



The role of dietary management with weight loss medication

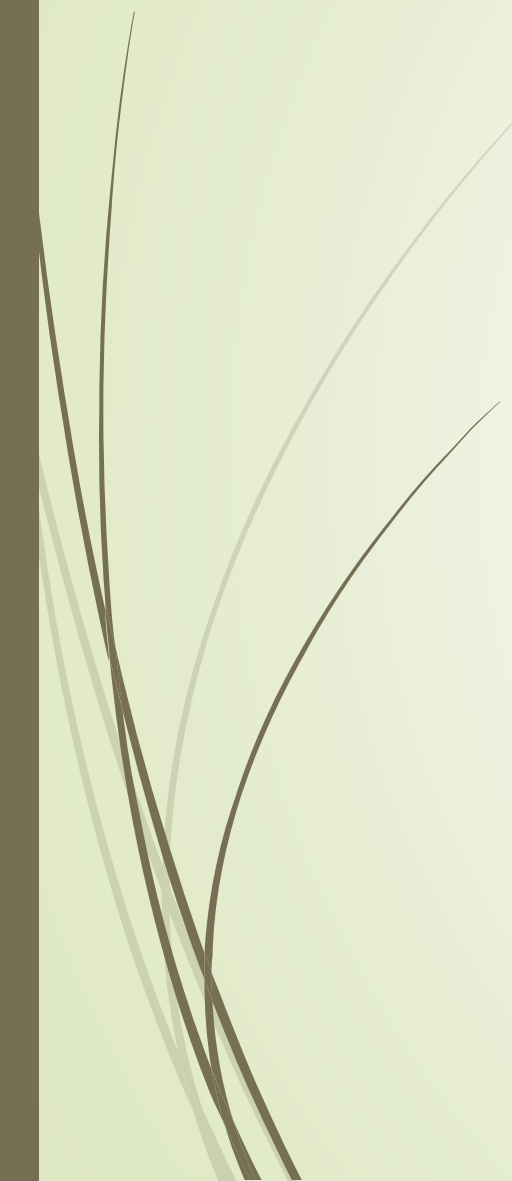
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Outline

- Relevance
 - Saxenda and Contrave
 - Common side-effects
 - Dietary tips
 - Nutritional considerations while on the weight loss meds
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The improved efficacy and generally favorable safety profile of recently approved and emerging anti-obesity medications since 2021, which result in an average weight reduction of $>15\%$, represent significant advancement in the treatment of obesity.

Therefore, evidence-based recommendations for nutritional assessment, management, and monitoring of patients treated with these anti-obesity medications have become very important.



Which medication?

- Co-morbidities including mental health history
- Previous attempts at weight loss
- Addictions ?ETOH ?smoking
- Pattern of eating
 - Hunger all day – saxenda
 - Cravings & stress eating with addictions – contrave
- Cost
 - Don't assume what they can afford





Indication for pharmacotherapy

Adjunct to reduced-calorie diet and increased physical activity for the management of weight in adult patients (≥ 18 years) with an initial Body Mass Index (BMI) of

- $\geq 30 \text{ kg/m}^2$ (obese), or
- $\geq 27 \text{ kg/m}^2$ to 30 kg/m^2 (overweight) in the presence of one or more weight related co-morbidities
 - Eg type 2 diabetes, dyslipidaemia, or controlled hypertension

Treatment should be discontinued after 16 weeks if patients have not lost 5% of their initial body weight.

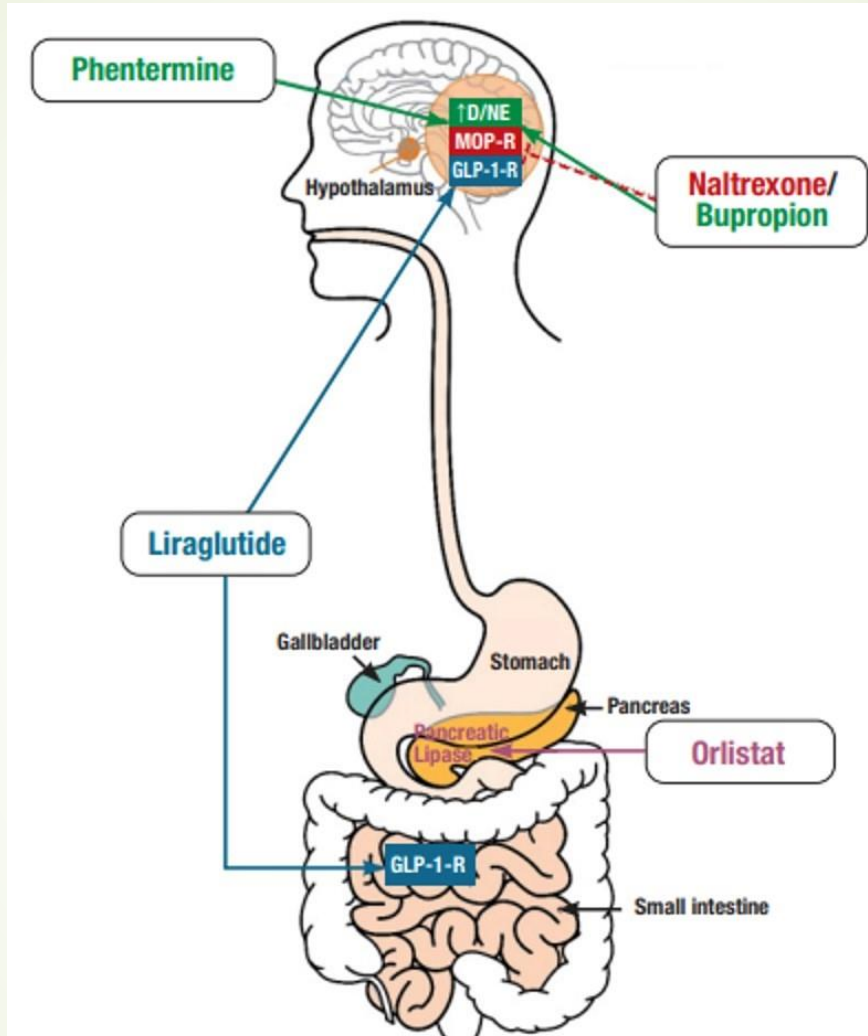


Figure 1. Sites of action for obesity pharmacotherapies approved in New Zealand (adapted from Kaszubska K, et al. [2016]).

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extended release naltrexone / bupropion

Naltrexone

- Non-selective opioid receptor antagonist
- Opioid & alcohol dependence

Bupropion

- Dopamine & norepinephrine re-uptake inhibitor
- Many countries used for depression & nicotine addiction



Contrave® 8/90
Naltrexone hydrochloride 8mg
Bupropion hydrochloride 90mg
112 modified-release tablets

Naltrexone HCl¹

- 1 An opioid receptor antagonist
- 2 Indications: treatment of **alcohol dependence** and prevention of relapse to **opioid dependence**

Bupropion HCl²

- 1 A dopamine and norepinephrine reuptake inhibitor
- 2 Indications: an aid to **smoking cessation**

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extended release naltrexone / bupropion

Mechanism of action

- Evidence that both suppress hunger
- Together have synergistic effect

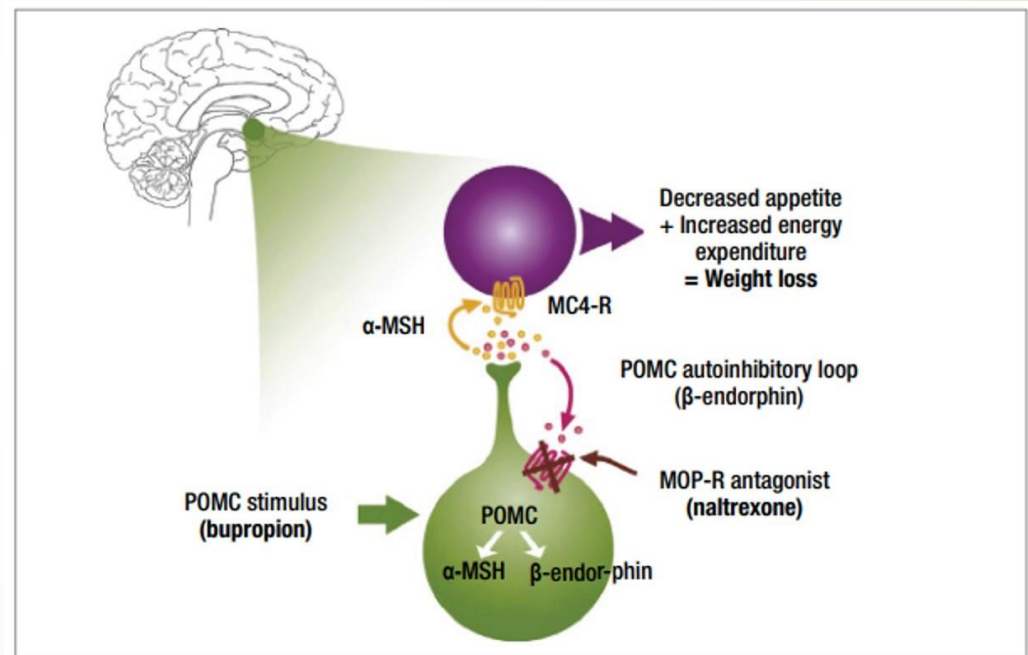
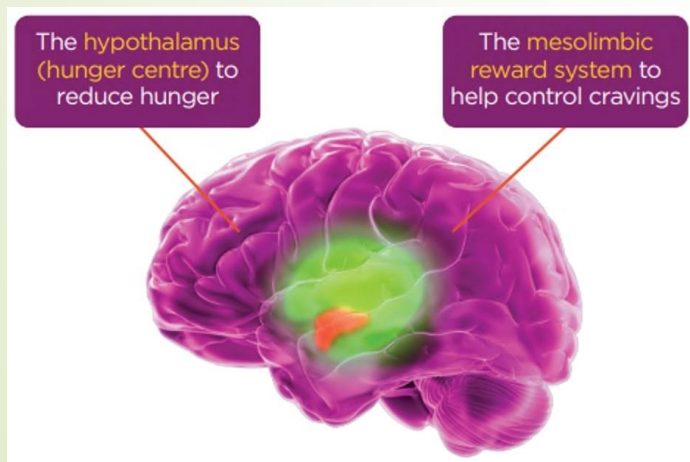


Figure 2. Synergistic mechanism of action of naltrexone/bupropion in the melanocortin system of the hypothalamus, which regulates appetite and energy expenditure.¹⁵

Abbreviations: αMSH = alpha-melanocyte stimulating hormone; MC4-R = melanocortin-4 receptor; MOP-R = mu-opioid receptor; POMC = pro-opiomelanocortin

Contrave® 8/90

extended release naltrexone / bupropion

Dosage & administration

- ➔ Delay up-titration if side-effects

Starting CONTRAVE ¹					Ongoing Treatment ¹	
4-week dose escalation					Week 16	Ongoing Treatment
Escalate the dose of CONTRAVE over a 4-week period, as follows:						
	Week 1	Week 2	Week 3	Week 4 and Beyond	Assess response	
MORNING	1 tablet	1 tablet	2 tablets	2 tablets	If <5% body weight loss, discuss reasons with patient and consider discontinuing treatment	If ≥5% body weight loss, continue treatment Regular ongoing follow-up
EVENING		1 tablet	1 tablet	2 tablets		

Image not of actual tablets. Dose reduction for moderate or severe renal impairment: maximum of 2 tablets per day (1 in morning, 1 in evening).

👉 Swallow tablets whole with water ✗ Don't cut, chew or crush tablets 🍽️ Preferably take with food

3 Highlight the most commonly reported side effects of CONTRAVE²:

- Nausea
- Vomiting
- Dizziness
- Dry mouth
- Constipation
- Headache



Useful dietary tips

- ▶ Aims for good water intake to prevent constipation (30-40mls/kg/day)
- ▶ Regular meal pattern
- ▶ Protein-rich food to be encouraged
- ▶ Ondansetron may be helpful to combat initial nausea
- ▶ Exercise

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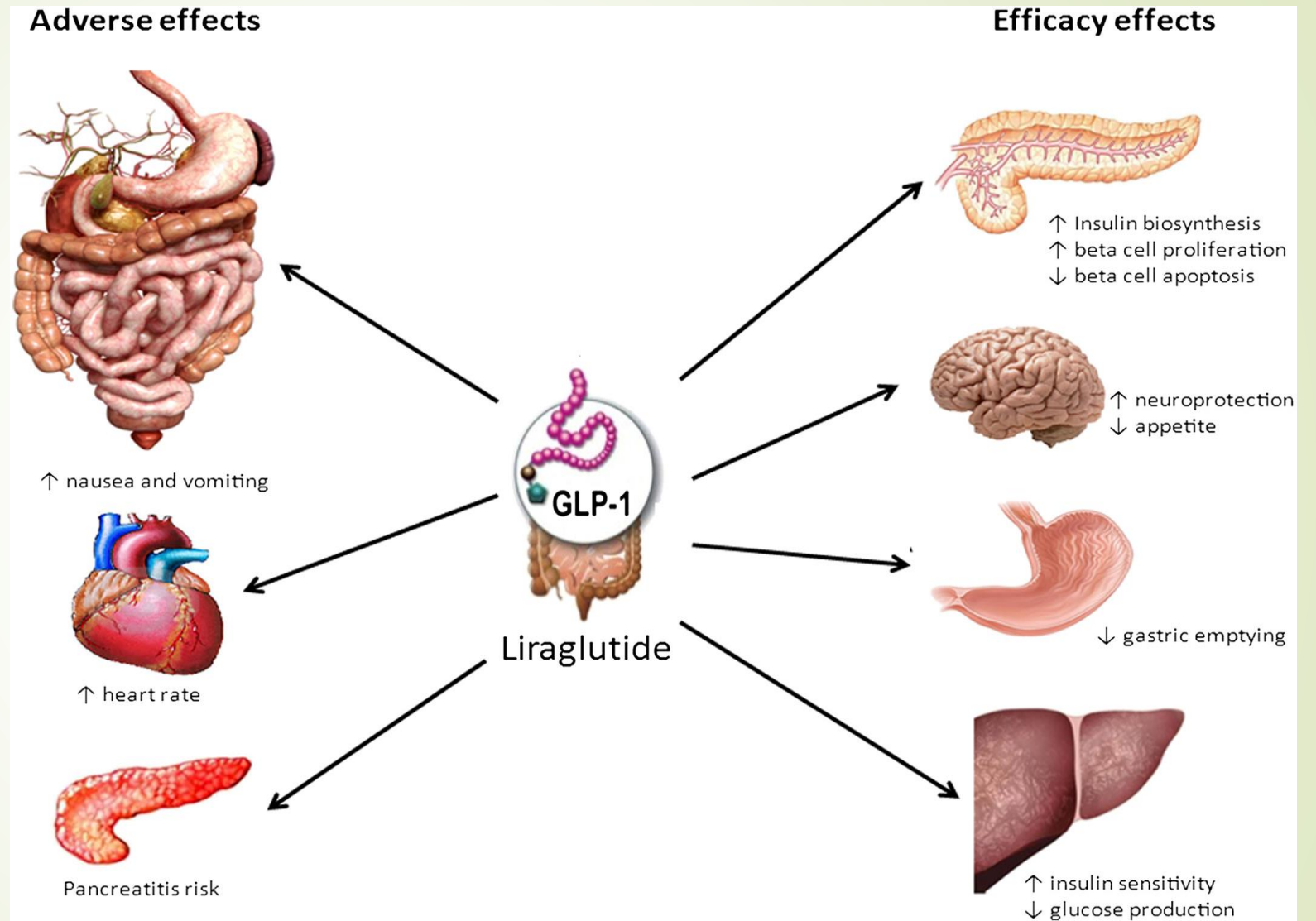
Liraglutide 3 mg

Mechanism of action

- Glucagon like peptide-1 (GLP-1) analogue
- Has two structured difference that extends half life to 13 hours (97% similarity)
- Normal GLP-1 is rapidly degraded by DPP-4 within minutes
- Suppression of appetite via increasing feelings of satiety and fullness and reducing feelings of hunger
- Liraglutide acts in a glucose-dependent manner (only stimulate insulin secretion and inhibits secretion of glucagon if blood glucose levels higher than normal)



➤ **Obesity Science & Practice, Volume: 3, Issue: 1, Pages: 3-14, First published: 09 November 2016, DOI: (10.1002/osp4.84)**



saxenda®

Liraglutide 3 mg

Dosage & administration

- ▶ Start at 0.6mg sc daily
- ▶ Increase by 0.6mg weekly to a level where they feel full
- ▶ Studies at 3mg but pts get results at lower doses (eg 1.8mg)
- ▶ If miss doses re-titrate up slowly
 - ▶ Patients miss doses and jump to max dose lead to severe vomiting
 - ▶ “Safe period is 4 days”





saxenda ®

Liraglutide 3 mg

Side effects

- Nausea which settles
- Constipation (common)
- Gastritis
- Localised injection site reactions - transitory



Useful dietary tips

- Eat slowly
- Regular eating pattern to maximize drug effect
- Intermittent fasting while on Saxenda not recommended
- Adequate water intake is highly recommended. Low threshold of laxatives may be helpful
- Protein-rich food
- Ondansetron helpful for initial nausea too
- Exercise

Very Low Calorie Diet (VLCD)

- ▶ Low calorie intake (800kcal per day) to enable ketosis
- ▶ Effective length is at least 10 days
- ▶ Shown to be effective to combine with anti-obesity medications
- ▶ Useful tool to implement during initial titrating stage
- ▶ Mostly are dairy based so caution required for patients with lactose/dairy intolerance





Nutritional considerations

- Fluids – 2-3L/day
- Energy – 1200-1500kcal/day for women, 1500-1800kcal for men during weight maintenance stage
- Protein – aim for 60-75g per day
- 1:1:2 ratio/Healthy plate model useful
- Consideration for daily broad spectrum multivitamin supplementation
- Particular considerations for vitamin D, calcium, iron

Questions?

