

Talking to Patients About Semaglutide for Weight Loss

By Emily Paulsen

According to data collected by Epic Research and reported by CNN in September 2023, the U.S. has seen a more than 40-fold increase in prescriptions for semaglutide and other glucagon-like peptide-1 (GLP-1) agonists during the last five years. These medications, which work on the body's hormone system to control blood sugar, have historically been used for diabetes management but are increasingly being prescribed for weight management, often by PCPs.

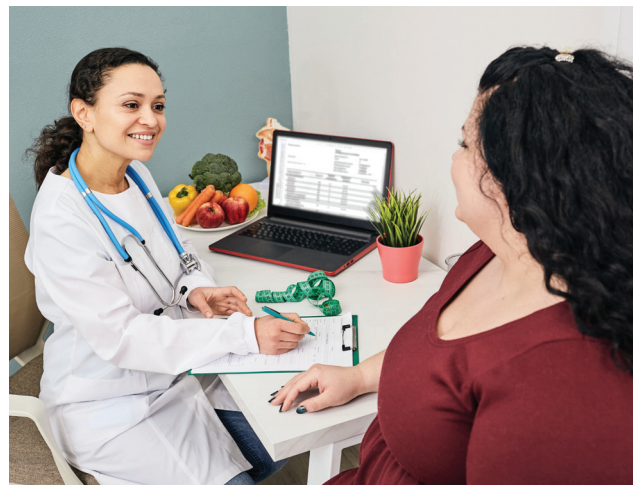
William Yancy, MD, medical director of the Duke Lifestyle and Weight Management Center, shares his perspective on important factors for shared decision-making conversations about semaglutide between PCPs and patients.

First, Yancy advises physicians to ask permission before talking about weight management. Then, he suggests asking: "What are you doing for weight management? What have you tried in the past?" Lifestyle changes, such as reducing calories or increasing activity, are the first step. If those haven't worked, medication may be an option.

Yancy also suggests asking patients about their eating behaviors, such as snacking or binge eating. Binge eating, which involves consuming a large amount of food in a short time without vomiting or taking laxatives, is the most common eating disorder in adults, Yancy says.

Considerations for Prescribing

Official prescribing guidelines rely on BMI, which Yancy admits is not the best way to assess a patient's adiposity. "Percent body fat is really the best measurement of risk," he says. Generally, people with a BMI of 30 or more are eligible for weight loss medications. People with a BMI between 27 to 30 are eligible if they also have weight-related health problems, including diabetes, hypertension, arthritis, or sleep apnea. Contraindications include history of pancreatitis and some types of thyroid cancers.



Patients should be aware that side effects like nausea, vomiting, diarrhea, and constipation can be managed by titrating the dose up gradually and often resolve with time. Patients should pause the medication for longer than one week before procedures requiring anesthesia to avoid complications. On reports of increased mental health issues with semaglutide, Yancy says these may not be related directly to the medication. "For people for whom eating is a comfort and the medicine takes away their hunger and their cravings, they may need other coping mechanisms," he says.

Yancy believes that PCPs can appropriately prescribe and manage patients taking semaglutide for weight loss, especially if patients are responsive and do not have other health problems or eating disorders. For PCPs who may not feel comfortable or have time for these conversations and the necessary nutrition counseling, Yancy suggests referring patients to a dietitian, therapist, or a weight management program like Duke's.