

New analysis shows improved body composition with tirzepatide is consistent across adult age groups

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A new analysis of SURMOUNT-1, the first Phase 3 study of tirzepatide in adults for chronic weight management shows that tirzepatide improves

body composition across a range of adult age groups. The analysis is presented by Dr. Louis Aronne, Comprehensive Weight Control Center, Division of Endocrinology, Diabetes, and Metabolism, Weill Cornell Medicine, New York, U.S., and colleagues.

The efficacy and safety of tirzepatide, a glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptor agonist, in people with [obesity](#) was investigated in SURMOUNT-1, the complete trial for which was published in *NEJM* in July 2022.

GIP and GLP-1 are hormones that are involved in blood sugar control and body weight regulation. After a person has eaten, these hormones are secreted by cells of the intestines and in turn cause the secretion of insulin. Tirzepatide activates both the GLP-1 and GIP receptors, leading to improved blood sugar control and enhanced satiety.

Tirzepatide is approved in the U.S. and the European Union to treat type 2 diabetes, but is not yet approved for obesity treatment in any country. The manufacturer of tirzepatide, Eli Lilly and Company, intends to seek approval for the drug as an obesity treatment from the US Food and Drug Administration (FDA), the European Union, and other territories beginning in 2023.

In this phase 3, double-blind, randomized, controlled trial, 2539 adults with BMI of 30 kg/m² or higher (with obesity), or 27 to 30 kg/m² (with overweight) with at least one weight-related complication, excluding diabetes, were assigned to receive once-weekly, subcutaneous tirzepatide (5 mg, 10 mg, or 15 mg) or placebo for 72 weeks.

The percent change from baseline body weight and proportion of participants with body weight reduction of at least 5% were assessed across BMI categories: 27 to

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