

Obesity medications: What every dietitian needs to know

FOLLOW-UP HANDOUT

What medications are approved for the treatment of obesity?

Currently, the **most commonly prescribed medications** indicated to treat obesity based on the criteria of BMI of 30, or BMI of 27 with a weight-related comorbidity are:

- Liraglutide (Saxenda) – daily injectable
 - Also FDA approved for diabetes as Victoza
- Semaglutide (Wegovy) – weekly injectable
 - Also FDA approved for diabetes as Ozempic or Rybelsus (a daily oral tablet)
- Tirzepatide (Zepbound) – weekly injectable
 - Also FDA approved for diabetes as Mounjaro

Contraindications may include: chronic pancreatitis, family history of MEN II syndrome, or personal history of medullary thyroid cancer

What are some of the nutritional considerations for patients on these medications?

Protein recommendations:

- **Beth Czerwony MS, RD, CSOWM, LD** suggested using this equation to calculate your patients' and clients' protein needs: 1.2–1.5g/kg of IBW (IBW based on a BMI of 24)

Fiber recommendations:

- Dietary guidelines for Americans suggest:
 - 25 g for women aged 31–50; 22 g for women 51+
 - 31 g for men aged 31–50; 28 g for men 51+
- Based on evidence from the general population, low-calorie diets, and bariatric surgery, [Almandoz et al](#) suggests:
 - 21–25 g/d for women
 - 30–38 g/d for men
- If clients need help with fiber intake, **Colleen Dawkins, MSN, ARNP, FNP-C, MS, RDN, CSOWM** suggested a prebiotic fiber supplement called 'Just Better'.
- Consider a multi-vitamin too, if appetite is affected; Specific micronutrients should be addressed on an individual basis

Alternatives to incretin-based therapies:

Incretin-based therapies may seem like the only option based on current popularity, however obesity medications date back to at least 1959 (with FDA approval). **Other medications that may be appropriate for this patient population include:**

- Phentermine (trade name Adipex) or low-dose phentermine (trade name Lomaira)
- Phentermine-topiramate (trade name Qysmia)
- Bupropion-naltrexone (trade name Contrave)
- Orlistat (trade name Xenical)
- Off label use of metformin in combination with another obesity medication may be useful, if appropriate

But, **medication may not be the answer at all for the person in front of you.** Newer surgical procedures such as endoscopic sleeve procedures (reduce risk of complication) for example, may need to be considered.

Adjunct therapies, or additional therapies that may be added to a current regimen, include the addition of one of the alternative medications listed above when availability or insurance coverage of a more commonly prescribed medication is a challenge or something like a fiber supplement to help with afternoon hunger.

Additional resources related to medication use while pregnant or breastfeeding:

- Cesta, C. (2024). Safety of GLP-1 Receptor Agonists and Other Second-Line Antidiabetics in Early Pregnancy. *JAMA Intern Med.* 184(2), 144–152.
- Hiles, R. (2023). Ex vivo human placental transfer of the peptides pramlintide and exenatide (synthetic exendin-4). *Hum Exp Toxicol.* 22(12), 623–628.
- Muller, D. (2023). Effects of GLP-1 agonists and SGLT2 inhibitors during pregnancy and lactation on offspring outcomes: a systematic review of the evidence. *Front Endocrinol (Lausanne).* (14)1215356.