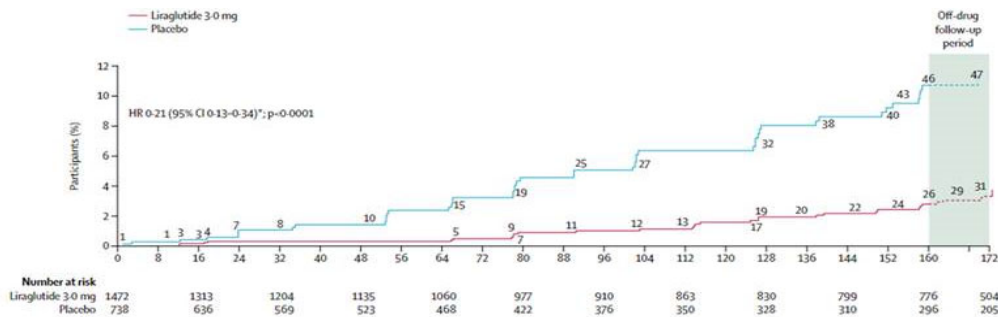


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3-Year Assessment of the SCALE Obesity and Prediabetes Trial

This study evaluated the proportion of individuals with prediabetes who were diagnosed with T2DM



Le Roux C, et al. Lancet. 2017;389:1399-1409.

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