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# Medical Treatment of Obesity



## What is Obesity?

Obesity is defined as a **chronic disease** characterized by abnormal excessive accumulation of fat in the body when the BMI reaches **30 kg/m<sup>2</sup> or more**.

## How Obesity can be classified?

Obesity can be classified according to BMI:

Weight Status	Weight
Underweight	less than 18.5 kg/m <sup>2</sup>
Normal range	18.5 kg/m <sup>2</sup> to 24.9 kg/m <sup>2</sup>
Overweight	25 kg/m <sup>2</sup> to 29.9 kg/m <sup>2</sup>
Obese, Class I	30 kg/m <sup>2</sup> to 34.9 kg/m <sup>2</sup>
Obese, Class II	35 kg/m <sup>2</sup> to 39.9 kg/m <sup>2</sup>
Obese, Class III	more than 40 kg/m <sup>2</sup>

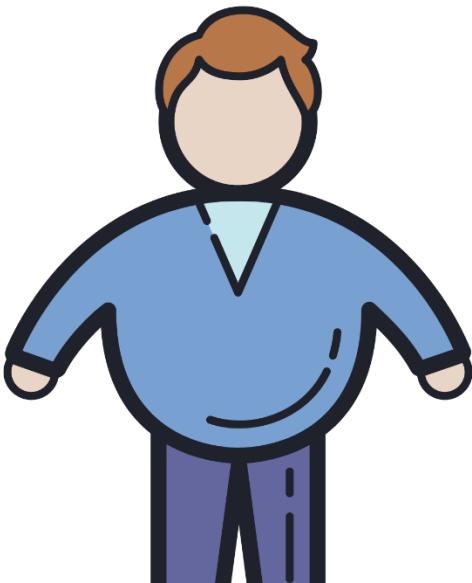
## What are the Complications of Obesity?

- Obesity leads to a variety of physical, and psychosocial issues, including a significant increased risk for type 2 diabetes.
- Over 85% of patients with type 2 diabetes are either overweight or obese.
- Obesity is associated with an increased risk of cardiovascular disease, dyslipidemia, insulin resistance / diabetes, stroke, gallstones, fatty liver, obesity hypoventilation syndrome, sleep apnea as well as cancers.



## What are the statistics of Epidemiology?

- The Saudi National Health Survey (SNHS), reported that the prevalence of obesity (body mass index (BMI)  $\geq 30$ ) was found to be 23.9% in adults based on the self-reported weight and height.
- The rates of obesity and overweight among children and adolescents aged 14 years or less were estimated to be 7.3% and 10.5%, respectively.



## What is the Management approach of Obesity?

Lifestyle interventions are the cornerstone of obesity treatment:

- These interventions include **healthy lifestyle** habits, dietary changes, dietary counseling, physical exercise as well as psychological and behavioral interventions
- Regular physical activity (**200–300 min/week**)
- The goal would be to achieve and **maintain more than or equal to 5%** weight loss for people with type 2 diabetes and overweight or obesity
- Weight loss of **3–7%** improves glycemia and other intermediate cardiovascular risk factors

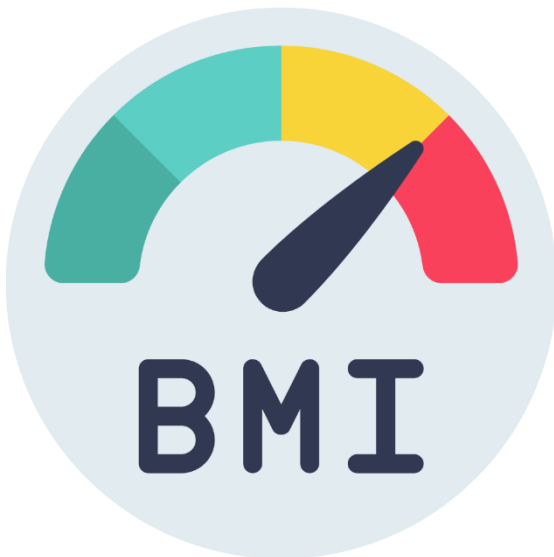
## What is the Management approach of Obesity?

- Sustained weight loss of more than 10% usually confers greater benefits
- Utilizing available medications into a comprehensive approach can be beneficial for weight loss especially in combination with dietary modifications, regular exercise, and lifestyle changes



## Who can use weight loss medications?

- BMI of 30 kg/m<sup>2</sup> or higher
- BMI between 27- 29.9 kg/m<sup>2</sup> with obesity-related health problems, such as diabetes or high blood pressure



## What you should know before using weight loss medications?

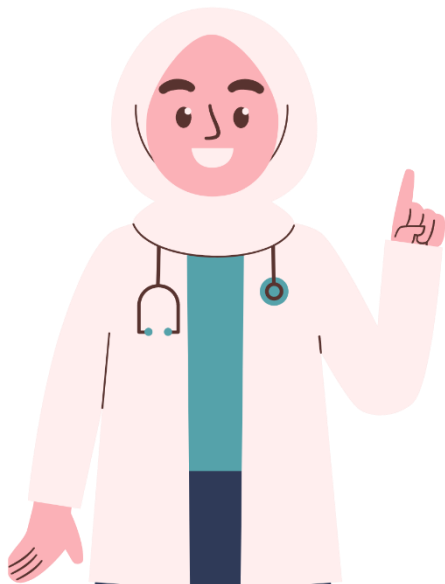
1. These medications should be used under the supervision of a **specialized physician** and in accordance with international guidelines. The recommended doses should not be exceeded
2. Side effects should be **reported** to the treating physician
3. **The doctor should be informed** of all medications and other nutritional supplements that are used simultaneously.
4. These medications should be used as specified by the physician and are not to be used **excessively** or for **prolonged periods**



## What you should know before using weight loss medications?

5. Weight loss medications are not a quick fix solution and should be used in conjunction with healthy lifestyle changes, such as balanced nutrition and regular exercise

6. Regular monitoring of the use of weight loss medications by the treating physician is necessary to assess the response, monitor side effects, and ensure patient safety



## What are the currently available FDA approved medications for weight loss?

- Liraglutide (Saxenda)
- Semaglutide (Wegovy)
- Tirzepatide (Zepbound), FDA approved in Nov. 2023
- Bupropion -Naltrexone (Contrave)
- Orlistat (Xenical and Alli)
- Phentermine-topiramate (Qsymia)



## What are the modern obesity medications (GLP1-RA) and (GIP/GLP1-RA)?

- **Sexenda**: usually starts with a dose of 0.6 mg with 0.6 mg increments each week until a target dose of 3 mg taken daily is reached (Doses increments: 0.6 > 1.2 > 1.8 > 2.4 > 3 mg) with a reported average weight loss 6%
- **Wegovy**: usually starts with a dose of 0.25 mg increased each month until reaching a target dose of 2.4 mg taken once weekly (dose increments : 0.25 > 0.5 > 1 > 1.7 > 2.4 mg) with a reported average weight loss 12.5% at 1 year
- **Zepbound**: available doses are 5,10,15 mg taken once weekly with a reported 20.9% average weight loss in 72 weeks with the maximum dose of 15 mg weekly

## What are the side effects of modern obesity medications?

- **Side effects include:** GI upset such as nausea, vomiting, diarrhea, constipation, gall stones, and injection site reaction
- **Gradual dose increments** are intended to minimize side effects

## What are the Contraindications of modern obesity medications?

- **Contraindications** to the use of these medications include pregnancy/lactation, pancreatitis, and history of medullary thyroid cancer or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)



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Resources and references:

All illustrations used are from Canva.com

Review and audit:

The content of this booklet has been reviewed by  
Endocrinology and diabetes consultants at King Fahd

# Endocrinology and Diabetes

Health Awareness Unit

IAU-24-533



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