

Semaglutide shown to be effective for weight loss in multicenter, one-year real-world study

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New research presented at this year's European Congress on Obesity (ECO2023, Dublin, 17-20 May) shows that the obesity drug semaglutide is effective for weight loss in a multicenter, 1-year-long real-world

study. The study is by Dr. Andres Acosta and Dr. Wissam Ghusn, Precision Medicine for Obesity Program at the Mayo Clinic, Rochester, MN, U.S. and colleagues.

Semaglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist, is the most recently FDA-approved anti-obesity medication. It has shown significant [weight](#) loss outcomes in multiple long-term randomized [clinical trials](#) and short-term real-world studies. However, little is known about the weight loss and metabolic parameters outcomes in mid-term real-world studies. In this study, the authors assessed weight loss outcomes associated with semaglutide in patients with overweight and obesity with and without type 2 diabetes (T2DM) at 1 year follow-up.

They performed a retrospective, multicenter (Mayo Clinic Hospitals: Minnesota, Arizona, and Florida) [data collection](#) on the use of semaglutide for the treatment of obesity. They included patients with a [body mass index](#) (BMI) ≥ 27 kg/m² (overweight and all higher BMI categories) who were prescribed weekly semaglutide subcutaneous injections (doses 0.25, 0.5, 1, 1.7, 2, 2.4mg; however most were on the higher dose 2.4mg).

They excluded patients taking other medications for obesity, those with a history of obesity surgery, those with cancer, and those who were pregnant.

The primary end point was total [body weight](#) loss percentage (TBWL%) at 1 year. Secondary end points included proportion of patients achieving $\geq 5\%$, $\geq 10\%$, $\geq 15\%$, and $\geq 20\%$ TBWL%, change in metabolic and cardiovascular parameters (blood pressure, HbA1c [glycated hemoglobin, a measure of blood sugar control], fasting glucose and blood fats), TBWL% of patients with and without T2DM, and frequency of side effects during the first year of therapy.

A total of 305 patients were included in the analysis (73% female, mean age 49 years, 92% white, mean BMI 41, 26% with T2DM). Baseline characteristics and weight management visit details are presented in the full abstract. In the entire cohort, the mean TBWL% was 13.4% at 1 year (for the 110 patients who had weight data at 1 year). Patients with T2DM had a lower TBWL% of 10.1% for the 45 of 110 patients with data at 1 year, compared to those without T2DM of 16.7% for the 65 of 110 patients with data at 1 year.

The percentage of patients that lost more than 5% of their body weight was 82%, more than 10% was 65%, more than 15% was 41%, and more than 20% was 21% at 1 year. Semaglutide treatment also significantly decreased systolic and diastolic [blood pressure](#) by 6.8/2.5 mmHg; total cholesterol by 10.2 mg/dL; LDL of 5.1 mg/dL; and triglycerides of 17.6 mg/dL.

Half of the patients experienced side effects related to the medication use (154/305) with the most reported being nausea (38%) and diarrhea (9%). The side effects were mostly mild not affecting the quality of life but in 16 cases they resulted in stopping the medication.

The authors conclude, "Semaglutide was associated significant weight loss and metabolic parameters improvement at 1 year in a multi-site real-world study, demonstrating its effectiveness in the treatment of obesity, in patients with and without T2DM."

The Mayo team are preparing several other manuscripts relating to semaglutide, including weight outcomes in patients who had weight recurrence after [bariatric surgery](#); [weight loss](#) outcomes in [patients](#) who were on other anti-obesity medications previously compared to those who were not.

More information: Conference: eco2023.org/

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