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Summary

From the obesity epidemics to medical treatment: Drugs and nutrition

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Two complementary presentations addressed obesity management in primary care, covering the expanding landscape of GLP-1 and other anti-obesity medications alongside essential nutritional strategies to optimize outcomes and minimize risks.

KEY POINTS

- The speaker stated that clinical trials show GLP-1 drugs achieve weight reductions over 20%, with semaglutide and tirzepatide demonstrating strong average weight loss.
- Obesity management in primary care requires comprehensive assessment beyond BMI, targeting cardiovascular outcomes, glycemia, and metabolic health while addressing cost, access, and long-term adherence.
- Before prescribing GLP-1 therapies, clinicians must screen for pregnancy plans, pancreatitis history, and gallbladder disease, and provide structured follow-up with personalized maintenance plans to manage relapse risk.
- Patients on GLP-1 based therapy are at nutritional risk and require baseline assessment and monitoring for deficiencies in B12, calcium, vitamin D, iron, and folate, particularly with prolonged low-calorie or monotonous diets.
- The speaker recommended that patients consume 25-30% of calories from protein (up to 1.5 g/kg body weight), use carbohydrate-restricted diets, limit saturated and trans fats, and drink 2-3 liters of fluids daily to support muscle health during weight loss.
- The pipeline includes hundreds of investigational drugs beyond GLP-1 agonists, including glucagon, amylin combinations, and triple agonists, with nearly half being oral formulations, though trial-stage medicines are not yet routine treatment and cost-effectiveness must be considered.

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