

Five misconceptions about weight loss drugs

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Under the same drug class as treatments for Type 2 diabetes—interventions that providers have prescribed for decades—weight loss medications like Ozempic and Wegovy help regulate patients' hunger cues, offering them a steppingstone to long-lasting lifestyle changes. Credit: John DiJulio, University Communications/University of Virginia

Following pharmaceutical company Eli Lilly's announcement of the

launch of an online portal to connect consumers to its anti-obesity drugs, interest in weight loss medication has spiked, taking the internet by storm.

According to Dr. Catherine Varney, obesity medicine director for UVA Health and an assistant professor of family medicine at the University of Virginia, about 70% of Americans fall into the categories of overweight or obese, demonstrating a growing need for obesity interventions.

While this same [drug](#) class has been prescribed to treat Type 2 diabetes for more than two decades, the use of these medications for weight loss is a hotly debated subject, with many [misconceptions](#) about their safety.

To combat misinformation, Varney weighed in on five common misconceptions surrounding weight loss medications and the implications of Eli Lilly's recent announcement.

Misconception 1: Pharmaceutical companies, like Eli Lilly, are selling weight loss drugs directly to patients

On Jan. 4, Eli Lilly announced the launch of LillyDirect, an online patient portal increasing access to weight loss drugs for patients meeting specific requirements.

Varney said, "I think initially when people heard this, they heard direct-to-consumer and thought, 'Wait a minute, Eli Lilly is selling these drugs [directly] to patients?'"

The reality is Eli Lilly's platform links patients to a third-party telemedicine platform that connects patients interested in weight loss medications to providers who can prescribe them. A prescription from a [medical professional](#) is still required to receive the drug.

Varney notes that the online portal might increase accessibility and awareness of these obesity treatments, but it could lead to an overemphasis on the role of [medication](#) in the disease's treatment.

"It's not a magic pill," she said. "It's not a miracle kind of answer. It's a tool to help make dietary changes a lot easier."

Misconception 2: 'Everyone is taking these medications'

The increasing interest in weight loss medications like Wegovy and phentermine may lead some to believe more patients are taking these prescription drugs than in reality.

"It feels like everybody's on these medications for weight loss because it's all over social media," Varney said.

According to Varney, less than 2% of patients eligible for obesity drugs have been prescribed the medication "compared to the 85% of patients with Type 2 diabetes who receive treatments for this disease."

Misconception 3: Weight loss medications cause suicidal ideation

In July, the European Medicines Agency began reviewing reports of patients causing [self-harm](#) or having suicidal ideation after taking popular weight loss drugs like Wegovy and Ozempic that contain semaglutide.

These anecdotal reports of suicidal tendencies surprised Varney because she noticed countering trends within her patients.

"In our clinic, patients on these medications that also have depression and anxiety have improving mental health," she said. "From a physiological standpoint, that kind of made sense to me because the receptors hit the area of the brain responsible for depression and anxiety."

In collaboration with the National Institutes of Health and the Federal Drug Administration, a [meta-analysis](#) conducted at Case Western University demonstrated no link between anti-obesity drugs and increased suicidal ideation.

"If you look at the study a little bit deeper ... there was a decreased risk in [[suicidal ideation](#)] in women, men and along every racial group," Varney said. "What we're seeing is improvements in mental health and metabolic health. This is really exciting for us to see just further evidence of the benefits of these medications beyond weight loss."

Misconception 4: Weight loss drugs alone can treat obesity.

Weight loss drugs are not a miracle cure for obesity, but these medicines offer a stepping-stone to establishing long-lasting lifestyle changes.

"Treatment of obesity is complex, and medication alone not enough for those that need it," Varney said. "It has to be done in conjunction with dietary changes and exercise."

Gut hormones have a significant impact on sending hunger cues to the brain. Often, patients with obesity have a hormonal imbalance that causes dysregulation in their hunger cues. By suppressing patients' appetites, anti-obesity drugs can make regulating food intake easier.

"When somebody has a BMI of 40 or higher, it puts that person at really high risk for injury if they're exercising, just because of all that excess weight," Varney said. Weight loss medications help patients shed the weight needed to exercise safely.

Varney said medical professionals must provide comprehensive care to patients taking these [weight loss drugs](#) to make them effective.

"Make sure your prescriber is also addressing dietary changes, exercise and the influence of stress and sleep on [weight loss](#)," she said.

Misconception 5: Weight loss drugs are the "easy way out."

"When people say that either anti-obesity medications or bariatric surgery are the easy way out, I say, "Then they probably never suffered from obesity," Varney said. "There is nothing easy about losing [weight](#)."

People with [obesity](#) often have hormone imbalances that make it more difficult for the brain to feel satiated, Varney said. "What these medications and interventions do is make it to where [patients](#) are playing on a level playing field," she said.

Provided by University of Virginia

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