



ZEINA, teacher; Age: 40 BMI: 36  
Patient portrayal.  
BMI=body mass index.  
SFDA=Saudi Food and Drug Administration.

People with obesity have the **will**. Let's offer them the **way**.

Optimise treatment outcomes and satisfaction with increased and sustained weight loss by recommending Saxenda® in addition to lifestyle therapy.<sup>1,3</sup>

## Maintaining weight loss is a real challenge for people with obesity

It can be hard for your patients with obesity to change their eating habits, adhere to an exercise routine, and not just lose weight but keep it off in the long term, which may lead to feelings of failure and dissatisfaction.<sup>4,5</sup> The truth is that obesity is a chronic disease with many contributing factors, including environment, genetics, and hormones.<sup>6,7</sup>



For people living with obesity, **weight loss causes changes in energy balance regulation while hormonal changes lead to an increase in hunger and food intake, as well as a reduction of energy expenditure.**<sup>8-11</sup>

Treatment guidelines for obesity recommend different interventions<sup>12</sup>

|  |   |                                     |
|--|---|-------------------------------------|
|  | <b>Lifestyle modifications</b> (healthy eating, physical activity, behavioural therapy)         | 5% weight loss <sup>13</sup>        |
|  | <b>Very-low calorie diet</b>  | 6-10% weight loss <sup>14,15</sup>  |
|  | <b>Intensive behavioural therapy (IBT)</b>  | 5-7% weight loss <sup>16</sup>      |
|  | <b>Pharmacotherapy</b> (AOMs that inhibit fat absorption or suppress food intake) <sup>18</sup> | 6-11% weight loss <sup>17,18</sup>  |
|  | <b>Pharmacotherapy + IBT</b>  | 10-13% weight loss <sup>16</sup>    |
|  | <b>Surgery</b> (gastric band, gastric sleeve, gastric bypass)                                   | 13-32% weight loss <sup>19,20</sup> |

BMI ≥25 with complications    BMI ≥27 with complications    BMI ≥30    BMI ≥35 with complications    BMI ≥40

AOM=anti-obesity medication.

“For those that have difficulty losing weight...medications may be helpful for achieving weight loss.”

—The Academy of Nutrition and Dietetics: Interventions for the Treatment of Overweight and Obesity in Adults<sup>21</sup>

Your patients with obesity who do not achieve weight loss and maintenance target may benefit from adding pharmacotherapy to lifestyle modifications

Even after losing weight with diet and exercise alone, adding Saxenda® can help patients with obesity lose even more weight and keep it off<sup>25</sup>

Change in body weight from start of run-in period to end of 56-week trial<sup>25</sup>



During a 12-week run-in period (N=422), patients lost 6% of their body weight through a low-calorie diet (LCD) (1200 to 1400 kcal/day) and increased exercise. Only patients who were successful in losing ≥5% of their body weight during the run-in period were then randomised to Saxenda® (n=207) or placebo (n=206) + 500-kcal/day-deficit diet and exercise for a year.

During run in period and in the 56 weeks trial, 1 out of 4 patients on Saxenda® achieved:

**16%** mean average weight loss<sup>25</sup>

Since its introduction, over **1 million patients** with obesity have been treated with Saxenda<sup>®20</sup>

## The 4-week dose escalation schedule<sup>1</sup>

Patients should follow a progressive dose escalation to achieve the maintenance dose of 3.0 mg/day



Encourage your patients on Saxenda® to enrol for access to the coach calls



### References:

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- Adapted from IQVIA global sales data December 2018.



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