

No more Thanksgiving 'food orgy'? New obesity medications change how users think of holiday meals

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For most of her life, Claudia Stearns dreaded Thanksgiving. As a person who struggled with obesity since childhood, Stearns hated the annual turmoil of obsessing about what she ate—and the guilt of overindulging on a holiday built around food.

Now, after losing nearly 100 pounds using medications including Wegovy, a powerful new anti-obesity [drug](#), Stearns says the "[food](#) noise" in her head has gone very, very quiet.

"Last year, it felt so lovely to just be able to enjoy my meal, to focus on being with friends and family, to focus on the joy of the day," says Stearns, 65, of Somerville, Massachusetts. "That was a whole new experience."

As millions of Americans struggling with obesity gain access to a new generation of weight-loss drugs, Stearns' experience is becoming more common—and more noticeable at the times of year when cooking, eating and a sense of abundance can define and heighten gatherings of loved ones and friends. Medical experts and consumers say the drugs are shifting not only what users eat, but also the way they think about food.

For some, it means greater mental control over their meals. Others say it saps the enjoyment from [social situations](#), including traditionally food-centric holidays like Thanksgiving, Passover and Christmas.

"It's something that really changes a lot of things in their life," says Dr. Daniel Bessesen, chief of endocrinology at Denver Health, who treats patients with obesity. "They go from food being a central focus to it's just not."

UNDERMINING THE FESTIVITIES?

The new obesity drugs, originally designed to treat diabetes, include

semaglutide, used in Ozempic and Wegovy, and tirzepatide, used in Mounjaro and recently approved as Zepbound. Now aimed at weight loss, too, the drugs delivered as weekly injections work far differently than any diet. They mimic powerful hormones that kick in after people eat to regulate appetite and the feeling of fullness communicated between the gut and the brain. Users can lose as much as 15% to 25% of their [body weight](#), studies show.

"That's how it works—it reduces the rewarding aspects of food," explains Dr. Michael Schwartz, an expert in metabolism, diabetes and obesity at the University of Washington in Seattle.

For Stearns, who started treatment in 2020, using the weight-loss medications means she can take a few bites of her favorite Thanksgiving pies—and then stop.

"I would not feel full," she says, "but I would feel satisfied."

Yet such a shift can have broader implications, both religious and cultural, because it alters the experience of festive and religious holidays that are often built around interactions with food—and lots of it.

"I'm Italian. For us, it's like going to church, going to a table," says Joe Sapone, 64, a retiree from Atlantic Highlands, New Jersey, who lost about 100 pounds with dieting and Mounjaro. He no longer needs what he called "the food orgy" of a holiday, but he acknowledges it was an adjustment.

"Part of succeeding at this is disconnecting a good time with what you eat," he says. "Am I still going to have fun if I don't eat that much?"

CHANGES IN ENJOYMENT

Many users welcome what they say is greater control over what they eat, even during the emotionally charged holiday season.

"I may be more selective of the items I put on my plate," says Tara Rothenhoefer, 48, of Trinity, Florida. She lost more than 200 pounds after joining a clinical trial testing Mounjaro for weight loss in 2020. "I don't care about the bread as much. I still eat what I enjoy."

But others on the drugs lose their appetites entirely or suffer side effects—nausea, vomiting, diarrhea—that undermine the pleasure of any food.

"I've had a handful of patients over the years who were really miserable because they didn't enjoy food in the same way," says Dr. Katherine Saunders, an obesity expert at Weill Cornell Medicine and co-founder of Intellihealth, a clinical and software company that focuses on obesity treatment.

But, she added, most people who have turned to weight-loss medications have spent years struggling with the physical and mental burdens of chronic obesity and are relieved to discover a decreased desire for food—and grateful to shed pounds.

When people stop taking the drugs, their appetites return and they regain weight, often faster than they lost it, studies show. One [early analysis](#) found that two-thirds of patients who started taking [weight-loss](#) drugs were no longer using them a year later.

Part of that may be due to high cost and ongoing supply shortages. But the larger question of what it means to alter a basic human drive like appetite needs to be considered as well, says Dr. Jens Juul Holst of the University of Copenhagen. He is one of the researchers who first identified the gut hormone GLP-1, or glucagon-like peptide 1, which

eventually led to the new class of [obesity](#) drugs.

Speaking at an international diabetes conference this fall, Holst offered a philosophical critique of the new medications' real-world impact.

"Why is it that you've lost weight? That's because you've lost your appetite. That's because you've lost the pleasure of eating and the reward of having a beautiful meal," Holst told his colleagues. "And how long can you stand that? That is the real, real question."

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