

### Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:

<https://reachmd.com/programs/cme/treating-obesity-lifelong-strategies-from-lifestyle-to-pharmacotherapy-and-surgery-treating-obesity-lifelong-strategies-ffrom-lifestyle-to-pharmacotherapy-and-surgery/35828/>

Released: 05/30/2025

Valid until: 05/30/2026

Time needed to complete: 35m

### ReachMD

[www.reachmd.com](http://www.reachmd.com)

[info@reachmd.com](mailto:info@reachmd.com)

(866) 423-7849

---

Treating Obesity: Lifelong Strategies from Lifestyle to Pharmacotherapy and Surgery

### Announcer:

Welcome to CME on ReachMD. This activity is provided by Medcon International. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

### Dr. Crotty:

This is CME on PACE-CME and ReachMD, and I'm Dr. Michael Crotty. Here with me today is Dr. Barbara McGowan.

So, Barbara, would you mind telling us about the current treatment options for people living with obesity?

### Dr. McGowan:

Thanks, Michael. And hi, everyone. So first of all, the first thing to say when it comes to treatments for obesity is that this is a lifelong intervention. This is not a short, sort of 3-month or 6-month intervention because obesity is a chronic disease.

Now, in terms of treatment, of course, lifestyle interventions are always the cornerstone of any weight management intervention. And by lifestyle treatment, I mean obviously behavioral interventions. For example, a focus on physical activity, a focus on diet, psychology around a healthy weight, and good sleep hygiene, which is also very important for metabolic health. But also other aspects, for example, reviewing medication that patients may be on that may be contributing to their weight gain, management of pain that may be contributing to their inability to exercise, and then, of course, management of their mental health. So all those aspects are very important.

Then the next bit is about pharmacotherapy. And now we have a number of agents which are approved and reasonably safe. And these include agents such as liraglutide, which was the first GLP-1 agonist to be introduced, also combinations of bupropion and naltrexone, and orlistat, which we don't use very much, but of course, we do use the weekly incretin therapies, including semaglutide and tirzepatide.

And what's really important is that it's not just about weight loss when it comes to pharmacotherapy, and we now have clinical trials that really show us the health benefits of these agents. For example, with semaglutide 2.4 mg, we have the SELECT trial, which has shown cardiovascular benefits in those patients who've had a stroke or a myocardial infarction without diabetes. And semaglutide 2.4 mg has shown a 20% reduction of having another cardiovascular event.

The other area to highlight is heart failure. For example, with the SUMMIT trial, where patients with established heart failure, with both type 2 diabetes and without, showed a 38% risk reduction in cardiovascular death and hospitalization due to heart failure, which is really quite exciting as a result.

The other area to highlight is, for example, osteoarthritis. So in the STEP 9 trial, semaglutide 2.4 mg showed a reduction in the WOMAC pain score. This is a score which the lower the score, the lesser the pain. So real improvement in terms of pain in patients with osteoarthritis.

And one other trial to highlight is the SURMOUNT-OSA trial with tirzepatide, which showed significant reduction in the apnea-hypopnea index, which is a hallmark of sleep apnea, with up to 50% of patients not requiring CPAP at the end of the trial as a result. So like I said, we are very much moving away from weight loss and toward improvement in health.

Now, moving away from pharmacotherapy to bariatric surgery. Of course, we have a number of different interventions. Probably the most common procedures are the sleeve gastrectomy as well as the Roux-en-Y gastric bypass. And these are very effective procedures.

Now, of course, the other thing to remember is that no single treatment is a cure. Of course, we get the weight loss initially with our intervention, but then we need to continue the treatment to maintain that weight loss. This may be pharmacotherapy, but even with bariatric surgery, we do regain weight because obesity is a chronic disease. And, in time, we may require a combination of treatment, so obviously lifestyle, but also pharmacotherapy, together with perhaps bariatric surgery.

And I'm going to leave it there. Thank you very much.

**Dr. Crotty:**

Thank you very much, Barbara. I think that was a fantastic micro discussion about treatment options. Certainly, takeaways for me would be the fact that we have more and more tools at our disposal to treat the underlying biology that patients may be struggling with when they're living with obesity, as well as many different life interventions to promote health, and, really, that focus on health and treatment across the life course. So I think finding the right treatment for the right person at the right time and supporting them across their journey and changing treatment as needed. And with more evidence of the benefits for health and the benefits to people's long-term mortality, morbidity, and quality of life, it's a very exciting time.

So thank you very much for sharing that with us, and thanks to everybody for listening.

**Announcer:**

You have been listening to CME on ReachMD. This activity is provided by Medcon International and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to [ReachMD.com/CME](https://ReachMD.com/CME). Thank you for listening.