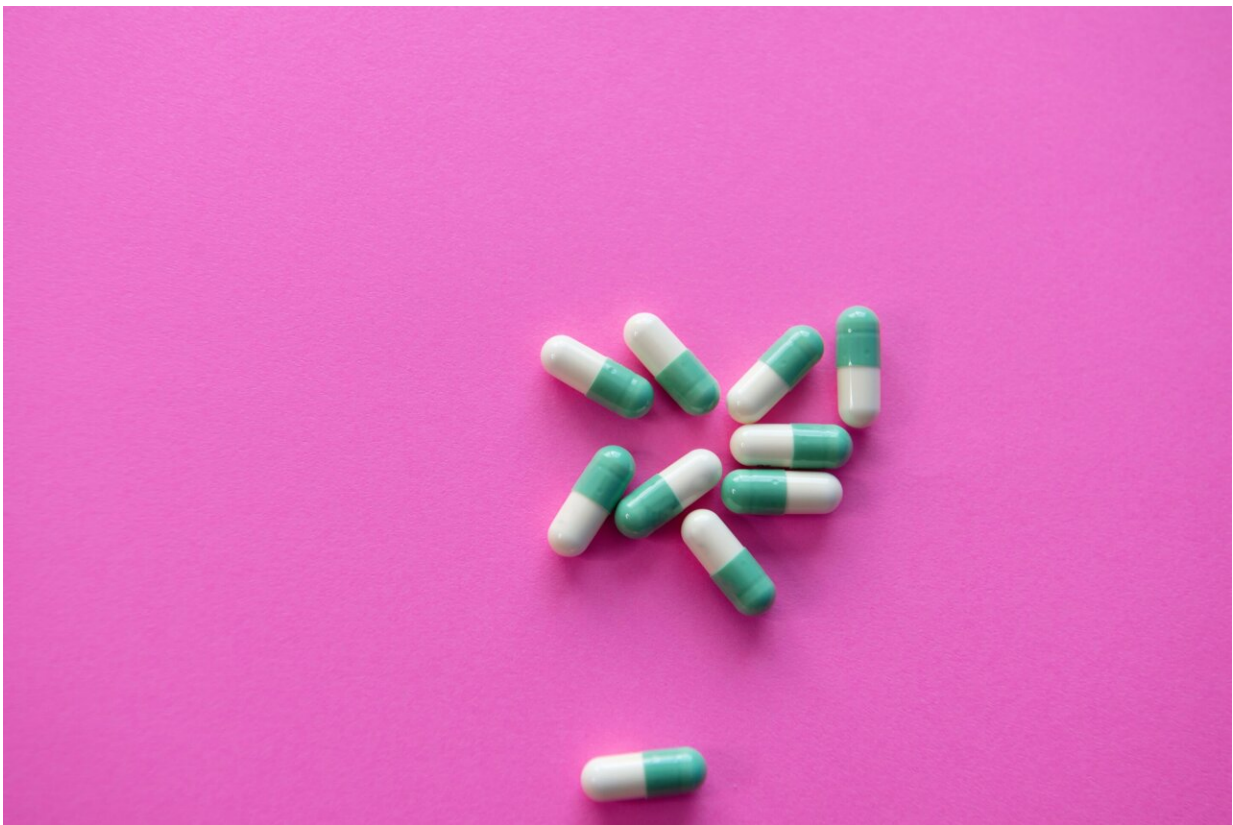


How use of diabetes drug Ozempic for weight loss has led to a shortage: 'Let the diabetics have their drugs'

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Ozempic has been catapulted into the public eye in recent months as celebrities and wellness influencers started taking it for weight loss. But

Ozempic is a diabetes drug—and the craze has led to a shortage, leaving those who need it for type 2 diabetes at a loss.

Generically known as semaglutide, it was approved to treat diabetes by the Food and Drug Administration in 2017. But during [clinical trials](#), researchers noticed a side effect: The drug led to weight loss by slowing down stomach emptying and mimicking hormones naturally produced by the intestines that signal satiety.

That led manufacturer Novo Nordisk to rebrand semaglutide as Wegovy—basically Ozempic at a higher dose, but intended strictly for weight loss. Wegovy was approved by the FDA in 2021.

Semaglutide's increasing spotlight has spurred conversations about correlations between health and weight, and whether another weight loss drug is the best approach.

Proponents call Ozempic and Wegovy part of a "revolutionary" new class of drugs to treat obesity, while opponents urge for the fair treatment of fat people and argue that the end goal of a smaller waist and the manipulation of bodies is harmful no matter the outcome.

At the center of it all are patients who can't get the medication they need.

Monique Judge, a Los Angeles-based storyteller, writer and journalist, was diagnosed with type 2 diabetes in 2019. The next year, her doctor suggested Ozempic to manage her A1C levels, which indicate average blood sugar levels over a 3-month period.

"I was hesitant, but I said yes because the only other alternative was weight loss surgery," said Judge of the weekly injectable.

She has lost weight since starting Ozempic, but Judge doesn't give the drug sole credit. "I've completely changed my eating habits. I'm eating more fiber now, and lots of salads. I walk an hour a day and do yoga."

One challenge she encountered was that Ozempic nearly erased her hunger signals, until it was too late and she would reach dangerous "hangry" levels. So she created an eating schedule to follow.

She sees weight loss as a byproduct of Ozempic's real benefits: managing her blood sugar and reducing chronic anemia. "My focus was mainly to get healthier and get my numbers down. And I feel like the weight loss is just a good [side effect](#) of everything that I've been doing," said Judge. "I don't necessarily want to be skinny."

After a test last month, Judge said her A1C levels have been cut in half.

"I definitely noticed a difference using Ozempic," she said.

Not long after beginning the drug at a starting dose of 0.25 mg once weekly, Judge could not access the injectable pens—similar to an EpiPen—needed to administer it. After a two-week back-and-forth with the pharmacist, her doctor had to increase her dose to 1 mg to skirt the Ozempic dearth.

Some doctors think, if used properly, these drugs could be the key to a lock they've been picking for decades.

"This new class of medicines have become a very powerful tool," said Jaideep Behari, a transplant hepatologist and director of the UPMC Fatty Liver, Obesity and Wellness Clinic. Behari is also director of translational research for hepatology in the Division of Gastroenterology, Hepatology and Nutrition, and an associate professor of medicine at Pitt's School of Medicine.

"We finally have a way to treat diabetes, obesity and NASH together," he said. NASH stands for nonalcoholic steatohepatitis, a type of nonalcoholic fatty liver disease, leading to excess fat stored in the liver, cirrhosis and sometimes liver failure. Ozempic alters how the body handles glucose, said Behari, which can help the liver.

"There's a desperate need for these meds," he said.

Helping the drug's popularity are public figures such as Elon Musk, who's among the high-profile people to tout it—in his case, Wegovy—as a weight-loss aid.

With semaglutide in higher demand, Judge said there were times it took three weeks to fill her Ozempic prescription.

"I was worried that my blood sugar wouldn't be as well-controlled. I had finally gotten good labs back. I was paranoid," she said.

Increasing an Ozempic dosage is not without its own pitfalls. In a clinical trial run by Novo Nordisk, about 83% of participants reported gastrointestinal side effects such as nausea and vomiting. Participants in that trial took 2.4 mg, much higher than Judge's. Judge said she felt nauseated and constipated when she first started Ozempic, but those symptoms fell away after a couple weeks.

These side effects are a sticking point for opponents, but Behari said nausea and vomiting point to the drug's intended effect.

"Our patients will learn very quickly that they need to change their eating habits," he said.

One Ozempic clinical trial found that participants lost an average of 15.2% of their weight on the drug at 104 weeks, but opponents bring to

light that many people gain weight back after stopping the drug.

Behari said this result supports the notion that obesity is a chronic disease. "It's no longer accepted that it's just explained by lifestyle," he said. "The physiology of obesity is profoundly complex," involving genetics, environment and hormone levels.

"This is not about poor willpower," said George Eid, chair of Allegheny Health Network's Bariatric and Metabolic Institute and a bariatric surgeon. "There are so many factors that play a role in people who have obesity."

"The medication has to be taken chronically to work," said Behari. "It's not curing obesity, it's managing it." Similar to blood pressure medication, like propranolol, if you have high blood pressure and you stop taking it, your blood pressure can surge back up.

Not everyone believes obesity is a disease, though—and some want to move away from using the word entirely.

"Fat people have been around since the beginning of time," said Vinny Welsby, a consultant and author who has spent years working to dismantle biases around fatness. "Fatness is not a harmful deviation from normal. Fatness is normal and what harms fat people is rampant anti-fat attitudes and 'treatments.'"

Certainly diet fads have a long history—the grapefruit diet, Atkins, paleo—many of them connected to profit-making models including books and meal plans.

To Welsby, perspectives are, and should be, shifting away from dieting and [weight loss](#) as tools for managing health.

"Manipulating your body size does not work long term," Welsby said. "This is the exact same pattern we have seen over and over again. It doesn't prove that fatness is a disease. It proves that human bodies do not like to be starved and have their weights artificially manipulated."

And marginalized groups are hurt the most by anti-fat bias: Research shows that Black women especially are dismissed by doctors, and that this leads partially to worse health outcomes, such as higher blood pressure.

Judge said she fought to see a Black woman doctor because in the past she had not been acknowledged by medical providers. "I feel like we don't get listened to," she said.

The Ozempic trial acknowledged the limitation that much of its 304 participants were white, and so less data exists about whether this drug will affect people of color differently.

There also has been scrutiny around [conflicts of interest](#) from study authors of the Ozempic trial, arguing that they undermine the drug's credibility. Multiple study authors were employees of Novo Nordisk or reported that they had received financial compensation or sat on advisory boards of the company.

"Conflicts of interest in medical and biomedical research are ubiquitous ... It's a common phenomenon," said Jennifer Miller, associate professor of medicine at Yale University School of Medicine, specializing in bioethics, and director of the Good Pharma Scorecard.

"Traditionally, Novo Nordisk tends to be a higher performer in transparency compared to its peers ... Disclosures were voluntary in the study. We want to applaud the transparency there." This allows the reported conflicts of interests to be studied and questions to be raised.

And even if people don't choose to change their eating habits or exercise routines does not mean they are not worthy of respect, suggested Welsby.

What Welsby points to is a demand for a language shift in how society thinks about, talks about and treats fat people.

"In the last five years, there's been a very dramatic change in medical attitudes. The condition returning means it's not a choice. This will further help change perception," said Behari. "Rather than blaming the individual, we recognize they have a condition that is highly treatable."

Behari said the Ozempic shortage is still a problem but is easing up. "I think no one anticipated how popular the [drug] would become," he said. "I'm optimistic things will ease up later this year."

Eid agreed the shortage has improved, but noted that, "Demand could be huge, and at any point the shortage could come back."

Judge called the shortage "annoying" and acknowledged that her tenacity has helped her navigate the health care system. "I can't imagine someone that doesn't have the resources I have" going through this, she said. "Let the diabetics have their drugs."

Doctors interviewed, however, stressed that Ozempic is "not a magic bullet" or a "panacea," and that it may not work for everyone.

"The way people view it is, it's this miracle drug, and you don't have to do anything else. You do," said Judge, adding, "I hope that people will consider there are actually people who need this drug to live."

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