

Gaps remain in identifying, treating obesity despite new treatment options

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By being undiagnosed or untreated, a significant fraction of people with obesity or overweight are not getting the recommended care, despite an increase in new treatment options, according to research being presented

on June 17 at ENDO 2023, the Endocrine Society's annual meeting in Chicago, Ill.

"The number of people with obesity is high and rising in the adult U.S. population. Obesity is a complex and expensive disease that has been implicated in many [chronic conditions](#) including [high blood pressure](#), diabetes, and cardiovascular diseases," said Kyrian Ezendu, Ph.D., an Eli Lilly and Company advisor on benefit-risk research. "Medications to treat obesity are an integral part of long-term care for people with excess weight and are recommended for people with obesity or people with overweight and at least one obesity-related condition."

Ezendu and colleagues used data from linked electronic health records and insurance claims of people ages 18 to 80 years who were eligible for obesity medications each year from 2016 to 2021. The anti-obesity medications included phentermine-topiramate, lorcaserin, orlistat, naltrexone-bupropion, liraglutide and semaglutide.

There were approximately 1.6 million to 2.2 million adults with overweight or obesity, eligible for obesity medications in the study cohort for each year.

The overall obesity diagnosis rate based on both [electronic health records](#) and claims increased from 39.4% in 2016 to 57.2% in 2021. However, diagnosis rates from insurance claims alone were only 33.5% in 2016 and 47.3% in 2021.

Similarly, the overweight diagnosis rate grew from 18.1% in 2016 to 31.2% in 2021. Meanwhile, the claims-based rate was 15.4% in 2016 and 29.2% in 2021.

Prescribing rates for anti-obesity medications were low, according to the researchers, ranging from 0.4% to 0.5% across all years. Much like the

obesity diagnosis and overweight diagnosis rates, the prescription fill rates showed an increase from 0.4% in 2016 to 0.6% in 2021.

Of note, the prescribing and fill rates from 2016 to 2021 for liraglutide doubled (from 0.1% to 0.2%). For semaglutide, it quadrupled (from 0.1% to 0.4%).

"This research demonstrates a potential gap in [clinical care](#) for people with obesity and overweight. Proper documentation of the clinical diagnosis may facilitate guideline-based treatment of obesity and overweight, particularly with the availability of several FDA-approved medications for use as an adjunct to [lifestyle changes](#) in managing [obesity](#) or overweight," Ezendu said.

More information: Conference livestream at endomediastream.com.

Provided by The Endocrine Society

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