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Beyond the Scale: How to Tackle Obesity's Comorbidities

Announcer:

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Dr. McGowan:

Hello, everyone. This is CME on PACE-CME and ReachMD, and I'm Dr. Barbara McGowan. Here with me today is Dr. Ana Cebrián Cuenca.

So let's start by reviewing a case of a patient with obesity and complications, and then we'll discuss the optimal treatment plan. Over to you, Ana.

Dr. Cebrián:

Thank you very much. I present to you John. He's a 52-year-old man diagnosed with type 2 diabetes 10 years ago. He's actually on metformin 2 g per day and also semaglutide 0.25 mg per week, which was started 3 months ago and, after 4 weeks, up-titrated to 0.5 mg per week. The situation is that he reports occasional intense episodes of nausea associated with eating rather large meals including fatty foods. The A1c levels have improved from 8.1% to 7.3%, and weight decreased by nearly 4 kg.

Dr. McGowan:

Thanks, Ana. So what challenges did you encounter managing this case?

Dr. Cebrián:

I think the most important challenges for John are the weight loss, address the nausea and the side effects, and I think it's also important to address the concerns about long-term use and adherence for our patient. And assessing John, including weight and metabolic improvements. We must explore with him adverse events, and explore also adherence and expectations, understanding John's motivations and barriers. And we can discuss with him, "John, you've made great progress. How are you feeling with the medication? Let's talk about any side effects and how they are affecting your daily life. What are your goals moving forward? Do you feel this treatment is sustainable for you?" And we must also explore—if nausea is limiting adherence—consider a slower titration or staying longer at a lower dose. If weight loss is plateauing, we must increase the dose. If the side effects persist, we must use medication to address it. And if adherence is an issue, we must discuss the alternative dosing schedules.

Dr. McGowan:

Thank you, Ana. That's really useful information. So how did John get on?

Dr. Cebrián:

The patient began to apply eating habits, food composition, and lifestyle recommendations. He started taking domperidone before main meals and, after 4 days, no longer needed it. And at 6 months, he reported decreased appetite without nausea. His A1c levels continued to improve and weight continued to decline.

So my final message for this case, for John, is to monitor response and adherence regularly, adjust doses based on effectiveness and side effects, and reinforce the message that long-term therapy is a key factor for sustained benefits.

Dr. McGowan:

Thank you, Ana. So it sounds like he did very well under your management. And I think the key takeaway points, really, are to discuss the side effects that patients are likely to experience on these medications, especially nausea, and to advise patients to eat smaller meals, to avoid fatty foods, to avoid spicy foods, to actually also avoid fizzy drinks, I think, and keep well hydrated. And hopefully this will improve their adherence, and ultimately, this will result in clinical effectiveness and improvement in health.

So thank you very much for that. I hope that you all enjoyed this session, and you've taken away some good learning points. Thank you.

Dr. Cebrián:

Thank you.

Announcer:

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