

# Pharmacologic Management of Obesity



## 1<sup>st</sup> and 2<sup>nd</sup> Generation Incretins for Diabetes Prevention and Associated Weight Loss

	Generic Brand	Indication	MOA	Effect	How taken	Weight Loss
1 <sup>st</sup> generation	Phentermine (Adipex)	Chronic Obesity Management	Sympathomimetic Amine	↓ Appetite	PO, up to TID	~3-7%
	Orlistat (Alli, Xenical)	Chronic Obesity Management	Gastrointestinal Lipase Inhibitor	↓ Fat Absorption	PO, up to TID	~3-4%
	Phentermine/Topiramate-ER (Qsymia)	Chronic Obesity Management	Sympathomimetic Amine + Anticonvulsant, Carbonic Anhydrase Inhibitor, Gabaminergic	↓ Appetite	PO, once daily	~5-11%
	Naltrexone-ER/Bupropion-ER (Contrave)	Chronic Obesity Management	Opioid Receptor Antagonist + Dopamine-Norepinephrine Reuptake Inhibitor	↓ Appetite	PO, twice daily	~3-6%
	Liraglutide (Saxenda)	Chronic Obesity Management	GLP-1 Receptor Agonist	↓ Appetite	SQ, once daily	~5-7%
	Dulaglutide (Trulicity)	Chronic T2D; Mitigate CV Risk	GLP-1 Receptor Agonist	↓ Appetite	SQ, once daily	~2-6%
2 <sup>nd</sup> generation	Semaglutide (Wegovy)	Chronic Obesity Management	GLP-1 Receptor Agonist	↓ Appetite	SQ, once weekly	~10-16%
	Semaglutide (Ozempic)	Chronic T2D; Mitigate CV Risk	GLP-1 Receptor Agonist	↓ Appetite	SQ, once weekly	~15%
	Tirzepatide (Mounjaro)	Chronic T2D Treatment w/Weight Loss	Dual GIP/GLP-1 Receptor Agonist	↓ Appetite	SQ, once weekly	~16-23%
	Tirzepatide (Zepbound)	Chronic Obesity Management	Dual GIP/GLP-1 Receptor Agonist	↓ Appetite	SQ, once weekly	~15-21%

## Most Common Side Effects of Semaglutide and Tirzepatide



**17-22%**  
Nausea



**6-9%**  
Dyspepsia



**12-16%**  
Diarrhea



**5-7%**  
Constipation



**6-10%**  
Vomiting



**3-5%**  
Abdominal pain

It is important to communicate with your patient strategies to manage side effects to encourage adherence to therapy.

Most patients overcome challenges from side effects.

GLP-1, glucagon-like peptide-1; PO, oral; SQ, subcutaneous injection

# Mobile Apps to Facilitate Weight Management



## Applications

Studies demonstrate promising results in the use of mobile technology as a low-intensity approach or adjunct to conventional weight management strategies. While additional research is needed to better understand how mobile technology can be used to support healthy behaviors at an individual level, smartphone apps can be a tool for clinicians to consider when collaborating with patients on treatment goals and approaches.



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<https://www.noom.com>



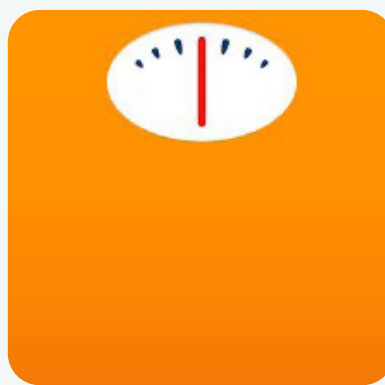
**MyNetDiary**  
<https://www.mynetdiary.com>



**MyFitnessPal**  
<https://www.myfitnesspal.com>



**Weight Watchers**  
<https://www.weightwatchers.com/us/>



**Lose It!**  
<https://www.loseit.com>



**CalorieKing**  
<https://www.calorieking.com/us/en/>

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Metzendorf MI, Wieland LS, Richter B. Mobile health (m-health) smartphone interventions for adolescents and adults with overweight or obesity. *Cochrane Database Syst Rev*. 2024;2(2):CD013591. Published 2024 Feb 20. doi:10.1002/14651858.CD013591.pub2

Patel ML, Wakayama LN, Bennett GG. Self-Monitoring via Digital Health in Weight Loss Interventions: A Systematic Review Among Adults with Overweight or Obesity. *Obesity (Silver Spring)*. 2021;29(3):478-499. doi:10.1002/oby.23088