

First medical guideline recommends new prescription medications for weight loss, ranks the most effective drugs

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Diet and exercise fail for most adults who try to lose weight in the long-term. Today the American Gastroenterological Association (AGA)

released new evidence-based guidelines strongly recommending that these patients with obesity use recently approved medications paired with lifestyle changes.

The following medications, paired with [healthy eating](#) and [regular physical activity](#), are first-line medical options and result in moderate weight loss as noted as a percentage of [body weight](#) (reported as the difference compared to percent weight loss observed in the placebo group).

1. Semaglutide (Wegovy), weight loss percentage: 10.8%
2. Phentermine-topiramate ER (Qsymia), weight loss percentage: 8.5%
3. Liraglutide (Saxenda), weight loss percentage: 4.8%
4. Naltrexone-Bupropion ER (Contrave), weight loss percentage: 3.0%

"These medications treat a biological disease, not a lifestyle problem. Obesity is a disease that often does not respond to lifestyle interventions alone in the long-term," says author Eduardo Grunvald, MD, University of California San Diego. "Using medications as an option to assist with weight loss can improve weight-related complications like joint pain, diabetes, fatty liver and hypertension."

The prevalence of obesity in the United States has increased dramatically from 30.5% to 41.9% over the last twenty years.

"There have been changes in obesity treatment in recent years. This guideline is the first since diabetes drugs were approved for obesity treatment and provides clear information for doctors and their adult patients who struggle to lose weight or keep it off with lifestyle changes alone," says Perica Davitkov.

The research is published in *Gastroenterology*.

More information: Eduardo Grunvald et al, AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity, *Gastroenterology* (2022). [DOI: 10.1053/j.gastro.2022.08.045](https://doi.org/10.1053/j.gastro.2022.08.045)

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