

Wegovy could be treating more than obesity

May 23 2024, by Lisa Jarvis, Bloomberg Opinion



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A new analysis found that the profound benefits of Novo Nordisk's obesity drug Wegovy for people at risk of heart attacks or strokes don't depend on the number of the scale—cardiovascular health improves whether people lose a lot or even very little weight.

That message adds needed nuance to our understanding of the health effects of the new class of medicines known broadly as GLP-1 drugs.

It also raises a critical question: Could these drugs, which also include Eli Lilly & Co.'s Mounjaro, one day shake the "obesity" label and simply be considered heart medications? Or for that matter, metabolic drugs? As data rolls out, kidney care could also make it on the list, and perhaps down the road, brain health.

Much more research is needed, of course. But such a reframing might open the door to better conversations between patients, doctors and insurers, allowing people to put aside their personal biases and dispassionately consider how GLP-1s should be used and paid for.

Because, of course, we'll never really understand the full health impact of these drugs if insurers won't pay for them. Access has opened up a bit—a major win came when Medicare agreed to cover Wegovy for people at risk of cardiovascular events—but doctors tell me there are still too many hoops to jump through.

It's no secret that obesity sits at the intersection of many chronic conditions, yet the perception persists that GLP-1s are a cheat or simply about a desire to be skinny. The reality is different. A recent KFF poll found that 12% of adults in the US have tried a GLP-1 treatment, a number that rises to 25% among people diagnosed with [heart disease](#).

"Diabetes, kidney disease and cardiovascular disease is so intertwined with obesity," says Diana Thiara, medical director of the Weight Management Program at the University of California of San Francisco. Rather than have siloed approaches of treating each disease, it's better to acknowledge those connections. She tells her patients to focus less on the scale and more on the fact that even a 10% weight loss gives them a 20% less chance of having a [heart attack](#) or stroke.

Cardiologists were impressed last fall when a study of more than 17,000 people who had previously had a cardiovascular event (like a heart attack or stroke) found that Wegovy lowered their risk of another event by 20%. That stunning result opened the door to Medicare coverage for the [drug](#) in people with heart disease.

This new analysis looks at the same patient population to ask about the weight loss side of the trial. At four years in, the study provided clues about the sustainability of those health benefits—as well as helped answer a lingering question of the source of the heart benefit: Is it due to weight loss alone, or thanks to some other aspect of these drugs? It's likely a mix of both.

The people given Wegovy in the cardiovascular study only lost on average about 10% of their body weight—a result that differs from some of the headline-making numbers in weight loss trials of Wegovy. "There seems to be an effect that transcends the weight-loss benefits," says James Januzzi, a cardiologist at Harvard Medical School.

Researchers have some hypotheses about what's driving these heart health benefits. The weight loss surely contributes, but Januzzi thinks it's possible that where pounds are shed matters more. Reducing belly fat "may be associated with less inflammation and improve cardiovascular outcomes even if the weight loss isn't that substantial," he adds. The drugs might also have a direct anti-inflammatory effect, he says, or help to stabilize the heart's blood vessels so that people are less likely to have a heart attack.

In other good news, that [weight loss](#) lasted four years into the study. Much debate around the value of these drugs centers on whether taking them for life is sustainable. While four years is admittedly a blip, it's still the best long-term data we have so far. Notably, the people in the trial were allowed to decrease their dose or take breaks from the drug, an

approach that doctors think is a lot closer to how GLP-1s will be used in the real world. And yet participants still reaped benefits.

The updated results weren't the only data this week helping to make the case that Wegovy is a heart health drug. Just as impressive is a separate study that adds to the growing body of work suggesting Wegovy improves the symptoms of heart failure, a condition where the organ struggles to pump blood and oxygen throughout the body. While existing medicines and [lifestyle changes](#) can help, the chronic condition can still lead to a long list of debilitating symptoms.

Wegovy's potential role could be especially important because US deaths from heart failure, once on the decline, have been rapidly rising.

The increase is driven in part by higher rates of obesity, as well as rising rates of diabetes, high blood pressure and high cholesterol. A range of demographics have been affected, but the change is most pronounced among people who are younger or in midlife. It's also disproportionately affecting Black people. One analysis found that some 13 million people could suffer from heart failure by 2060, a rise of over 33% from projected 2025 levels.

Imagine being able to reverse that trend. Few would quibble over whether or not insurers should pay for that.

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Citation: Wegovy could be treating more than obesity (2024, May 23) retrieved 25 June 2024 from <https://medicalxpress.com/news/2024-05-wegovy-obesity.html>

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