

Title: Weight Loss Medications: What You Need to Know in 2024

Faculty: Dr Harold Bays

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Dr Harold Bays

“My name is Dr. Harold Bays, Medical Director and President of the Louisville Metabolic and Atherosclerosis Research Centre, located in Louisville, Kentucky, USA. I am also the Chief Science Officer of the Obesity Medicine Association and Editor-in-Chief of Obesity Pillars, which is the official journal of the Obesity Medicine Association.

Relationship Between Obesity and Cardiovascular Disease

As far as my relationship with obesity and cardiovascular disease, I have served as a principal investigator for over 600 clinical trials. We were involved in the early development of many newer diabetes treatments, as well as the early development of ACE inhibitors, ARBs, calcium channel blockers, and especially the statins.

What I have found in cardiovascular disease prevention research is that our current situation with obesity is reminiscent of where we were 30 years ago with diabetes, hypertension, and dyslipidemia. There was a bias against the therapies for these conditions, with questions about whether we should treat these patients at all, whether the medications were effective, and whether they were cost-effective. These are the same concerns we hear now with anti-obesity medications.

Past Challenges with Anti-Obesity Medications

Historically, anti-obesity medication research has been fraught with challenges, especially concerning cardiovascular safety. Many anti-obesity medications either never made it to market or were withdrawn due to adverse cardiovascular effects. While some medications resulted in weight reduction, cardiovascular outcomes trials often showed no benefit or even harm. This has made the development of safe and effective therapies in this area particularly challenging.

New Developments in Anti-Obesity Medications

What is new and significant now is the emergence of favorable cardiovascular disease outcome studies for anti-obesity medications. This is similar to the transformation we saw with anti-diabetes, antihypertensive, and lipid-lowering drugs. The pivotal moment that changed perceptions and led to these drugs becoming standards of care was the demonstration of favorable cardiovascular outcomes.

For anti-obesity medications, we now have such data from the SELECT trial with semaglutide. This study showed that in patients with overweight or obesity and high cardiovascular disease risk, semaglutide not only resulted in weight reduction but also a 20% relative risk reduction in cardiovascular disease events.

Implications for Cardiologists

For cardiologists, this means that obesity can no longer be considered a peripheral concern. It must become an integral part of evaluating patients with or at risk for cardiovascular disease. As an endocrinologist, I acknowledge that we, too, have often siloed patients into specific risk factors such as diabetes, hypertension, or dyslipidemia, rather than looking at the whole patient. This approach needs to change.

Cardiologists, like endocrinologists, need to adopt a more holistic view. When a patient presents with high cardiovascular risk or established cardiovascular disease, it's not enough to treat individual conditions in isolation. We need to address the entirety of the patient's health.

A New Era in Patient Care

The days of siloing patients into separate categories are over. We are all moving toward a more integrated approach, akin to primary care, where we consider all aspects of a patient's health. With the advent of therapies that can improve glucose levels, blood pressure, lipids, and most importantly, cardiovascular disease outcomes, we are entering an exciting new era.

Future Prospects

If you think the current data on anti-obesity medications is exciting, get ready for even more advancements. We are involved in numerous clinical trials exploring various mechanisms of action for these medications. It's an exhilarating time, reminiscent of the early days of developing new treatments for diabetes, hypertension, and dyslipidemia. I believe we are on the cusp of achieving significant improvements in patient outcomes with these new therapies.”