Obesity Treatment Options at a Glance

Document Obesity Diagnosis[1-3]

- Screen with BMI
- Confirm **obesity** with a body fat measure such as waist circumference, waist-to-hip ratio, or waist-to-height ratio
  - BMI ≥30 kg/m^2 = obesity; 25.0-29.9 kg/m^2 = overweight
  - *Confirmation not needed if BMI is >40 kg/m^2*
- Assess for obesity-related complications and diseases; presence confirms **clinical obesity**

Individualize Treatment[2-5]

- Stage obesity status based on presence, number, and severity of weight-related conditions
  - Refer to a staging algorithm (eg, American Association of Clinical Endocrinology algorithm, Edmonton Obesity Staging System)
  - Treatment modality and intensity should match obesity stage
- Work with your patient to identify a realistic weight loss goal that is likely to improve weight-related conditions the patient has
  - In general, 5%-10% weight loss produces clinically meaningful benefit
  - Weight loss ≥10% may be needed for meaningful benefit with some conditions (eg, metabolic dysfunction–associated steatohepatitis [MASH])
  - Greater weight loss is likely to provide additional benefits
- Considerations for shared decisions on treatment approaches include contraindications and cautions, effects on weight-related conditions, patient preferences and experiences (eg, symptoms, adverse events), cost and coverage
- Adjust treatment if weight loss is <5% after 3 months or if there are no health improvements

Lifestyle and Behavior Management Is Foundational[2-4,6]

- **Approximate anticipated weight loss: 2%–5%**
- Include at every obesity stage and with obesity medications and metabolic and bariatric surgery
- Nutrition: calorie restriction, with high protein intake to improve satiety and preserve fat-free mass
- Physical activity: moderate resistance and endurance exercise to reduce lean mass loss, preserve resting energy expenditure, and improve health; regular physical activity is key to weight loss maintenance
- Sleep hygiene and stress management are also important!
- Behavior: behavior change techniques like environmental management, self-monitoring, and cognitive restructuring; also assess for factors that may thwart obesity management (eg, depression, internalized weight bias)

FDA-Approved Obesity Medications Indicated for Long-term Weight Management in Adults[2,4,5]

Please refer to agent-specific prescribing information for additional information.

Medication	Action	Dosage Information	Indications*	Contraindications and Boxed Warnings
Oral Agents Approved 2025-2026: Anticipated Weight Loss 5% to <15%				
Orforglipron	Small molecule GLP-1 receptor agonist	Once daily tablet; any time, no food/water limits	ADULT OBESITY INDICATION†	Personal or family history of medullary thyroid carcinoma (MTC) or in patients with multiple endocrine neoplasia syndrome type 2 (MEN 2)
Semaglutide tablets	Oral GLP-1 receptor agonist formulation	Once daily tablet; morning (empty stomach, water only), avoid food, beverages, other medications for ≥30 min	ADULT OBESITY INDICATION† Reduce risk of major adverse cardiovascular events (MACE) in **adults** with cardiovascular disease (CVD) and obesity or overweight	Personal or family history of MTC or in patients with MEN 2

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Medication	Action	Dosage Information	Indications*	Contraindications and Boxed Warnings
Second-Generation Agents: Anticipated Weight Loss Generally ≥15%				
Tirzepatide	GIP and GLP-1 receptor agonist	Weekly injection	ADULT OBESITY INDICATION† Treat moderate to severe obstructive sleep apnea in **adults** with obesity	Personal or family history of MTC or in patients with MEN 2
Semaglutide	GLP-1 receptor agonist	Weekly injection	ADULT OBESITY INDICATION† and PEDIATRIC OBESITY INDICATION‡ Reduce risk of MACE in **adults** with CVD and obesity or overweight Treat noncirrhotic MASH with moderate to severe liver fibrosis, in **adults**	Personal or family history of MTC or in patients with MEN 2
First-Generation Agents: Anticipated Weight Loss ≤10%				
Liraglutide	GLP-1 receptor agonist	Daily injection	ADULT OBESITY INDICATION† and PEDIATRIC OBESITY INDICATION‡ in people with weight >60 kg	Personal or family history of MTC or in patients with MEN 2
Phentermine-topiramate	Norepinephrine-releasing agent/ GABA receptor modulation	Daily capsule	ADULT OBESITY INDICATION† and PEDIATRIC OBESITY INDICATION‡	**Pregnancy**, glaucoma, hyperthyroidism, taking/within 14 days of stopping monoamine oxidase inhibitors (MAOIs) Also: controlled substance
Naltrexone-bupropion	Opioid antagonist and aminoketone antidepressant	Twice-daily tablet	ADULT OBESITY INDICATION†	Uncontrolled hypertension; seizure disorders, anorexia nervosa or bulimia, or undergoing abrupt discontinuation of alcohol, benzodiazepines, barbiturates, and antiepileptic drugs; use of other bupropion-containing products; chronic opioid use; during/within 14 days of stopping MAOIs Warning: suicidal thinking/behavior in children, adolescents, young adults Not approved for pediatric patients
Orlistat	Lipase inhibitor; prevents lipid absorption	Thrice-daily capsule, with meals	Obesity management including weight loss and maintenance when used with reduced-calorie diet Reduce risk for weight regain	**Pregnancy**, chronic malabsorption syndrome, cholestasis

*All in combination with reduced calorie diet and increased physical activity unless otherwise indicated.
†Reduce excess body weight/maintain reduction in **adults** with obesity or overweight and ≥1 weight-related condition.
‡Reduce excess body weight/maintain weight reduction in **people 12 years of age or older** with obesity

Metabolic and Bariatric Surgery[2,4]

- **Anticipated weight loss: 20%–40%**
- Highly effective for weight loss and benefits for weight-related conditions, especially for patients with BMI ≥40 kg/m^2
- Treatment option for adults with BMI ≥35 kg/m2 or for adults with BMI 30-34.9 kg/m^2 and severe cardiometabolic disease
- A multidisciplinary team approach for perioperative and long-term care is essential

Obesity is a chronic disease, so long-term care and follow-up are part of the treatment plan with any intervention. Track weight loss and health outcomes and adjust treatment promptly as needed.[4]

References:
1. Rubino. Lancet Diabetes Endocrinol. 2025;13:221.
2. Nadolsky. Endocr Pract. 2025;31:1351.
3. diabetesjournals.org/docm-care/article/doi/10.2337/doci26-0003/170058/Screening-Diagnosis-Evaluation-and-Staging-of
4. obesityalgorithm.org.
5. diabetesjournals.org/docm-care/article/1/1/5/164233/Pharmacologic-Treatment-of-Obesity-in-Adults.
6. Tucker. Curr Obes Rep. 2021;10:396.

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