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Summary

Treating obesity: From mechanism to personalization

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Hepatobiliary | Small Intestine & Nutrition | Mechanisms & Personalised Medicine

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This presentation reviewed the evolving definition of obesity beyond BMI, mechanisms driving the disease, and current pharmacological approaches including GLP-1-based therapies and emerging multi-receptor agonists for weight management.

KEY POINTS

- The speaker discussed the European obesity definition incorporating waist-to-height ratio greater than 0.5 when BMI exceeds 25, emphasising that individuals can have normal BMI but visceral obesity associated with muscle damage.
- A study the speaker cited showed that at least 10 percent weight loss is needed for MASH resolution and fibrosis regression, but the majority of patients lost only 5 percent with diet alone and only 10 percent achieved more than 10 percent loss.
- The speaker stated that newer GLP-1 and GIP receptor agonists such as tirzepatide and the triple agonist retatrutide under investigation achieve weight loss greater than 10 percent, with retatrutide approaching bariatric surgery levels.
- The speaker reported that tirzepatide has fewer side effects than GLP-1 monotherapy because GIP agonism produces less nausea, and that individuals without type 2 diabetes and women tend to lose more weight than those with diabetes and men respectively.
- A study the speaker presented identified that patients with fast gastric emptying and low baseline GLP-1 responded better to GLP-1 treatment than those with high baseline GLP-1, suggesting potential for future personalised selection.
- In the discussion, the speaker recommended dose titration and amino acid or protein supplementation during treatment to prevent sarcopenia in elderly patients, and noted that stopping GLP-1 therapy leads to weight regain while continuing or switching to orforglipron maintains weight loss.

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