MASSACHUSETTS
Diabetes Network

Quarterly Meeting
Beyond the Scale: The Role of Pharmacotherapy and Lifestyle in Obesity Treatment

Tuesday, September 17th, 12:00-1:30 pm

MASSACHUSETTS
Diabetes Network

Join the Network!

NETWORK MISSION

To convene and organize together with key stakeholders working to remove barriers and improve diabetes and prediabetes resources, education, and services in the Commonwealth.

MEMBERSHIP

As a member, you will get a chance to:

- Expand your professional network with other diabetes professionals and organizations
- Receive and contribute to Network newsletters
- Earn CEUs for quarterly meeting presentations
- Join a subcommittee of interest and collaborate once a month for Network development
- And many more opportunities!

WANT TO LEARN MORE? CONTACT US!

jennifer.brais@mass.gov

linkedin.com/groups/14430584

Sign up for the Network

LEADERSHIP

The **STEERING COMMITTEE** for the Network acts as the governing body for the Network. It has 3 major tasks organized into subcommittees:

PROGRAMMING
Planning and running quarterly Network meetings. Sign up.

PROJECT PLANNING
Soliciting project topics and recruiting project teams. Reach out for more info.

COMMUNICATIONS
Member engagement, newsletter and information sharing Sign up.

Updated 8/19/24



Massachusetts Diabetes Network

News and Notes
August 2024

Network Updates and Opportunities

REGISTER TODAY!
Upcoming Network Meeting (Virtual)
September 17 | 12:00 PM - 1:30 PM
Register here

Beyond the Scale: The New Era of Weight Management Therapies

Description: The next quarterly meeting will explore GLP-1 weight management medications and their use in clinical practice. Our featured speakers, Dr. Phung On and Dr. Renee Rogers, will lead this informative presentation. Learn more.

Continuing Education: We have applied for CEUs for nurses, dieticians, and pharmacists.
If you have any questions, email *Jennifer.Brais@mass.gov*.

–



Phung On, PharmD, BCP
Massachusetts College of Pharmacy and Health Sciences



Renee Rogers, PhD, FACSM
University of Kansas Medical Center

SAVE THE DATE!
In-Person Meeting (Mansfield, MA)
November 5 | 9:30 AM - 4:00 PM
The Network will host a special in-person meeting on 11/5 at Community Servings in Mansfield, MA to celebrate National Diabetes Month. This all-day event will feature presentations (virtual option), lunch, and an optional volunteer shift in the afternoon for up to ten people. **More information to come.**

Join our community

Agenda

- 12:00-12:05 PM
  - Welcome (Jen Brais, Diabetes Director, MDPH)
- 12:05-12:35 PM
  - Pharmacological Management (Phung On, Associate Professor of Pharmacy Practice, MCPHS)
- 12:35-1:05 PM
  - Impact of Lifestyle Changes (Renee Rogers, Senior Scientist, University of Kansas Medical Center)
- 1:05-1:20 PM
  - Questions, Answers and Discussion
- 1:20-1:30 PM
  - Network Updates and Announcements

MASSACHUSETTS
Diabetes Network

CEUS/CMES available through ADCES

- Those who attend the full CE session (12:05-1:05 pm) are eligible for 1 continuing education unit (CEU)
- CEUs will be granted for RN, Pharmacist, Dietician, & Social Workers
- Participants must fill out the evaluation to be eligible for CEUs by October 1st, 2024
  - **https://forms.office.com/r/sgrwW4e0B4**
- Instructions on accessing certificate through ADCES will be emailed to participants. Participants will not be able to access certificates until after the evaluation closes

MASSACHUSETTS Diabetes Network

Join us in Celebrating National Diabetes Awareness Month
Food Insecurity and Chronic Disease: An Overview and Potential Solutions

Tuesday, November 5th
Community Servings
170 Forbes Blvd.
Mansfield, MA 02048

Hunger Hurts: Food Insecurity and its Impact on Health

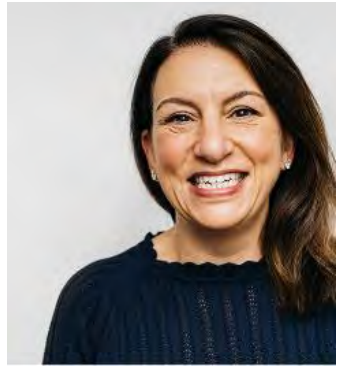


Laura Ortiz, MS, RD, LD
Nutrition Manager
Greater Boston Food Bank

Hybrid program
In person – 9:30 – 12:30 pm
Networking and Lunch
Volunteer 1 – 4 pm Volunteer

Virtual – 10:00 am – Noon

Food is Medicine: The Role of Medically Tailored Meals in Preventing and Managing Chronic Disease



Valerie Machinist, MS, RDN, LDN
Director of Nutrition and Client Services
Community Servings

MASSACHUSETTS Diabetes Network

ADCES Massachusetts Coordinating Body

American Diabetes Association.

State of Diabetes

Event Details

Friday, November 22nd – 11 AM - 1 PM: Networking, Lunch & Panel Discussion
Saturday, November 23rd – 10 AM – 4 PM: Health Expo/Day of Access

Register for either day or both days

Roxbury Community College
1350 Tremont St
Boston, MA 02120

Beyond the Scale: The Role of Pharmacotherapy and Lifestyle in Obesity Treatment

Pharmacologic Management



Phung C. On, Pharm, BCPS, PharmD
Massachusetts College of
Pharmacy and Health Sciences

Anti-Obesity Medication:

Adopting and Tailoring Lifestyle intervention



Renee Rogers, Ph.D., FACSM
University of Kansas Medical
Center

MASSACHUSETTS Diabetes Network

ADCES Massachusetts Coordinating Body

Beyond the Scale: The Role of Pharmacotherapy and Lifestyle in Obesity Treatment

Phung C. On, PharmD, BCPS

Renee J. Rogers, PhD, FACSM

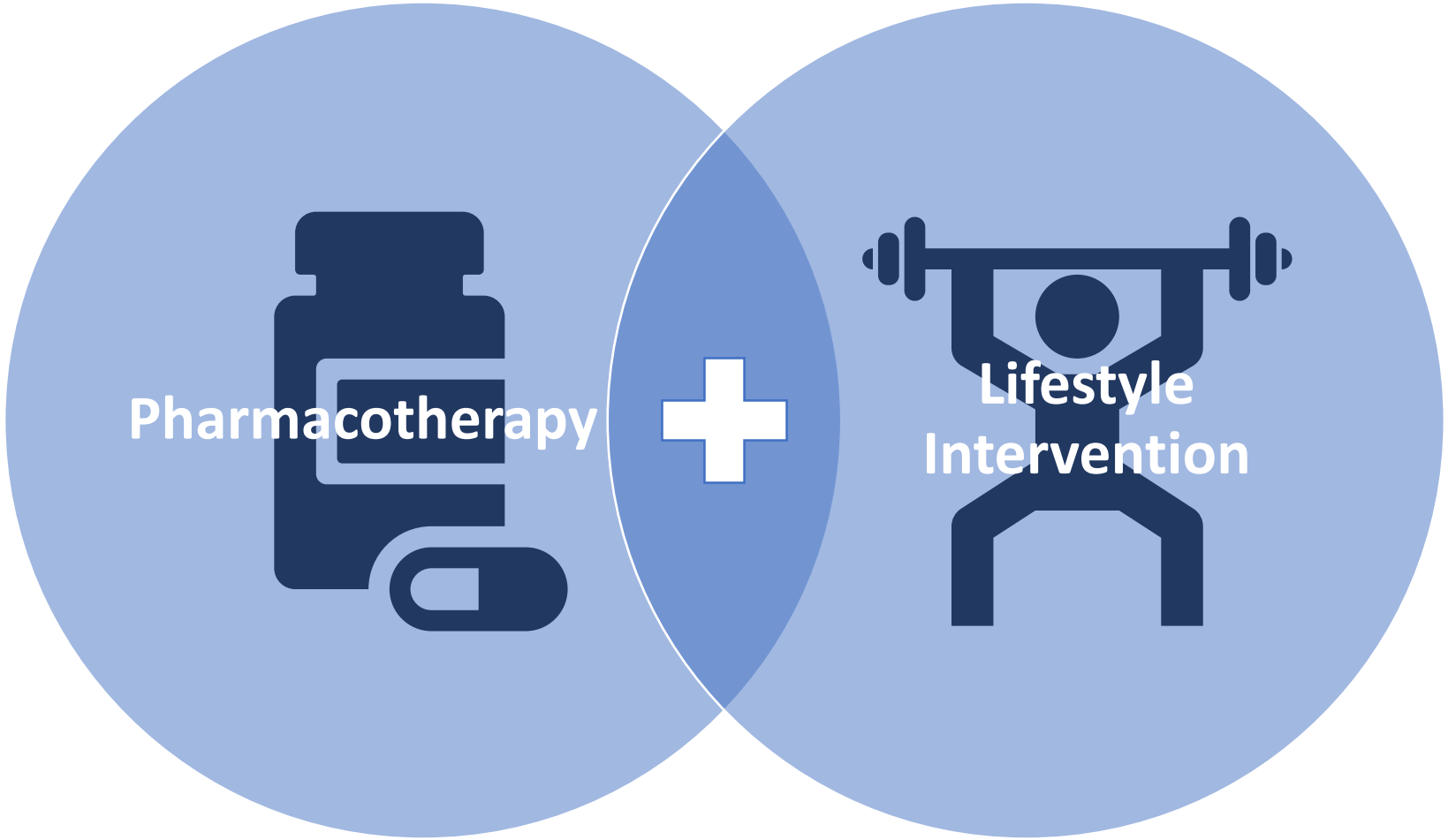
Massachusetts Diabetes Network

September 17th, 2024



Obesity Pharmacotherapy

Phung C. On, PharmD, BCPS
Associate Professor of Pharmacy Practice, Massachusetts College of Pharmacy and Health Sciences
Clinical Pharmacy Specialist, Codman Square Health Center



Better Together

FDA-Approved Pharmacotherapy: Short-Term Use

Medication	Mechanism of Action	Considerations
Phentermine (Lomaira™, Adipex-P®)	• Sympathomimetic, similar to the amphetamines • ↓ appetite secondary to CNS effects	• Controlled substance: C–IV • Avoid in patients with a history of cardiovascular disease • Dose should not be administered in the evening or at bedtime
Diethylpropion (Tenuate®)		

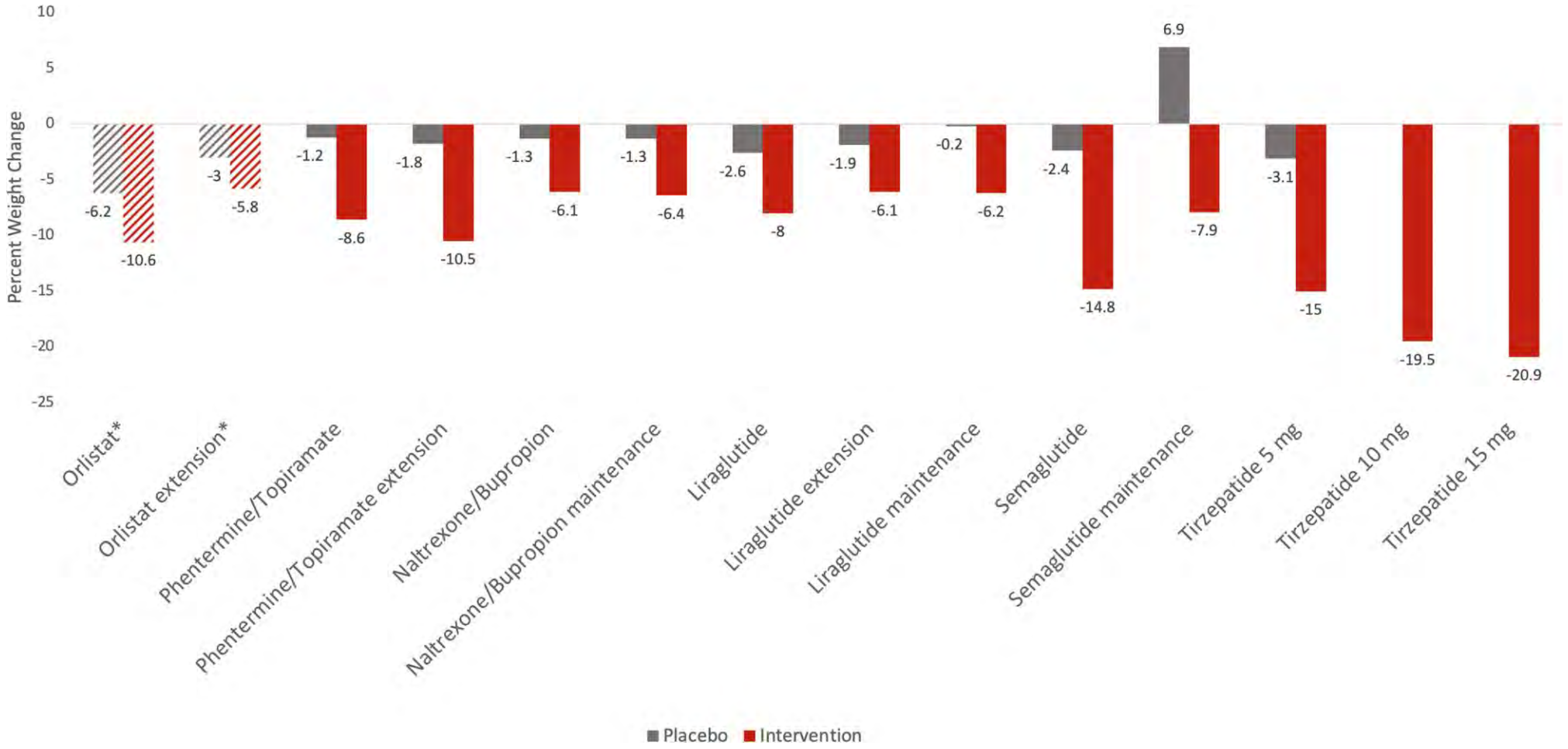
FDA-Approved Pharmacotherapy: Long-Term Use

Medication	Mechanism of Action	Considerations
Orlistat (Xenical®, Alli®)	Reversible inhibitor of gastric and pancreatic lipases → inhibits absorption of dietary fats by 30%	• Not recommended by AGA • Take during or up to 1 hour after the meal • Omit dose if meal is occasionally missed or contains no fat • Should take a multivitamin daily
Phentermine and topiramate extended-release (Qsymia®)	Topiramate: appetite suppression and satiety enhancement via multiple mechanisms (e.g. ↑ GABA activity)	• Controlled substance: C–IV • Preferentially used in patients with migraines • Avoid in patients with a history of cardiovascular disease and uncontrolled hypertension • Topiramate is teratogenic
Bupropion and naltrexone extended release (Contrave®)	• Effects not fully understand • Weight loss may result from action on areas of the brain involved in the regulation of food intake	• Do not take doses with high-fat meal • Consider in patients attempting smoking cessation and in patients with depression • Avoid in patients with seizure disorders

And then came…

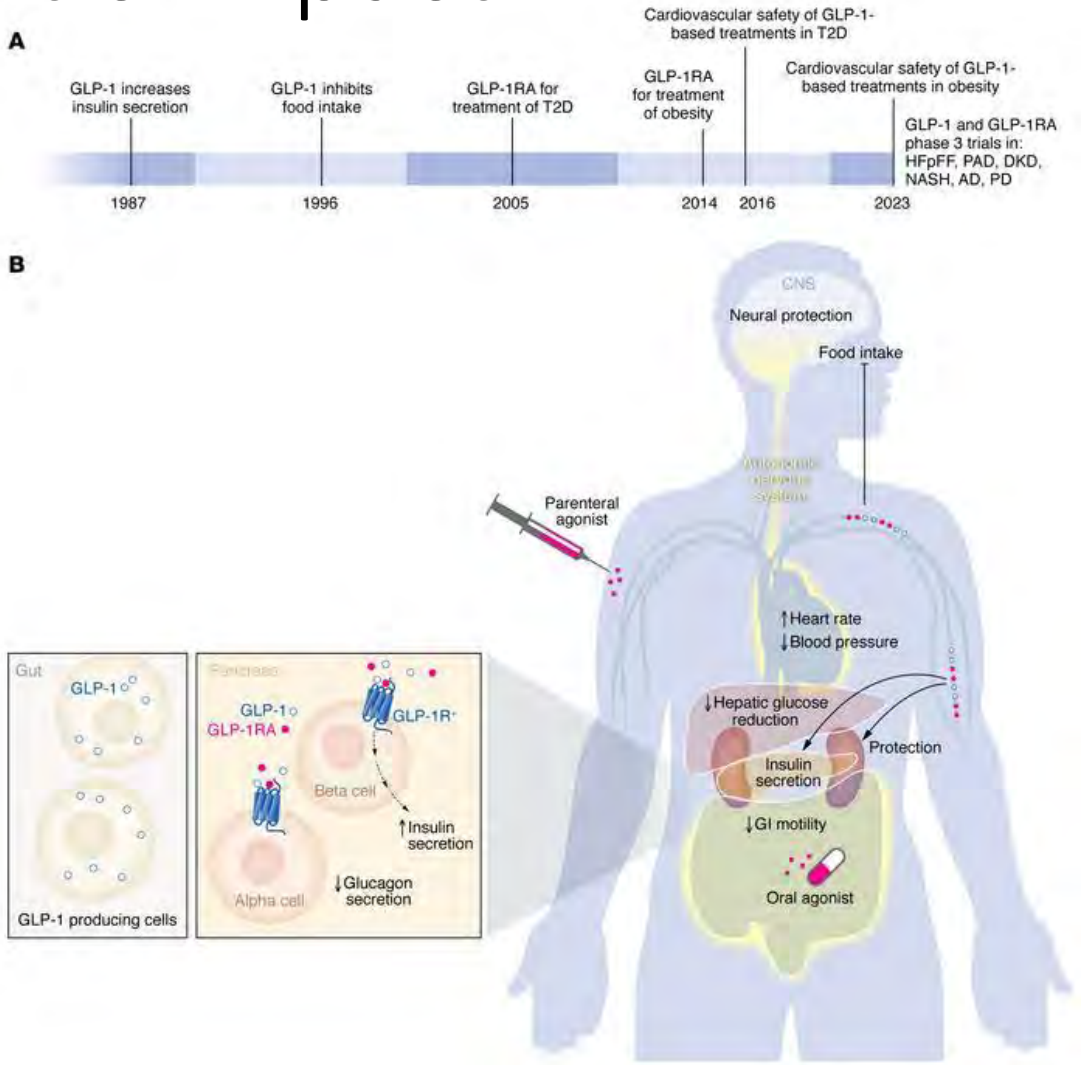
Glucagon-like peptide 1 (GLP-1) receptor agonists	Dual glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide 1 (GLP-1) receptor agonist
• Liraglutide (Saxenda®) • Semaglutide (Wegovy™)	• Tirzepatide (Zepbound®)

Mean Percent (%) Weight Change



Chakhtour, M., Haber, R., Ghezzawi, M., Rhayem, C., Tcheroyan R., Mantzoros CS. Pharmacotherapy of obesity: an update on the available medications and drugs under investigation. *eClinicalMedicine*. 2023;58:101882. https://doi.org/10.1016/j.eclinm.2023.101882

“The GLP-1 Journey: From Discovery Science to Therapeutic Impact”



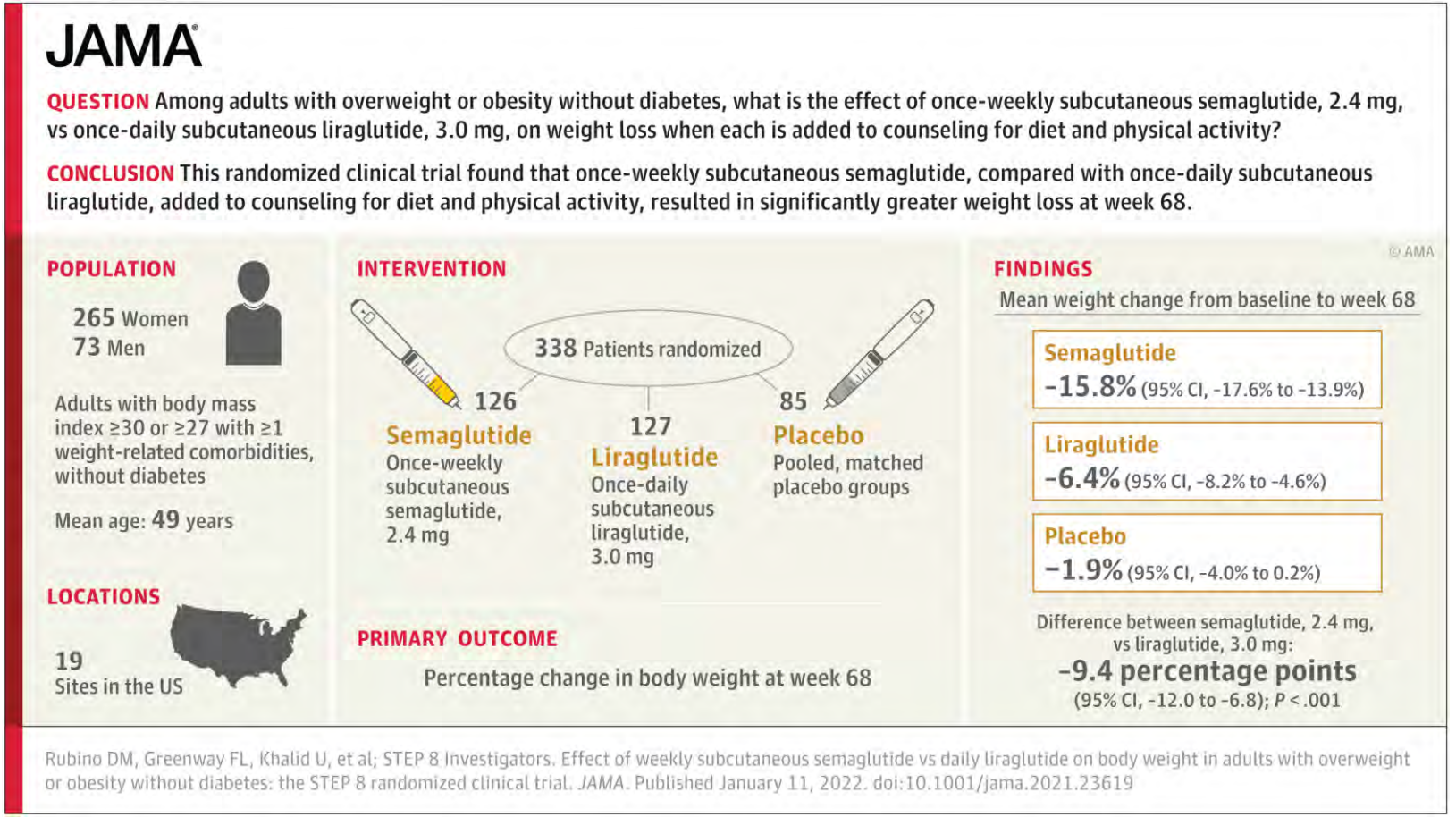
Drucker, DJ. The GLP-1 journey: from discovery science to therapeutic impact. *J Clin Invest.* 2024;134(2):e175634. https://doi.org/10.1172/JCI175634.

Let's Compare

Medication	Weight Loss (%) from Baseline with Active Drug Treatment Arm	Weight Loss (%) from Baseline with Placebo Treatment Arm	CV Effects	Renal Effects
Liraglutide	1.8 mg/day: 4.7 3 mg/day: 6	2	Benefit seen in effect on MACE*	Benefit for renal endpoints in CVOTs, driven by albuminuria outcomes*
Semaglutide	1 mg/week: 7 2.4 mg/week: 9.6	3.4	Benefit seen in effect on MACE & HFpEF	
Tirzepatide	10 mg/week: 12.8 15 mg/week: 14.7	3.2	Under investigation • Phase 3 trial: benefit seen in HFpEF	Under investigation

American Diabetes Association Professional Practice Committee. 8. Obesity and weight management for the prevention and treatment of type 2 diabetes: Standards of Care in Diabetes – 2024. Diabetes Care. 2024;47(Suppl 1):S145-S157
American Diabetes Association Professional Practice Committee. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2024. Diabetes Care 2024;47(Supplement_1):S158–S178

The STEP 8 Randomized Clinical Trial: Semaglutide vs Liraglutide



Clinical Pearls: Patient Education



PROMOTE OPEN COMMUNICATION



UPFRONT EXPECTATIONS → SET REALISTIC GOALS



DISCONTINUE MEDICATION → ↑ WEIGHT

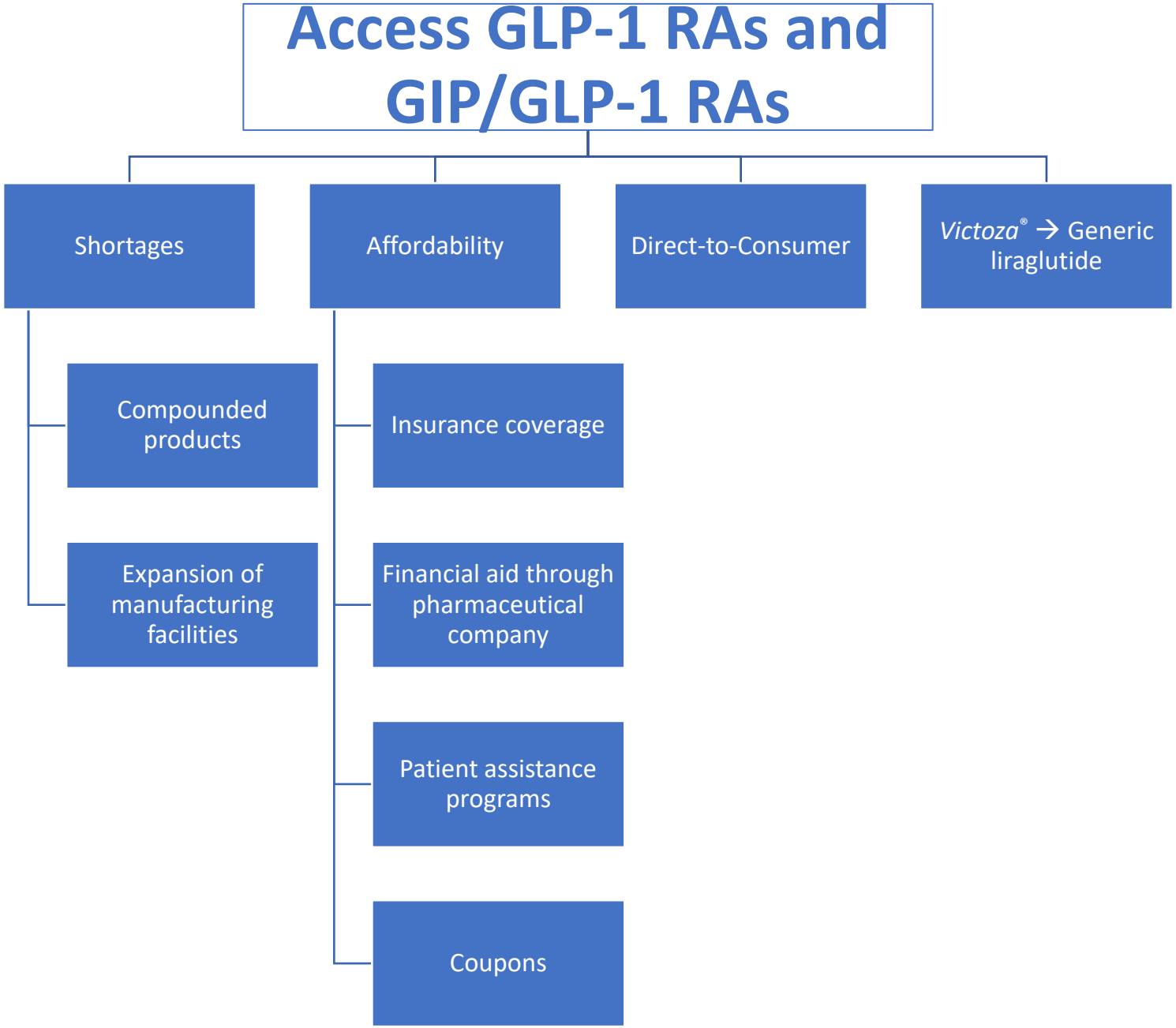


EDUCATE THOROUGHLY ON ADE

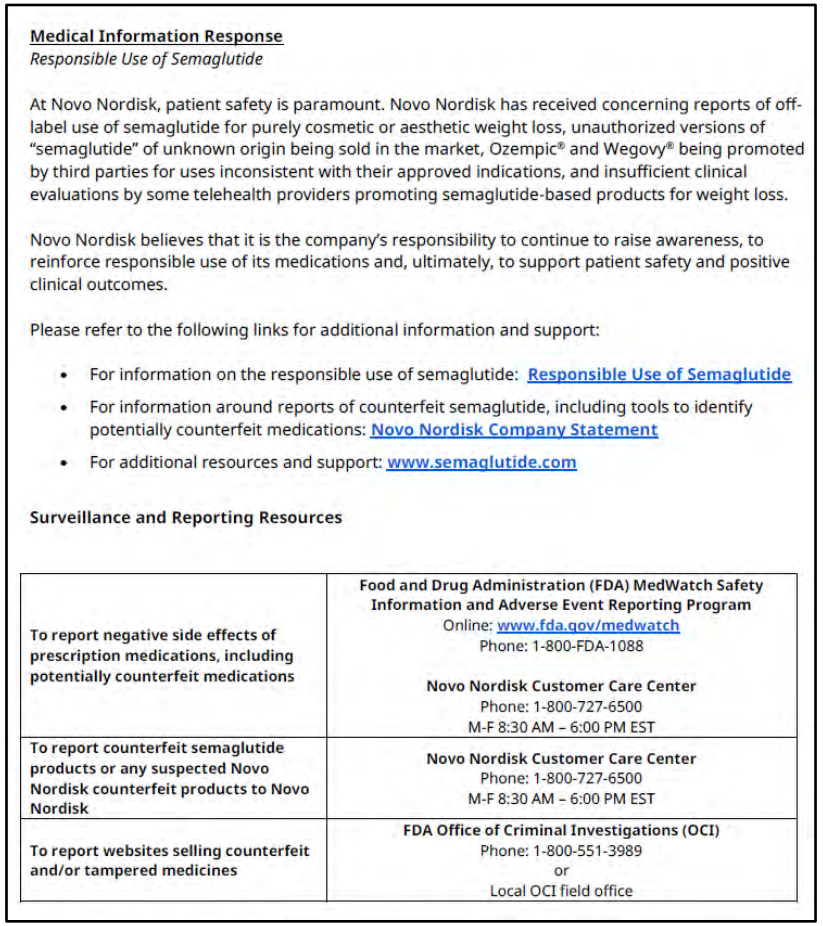
Clinical Pearls: Prescribing Consideration

- Involve patient in treatment decision
- Collaborate with other HCPs
- Dose titration
  - Efficacy vs tolerability
- Device

Medication	Needle Attachment Required	Dose Selection	Single Use
Liraglutide (Saxenda®)	Yes. **Needles are not included.**	Required. Multi-dose pen.	No
Semaglutide (Wegovy™)	No	No. Preset dose.	Yes
Tirzepatide (Zepbound®)	No	No. Preset dose.	Yes


Access GLP-1 RAs and GIP/GLP-1 RAs
Shortages
Affordability
Direct-to-Consumer
Victoza® → Generic liraglutide
Compounded products
Expansion of manufacturing facilities
Insurance coverage
Financial aid through pharmaceutical company
Patient assistance programs
Coupons

Challenges with Compounded Semaglutide



Medical Information Response
Responsible Use of Semaglutide

At Novo Nordisk, patient safety is paramount. Novo Nordisk has received concerning reports of off-label use of semaglutide for purely cosmetic or aesthetic weight loss, unauthorized versions of "semaglutide" of unknown origin being sold in the market, Ozempic® and Wegovy® being promoted by third parties for uses inconsistent with their approved indications, and insufficient clinical evaluations by some telehealth providers promoting semaglutide-based products for weight loss.

Novo Nordisk believes that it is the company's responsibility to continue to raise awareness, to reinforce responsible use of its medications and, ultimately, to support patient safety and positive clinical outcomes.

Please refer to the following links for additional information and support:

- For information on the responsible use of semaglutide: Responsible Use of Semaglutide
- For information around reports of counterfeit semaglutide, including tools to identify potentially counterfeit medications: Novo Nordisk Company Statement
- For additional resources and support: www.semaglutide.com

Surveillance and Reporting Resources

To report negative side effects of prescription medications, including potentially counterfeit medications	**Food and Drug Administration (FDA) MedWatch Safety Information and Adverse Event Reporting Program** Online: www.fda.gov/medwatch Phone: 1-800-FDA-1088 **Novo Nordisk Customer Care Center** Phone: 1-800-727-6500 M-F 8:30 AM – 6:00 PM EST
To report counterfeit semaglutide products or any suspected Novo Nordisk counterfeit products to Novo Nordisk	**Novo Nordisk Customer Care Center** Phone: 1-800-727-6500 M-F 8:30 AM – 6:00 PM EST
To report websites selling counterfeit and/or tampered medicines	**FDA Office of Criminal Investigations (OCI)** Phone: 1-800-551-3989 or Local OCI field office

Compounding

- ? facilities
- Compounded from undisclosed sources
- ? safety, efficacy, quality, and purity of the source

ADEs

Widen disparities

Pipeline

Drug	Site of action	Development stage	Dose	Indication	Sample size	Expected completion	Registration number
GLP1/glucagon dual agonists	Parietal cortex, insula, putamen, orbitofrontal cortex, gastrointestinal tract, adipose tissue, liver						
BI 456906		Phase II	Very low, low, medium and high SQ dose groups once weekly	Obesity	387	October-22	NCT04667377
IBI362		Phase II	Low, moderate, and high SQ dose groups once weekly	Obesity	320	September-23	NCT04904913
		Phase II	5 different SQ doses	Obesity	66	January-24	NCT04440345
GIP/GLP1 dual agonists	Arcuate nucleus and other hypothalamic regions, parietal cortex, insula, putamen, orbitofrontal cortex, adipose tissue, gastrointestinal tract						
Tirzepatide		Phase III	10 mg and 15 mg SQ once weekly	Obesity and DM	900	April-23	NCT04657003
		Phase III	Regimen A and B SQ once weekly	Obesity	261	June-23	NCT04844918
		Phase III	N/A	Obesity	750	May-23	NCT04660643
		Phase III	N/A	Obesity and weight maintenance after intensive lifestyle	800	May-23	NCT04657016
CT-868		Phase II	Low and maximally tolerated SQ daily doses	Obesity and DM	96	February-23	NCT05110846
GMA106		Phase I	Single SQ injection	Obesity	48	April-23	NCT05054530
CT-388		Phase I	SQ injection	Obesity and DM	96	October-23	NCT04838405
GIP/GLP1/glucagon tri-agonists	Parietal cortex, insula, putamen, orbitofrontal cortex, arcuate nucleus and other hypothalamic regions, gastrointestinal tract, adipose tissue, liver						
LY3437943		Phase II	4 different SQ doses	Obesity	388	November-22	NCT04881760
GLP1R agonists	Parietal cortex, insula, putamen, orbitofrontal cortex, gastrointestinal tract						
Liraglutide vs. Exenatide		Phase III	Liraglutide: 0.6 mg up to 1.8 mg SQ injection daily; Exenatide: 10 mcg daily for 4 weeks then twice a day for 8 weeks, and 2 mg SQ injection once weekly	Obesity	150	September-22	NCT03671733
XW003 Vs Liraglutide		Phase II	XW003: up-titrated to 1.2, 1.8, or 2.4 mg SQ once weekly starting with 0.2 mg; Liraglutide: uptitrated over 4 weeks to 3 mg SQ once daily	Obesity	200	October-22	NCT05111912
PF-06882961		Phase II	5 doses (40, 80, 120, 160 or 200 mg oral twice daily)	Obesity	497	October-23	NCT04707313
Oral LY3502970		Phase II	4 different oral doses	Overweight and obesity	272	November-22	NCT05051579
SHR20004 Noiiglutide		Phase II	Low, medium and high SQ doses	Obesity	254	May-22	NCT04799327
Y2R agonist	Hypothalamus						
NNC0165-1875 with semaglutide		Phase II	Semaglutide 2.4 mg SQ and NNC0165-1875 1 or 2 mg SQ	Obesity	119	December-22	NCT04969939
Amylin receptor agonist	Area postrema of the caudal hindbrain, hypothalamus, gastrointestinal tract, pancreas						
NNC0174-0833		Phase I	0.3 mg, 0.9 mg or 1.8 mg SQ	Obesity	24	September-22	NCT05254158
Cagrilintide with Semaglutide		Phase III	Cagrilintide: 2.4 mg SQ weekly Semaglutide: 2.4 mg SQ weekly	Obesity and DM	1200	January-25	NCT05394519

(Table 3 continues on next page)

Drug	Site of action	Development stage	Dose	Indication	Sample size	Expected completion	Registration number
(Continued from previous page)							
SGLT-2 inhibitors	Kidney, adipose tissue						
Dapagliflozin with metformin vs. metformin		Phase III	Dapagliflozin: 10 mg orally daily Metformin: 850 mg orally twice daily	Obesity and DM or prediabetes	90	July-21	NCT03968224
Dopamine reuptake inhibitor							
Methylphenidate	Nucleus accumbens, striatum	Phase III	One tablet twice daily	Obesity	40	December-18	NCT02754258
Acetylcholine blockers							
Botulinum toxin type A	gastrointestinal tract	Phase III	20 injections of 0.5 ml each	Obesity	18	July-22	NCT04274608
		Phase II	Injection in muscles of stomach wall	Morbid obesity	20	December-22	NCT02035397
Glabridin analogue	Muscles, liver						
HSG4112		Phase II	200, 400 and 600 mg orally daily	Obesity	81	December-22	NCT05197556
Oxcytocin	Muscles, liver, adipocytes, pancreas, paraventricular nucleus, nucleus accumbens, striatum, mesolimbic area						
		Phase II	24 IU nasal spray, 4 times per day	Obesity	61	July-22	NCT03043053
Vitamin E	Adipose tissue						
Tocotrienols		Phase II	One 430 mg tocotrienol softgel daily	Obesity in postmenopausal women	60	December-23	NCT03705845
Taste receptors activator	Taste buds						
ARD-101		Phase II	200 mg orally twice daily	Obesity	20	November-22	NCT05121441
Leptin sensitizers	Adipose tissue, liver, hypothalamus						
ERX1000		Phase I	4 mg orally	Obesity	48	June-23	NCT04890873
Others							
PPAR gamma modular: AMG 133		Phase I	N/A	Obesity	110	November-22	NCT04478708
MBL949		Phase II	5 different SQ doses	Obesity	127	June-23	NCT05199090
NO-13065		Phase I	N/A	Obesity	84	September-22	NCT04838639
NNC0247-0829		Phase I	Single or multiple SQ doses	Obesity	103	June-22	NCT04010786
LY3841136		Phase I	Single or multiple SQ ascending doses	Obesity	160	September-23	NCT05295940
BMS-986172		Phase I	Specified oral dose on specified days	Obesity	40	May-22	NCT04926051

Abbreviations: DM, diabetes mellitus; IU, international unit; SQ, subcutaneous. [a]Indication included obesity with or without DM.

Table 3: **Anti-obesity medications[a] in the horizon identified from Clinicaltrials.gov.**

Chakhtour, M., Haber, R., Ghezzawi, M., Rhayem, C., Tcheroyan R., Mantzoros CS. Pharmacotherapy of obesity: an update on the available medications and drugs under investigation. *eClinicalMedicine*. 2023;58:101882. https://doi.org/10.1016/j.eclinm.2023.101882

Triple-Hormone Receptor Agonist: Retatrutide

Healthcare & Pharmaceuticals | Drug & Device Trials

Lilly experimental 'triple G' obesity drug leads to 24.2% weight loss in trial

By **Deena Beasley**

June 26, 2023 6:05 PM EDT · Updated a year ago



Additional References

- AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity. Gastroenterology 2022;163:1198-1225. https://www.gastrojournal.org/article/S0016-5085(22)01026-5/fulltext
- Sheehan A, Chen JT, Yanovski JA. Obesity. In: DiPiro JT, Yee GC, Haines ST, Nolin TD, Ellingrod VL, Posey L. eds. DiPiro's Pharmacotherapy: A Pathophysiologic Approach, 12th Edition. McGraw Hill; 2023. American Diabetes Association Professional Practice Committee. 8. Obesity and weight management for the prevention and treatment of type 2 diabetes: Standards of Care in Diabetes—2024. Diabetes Care 2024;47(Suppl. 1):S145–S157. https://diabetesjournals.org/care/article/47/Supplement_1/S145/153942/8-Obesity-and-Weight-Management-for-the-Prevention

Anti-Obesity Medications: Adapting and Tailoring Lifestyle Interventions

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Senior Scientist

University of Kansas Medical Center

Division of Physical Activity and Weight Management

Internal Medicine

Disclosures

Consultant and Instructor

Wondr Health, Inc.


EXERCISE
BEHAVIOR
OBESITY
RELATED
DISEASES

BIO-BEHAVIORAL APPROACH

BIOLOGY:

BODY COMPOSITION

BEHAVIOR:

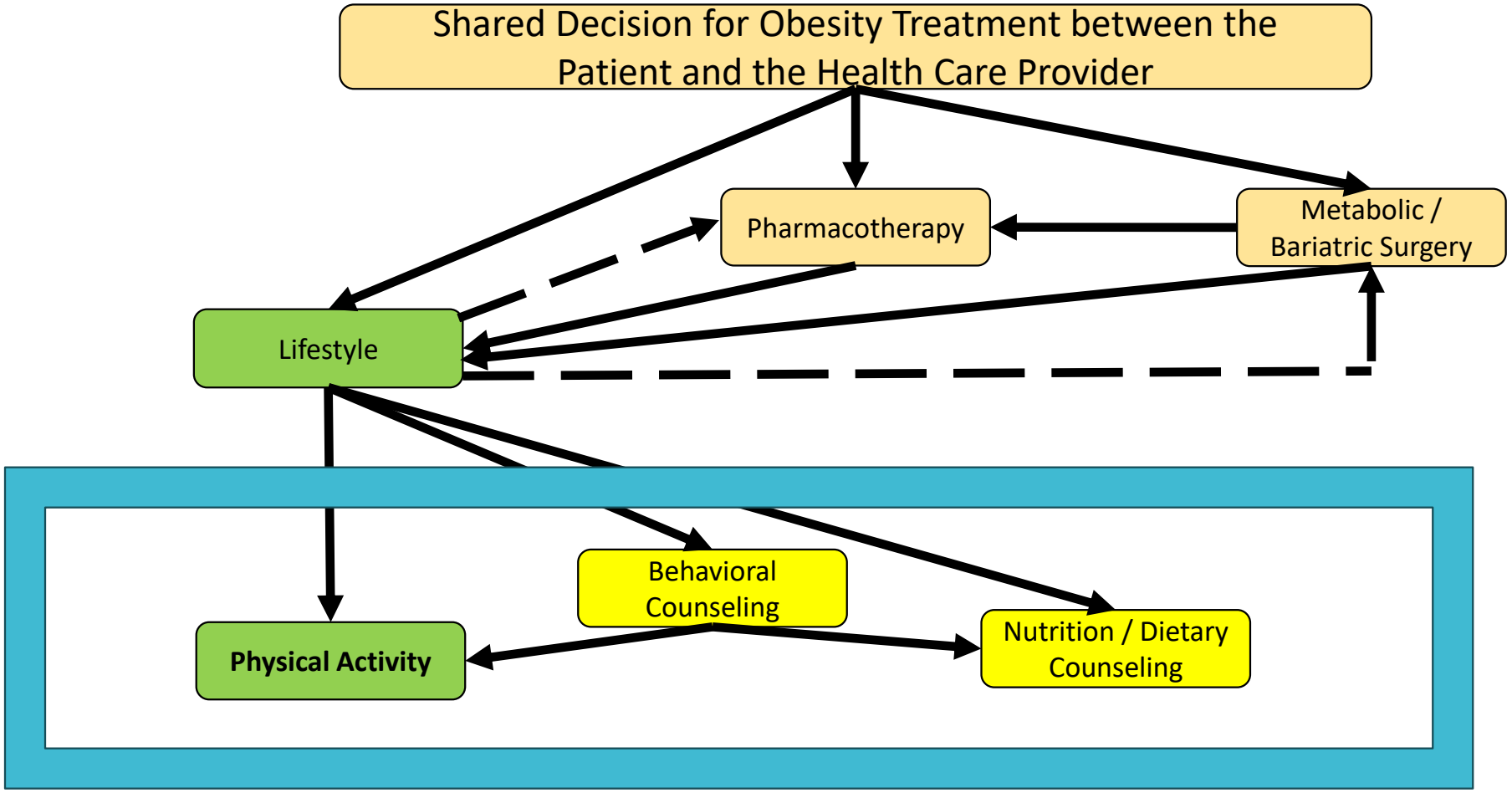
PATIENT PRESPECTIVES



EXRX

INTERVENTION TARGETS

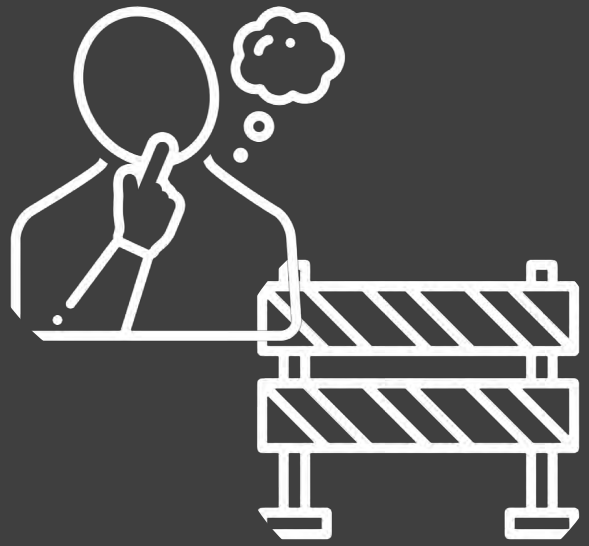
The Critical Role of Lifestyle as a Foundation for the Medical Management of Obesity



Jakicic JM, Rogers RJ, Apovian C. *Translational Journal of the ACSM* 9(2):e000253, Spring 2024. | *DOI:* 10.1249/TJX.0000000000000253



Biological



Behavioral

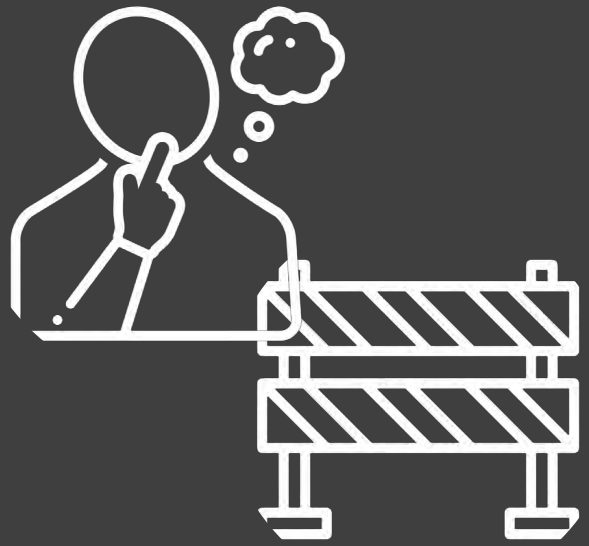


Better Convos

Approach



Biological



Behavioral



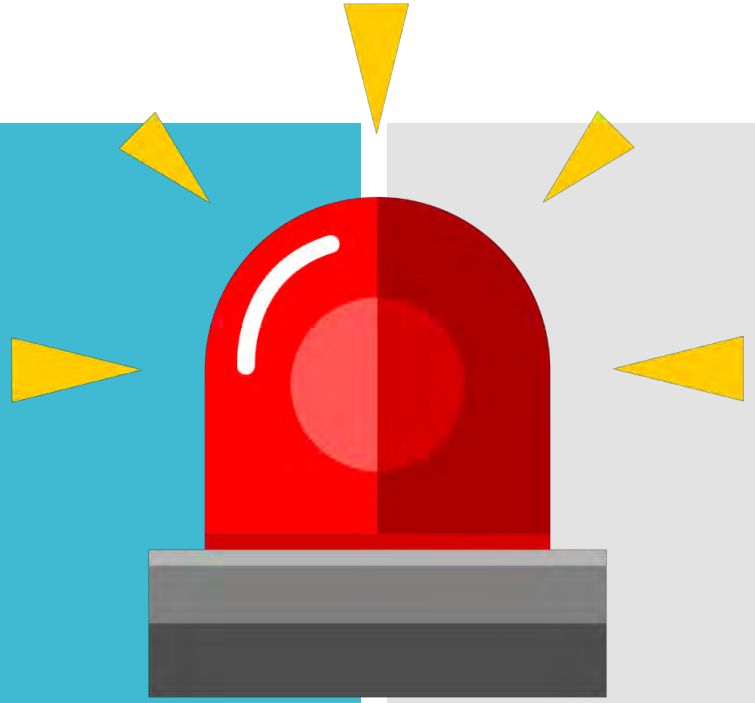
Better Convos

Approach

Weight Loss	✓
Better Control of Type 2 Diabetes	✓
Reductions in Cardiometabolic Risk	✓
Reductions in Adiposity	✓
Reductions in Lean Mass ↓ ~25-40%	✗

Wadden, T.A. *et al. Curr Obes Rep* **12**, 453–473 (2023). https://doi.org/10.1007/s13679-023-00534-z

LEAN MASS ≠ MUSCLE MASS



Lean Mass Compartment:

Muscle – Bone – Water – Organs – Other Tissues

Obesity A Research Journal

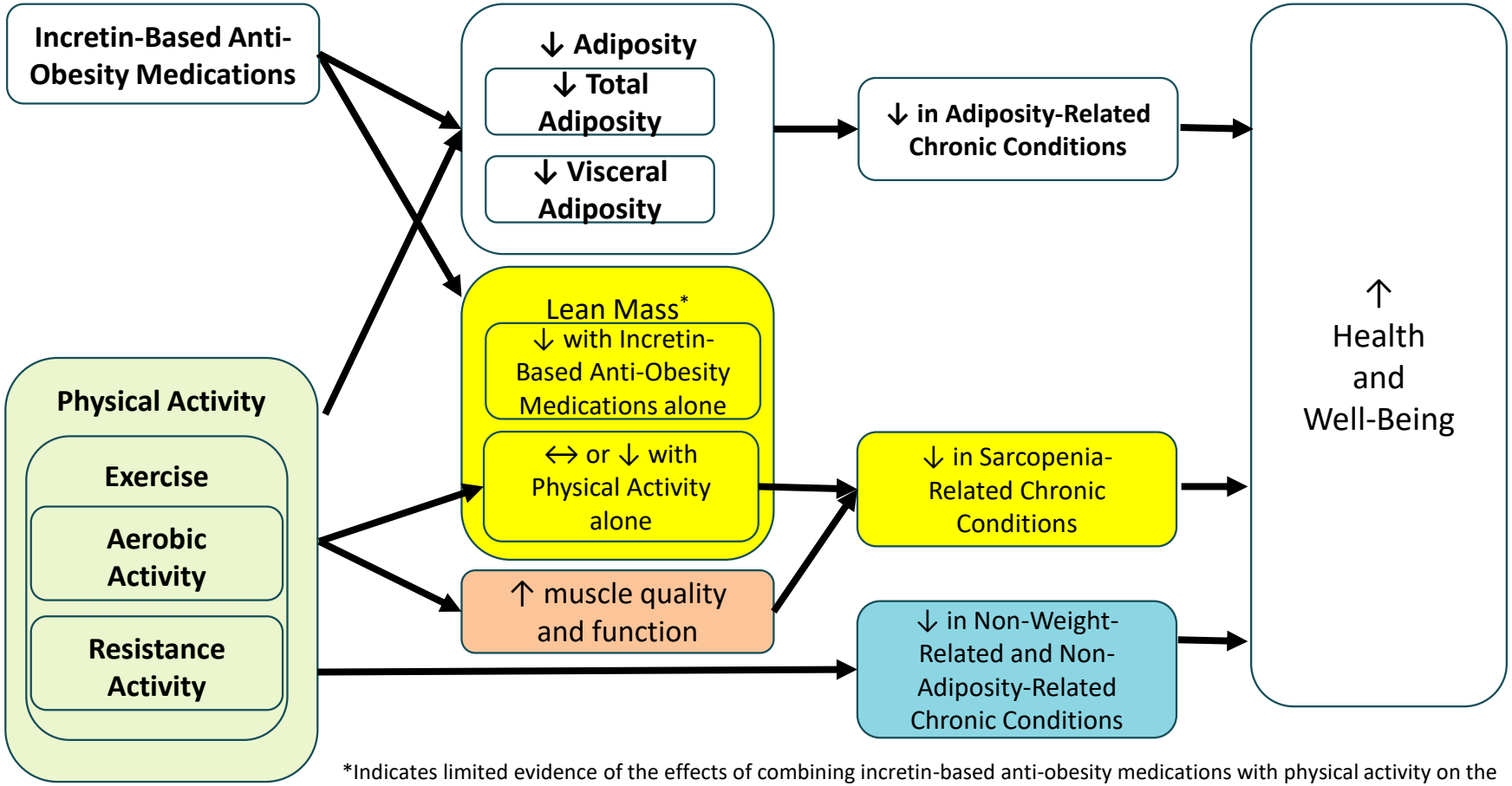
THE OBESITY SOCIETY

PERSPECTIVE

Physical activity in the new era of antiobesity medications

John M. Jakicic ✉, Renee J. Rogers, Timothy S. Church

First published: 17 October 2023 | https://doi.org/10.1002/oby.23930



*Indicates limited evidence of the effects of combining incretin-based anti-obesity medications with physical activity on the change in lean mass.

Obesity A Research Journal
THE OBESITY SOCIETY
PERSPECTIVE

Physical activity in the new era of antiobesity medications

John M. Jakicic, Renee J. Rogers, Timothy S. Church

The Problem

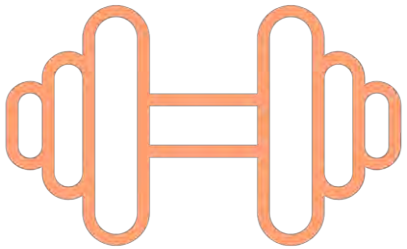
What We Don't Know (yet)

Lack of Studies with Contemporary NuSH Therapies

Direct Measures of Muscle Mass

We are Recommending It

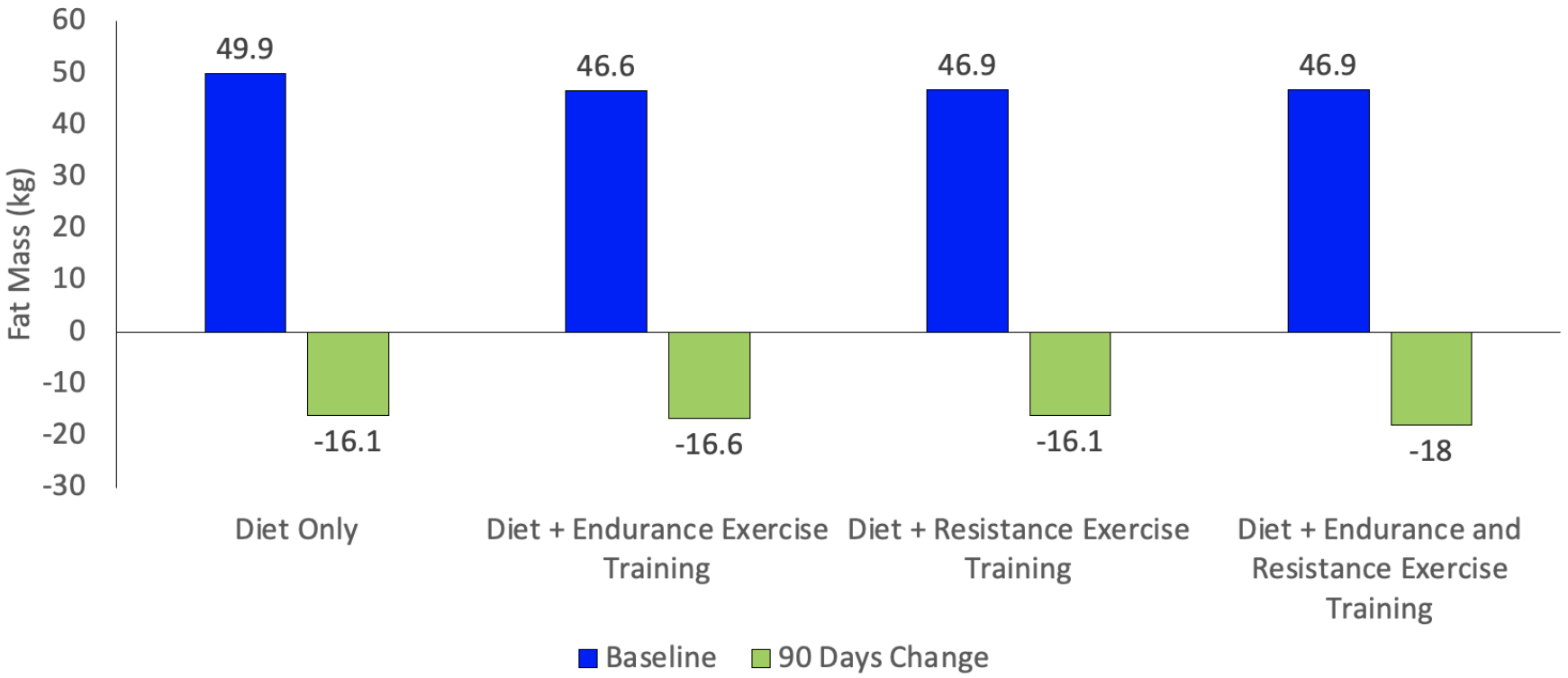
What We Know and Don't Know about Exercise



Resistance Training

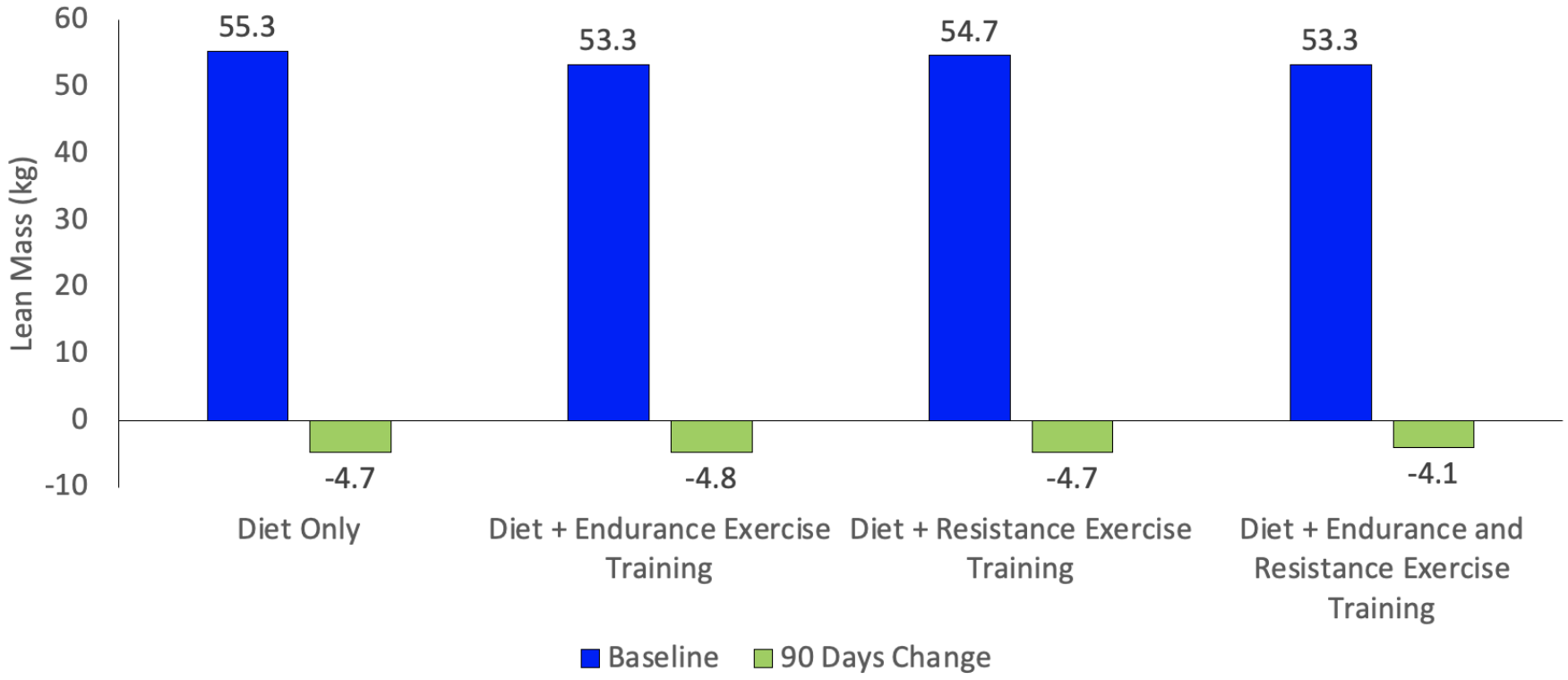
Muscle Health

Change in Fat Mass



Donnelly et al. Am J Clin Nutr. 1991; 54:56-61.

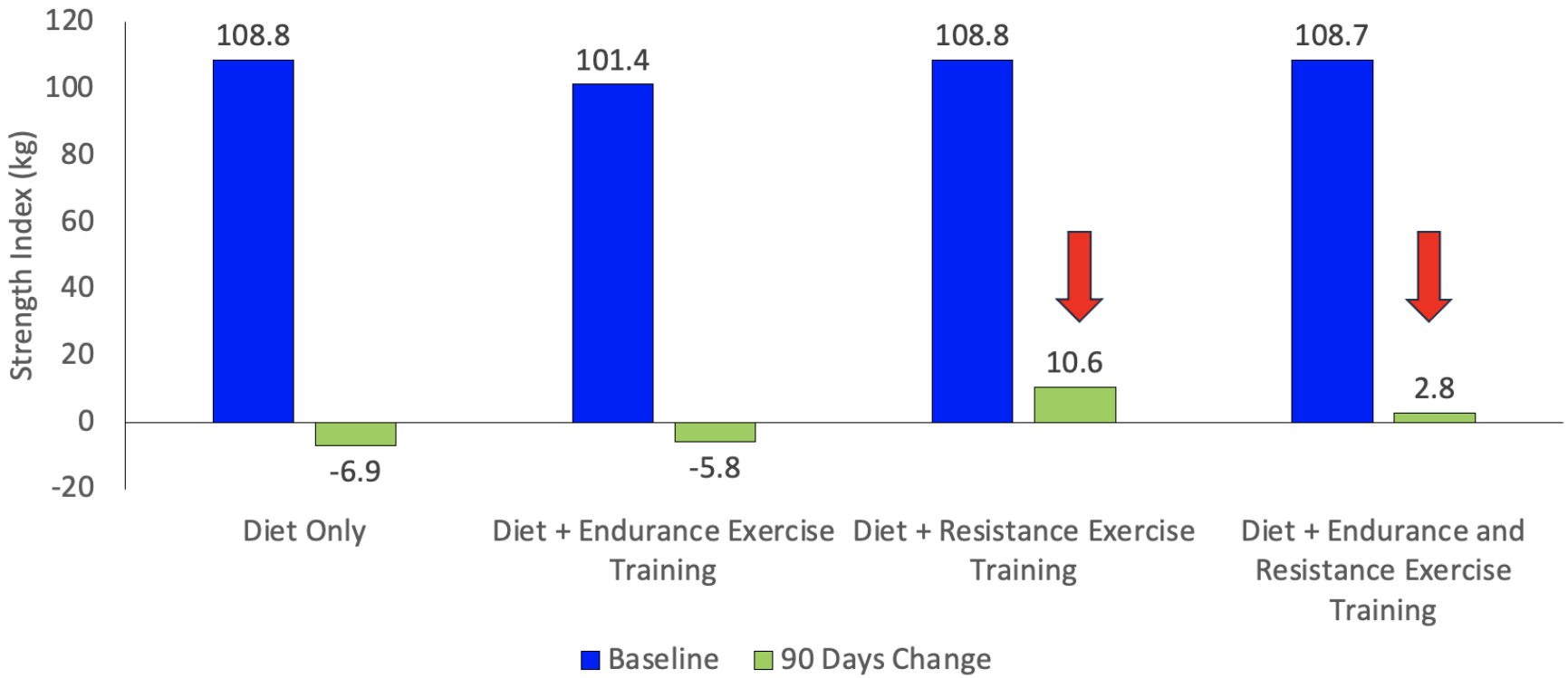
Change in Lean Mass



Donnelly et al. Am J Clin Nutr. 1991; 54:56-61.

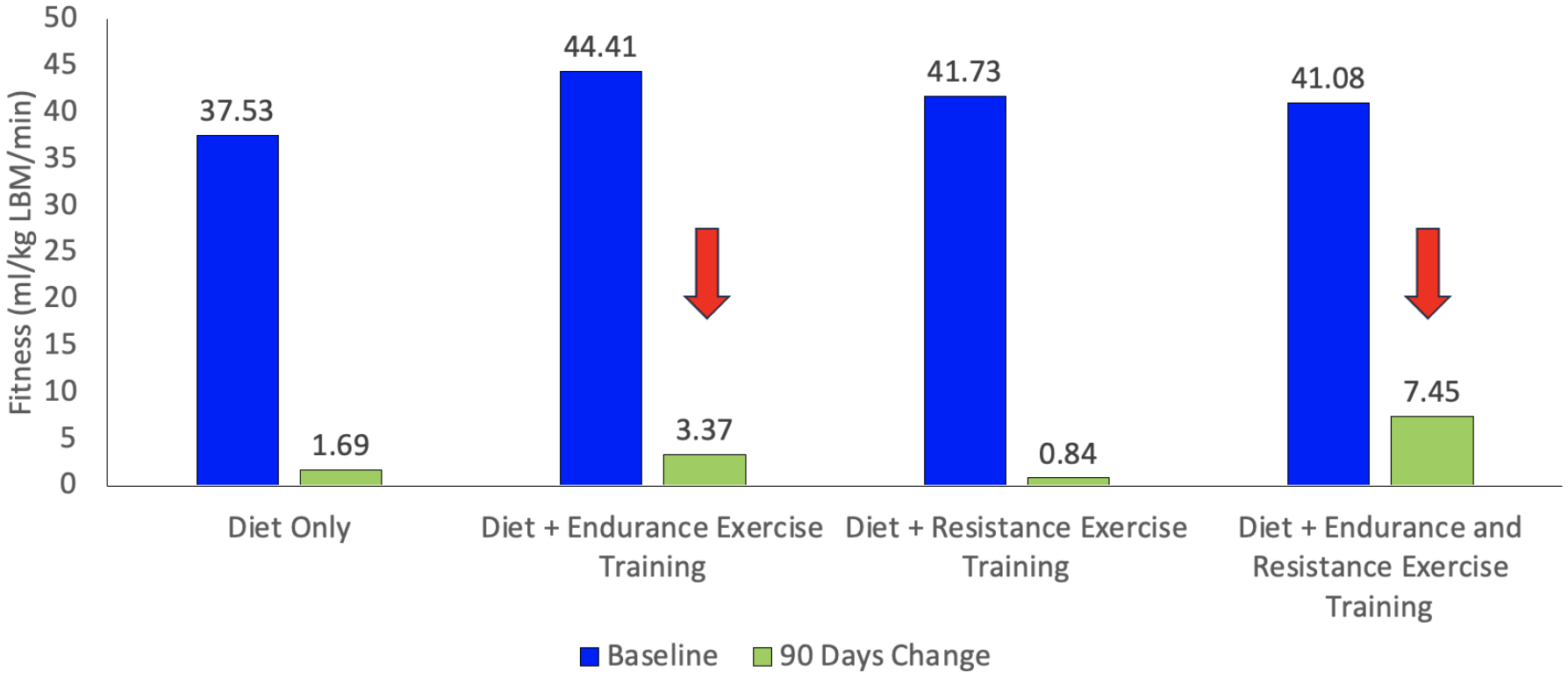

IS THAT THE ENTIRE STORY?

Change in Strength Index



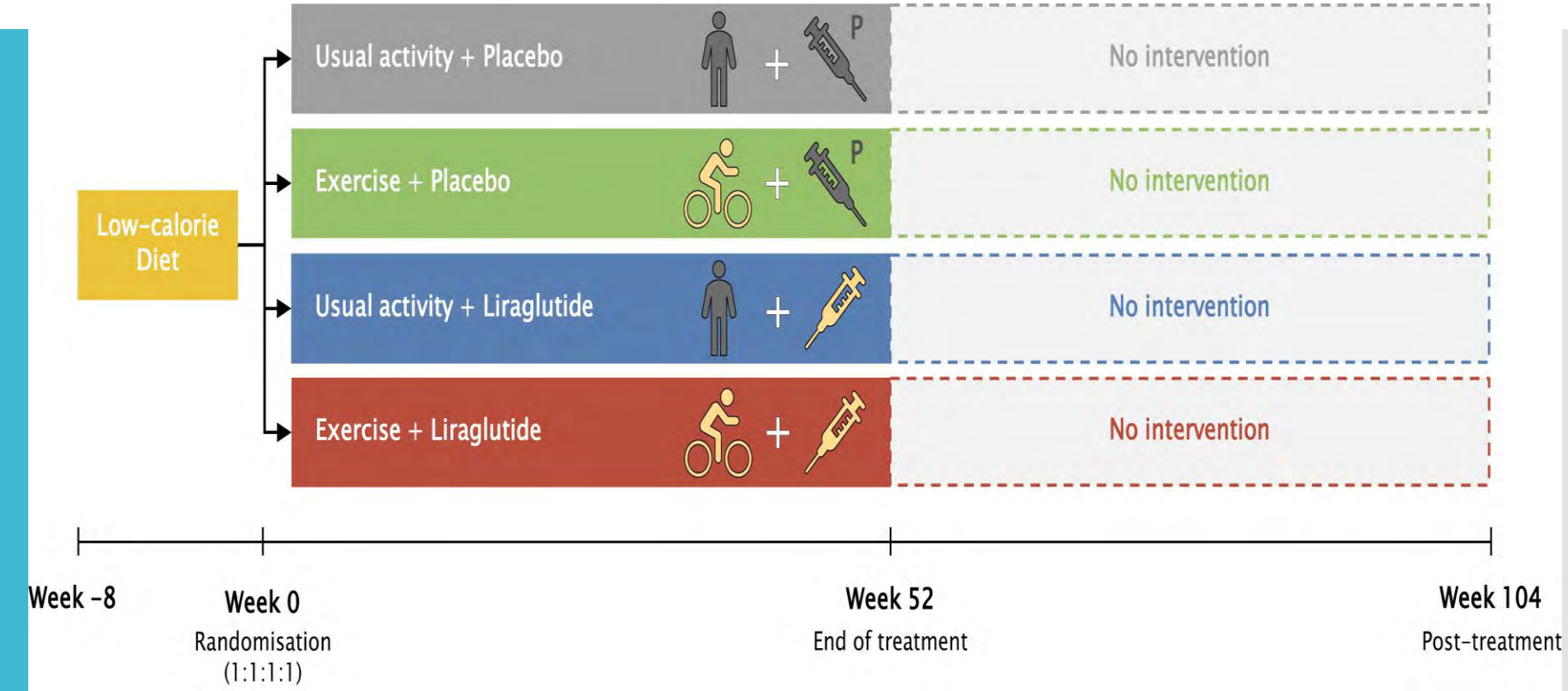
Donnelly et al. Am J Clin Nutr. 1991; 54:56-61.

Change in Cardiorespiratory Fitness



Donnelly et al. Am J Clin Nutr. 1991; 54:56-61.

Exercise and Liraglutide



Healthy weight loss maintenance with exercise, GLP-1 receptor agonist, or both combined followed by one year without treatment: a post-treatment analysis of a randomised placebo-controlled trial

Simon Birk Kjær Jensen,[a] Martin Bæk Blond,[b] Rasmus Michael Sandsdal,[a] Lisa Møller Olsen,[a] Christian Rimer Juhl,[a] Julie Rehné Lundgren,[a] Charlotte Janus,[a] Bente Merete Stallknecht,[a] Jens Juul Holst,[a,c] Sten Madsbad,[d] and Signe Sørensen Torekov[a,]*

eClinicalMedicine
2024;■: 102475
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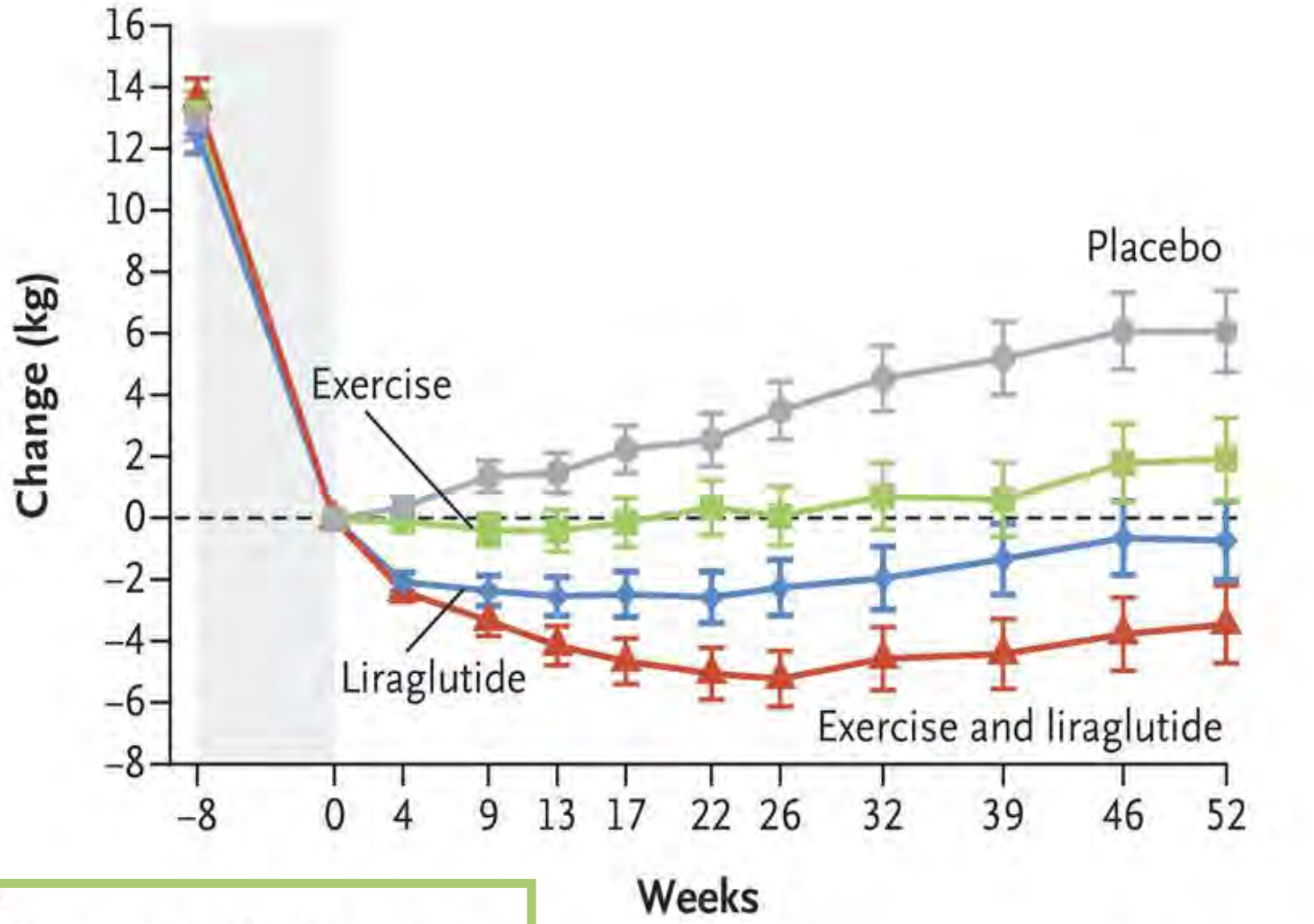
https://doi.org/10.1016/j.eclinm.2024.102475

Intervention Phase:

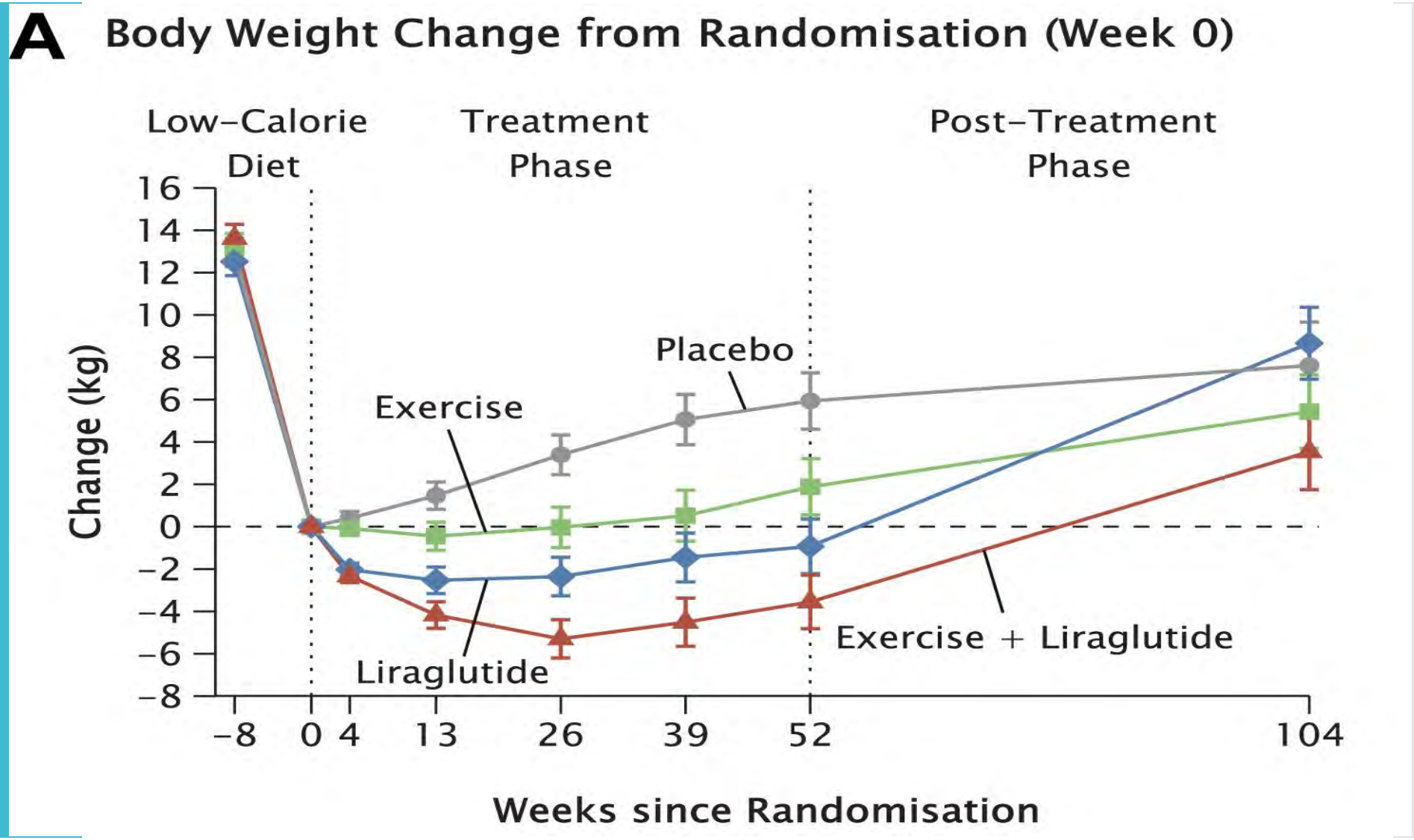


ORIGINAL ARTICLE

Healthy Weight Loss Maintenance with Exercise, Liraglutide, or Both Combined

Julie R. Lundgren, M.D., Ph.D., Charlotte Janus, Ph.D., Simon B.K. Jensen, M.Sc., Christian R. Juhl, M.D., Lisa M. Olsen, M.Sc., Rasmus M. Christensen, B.Sc.Med., Maria S. Svane, M.D., Ph.D., Thomas Bandholm, Ph.D., Kirstine N. Bojsen-Moller, M.D., Ph.D., Martin B. Blond, M.D., Ph.D., Jens-Erik B. Jensen, M.D., Ph.D., Bente M. Stallknecht, M.D., D.M.Sc., et al.

Maintenance Phase:



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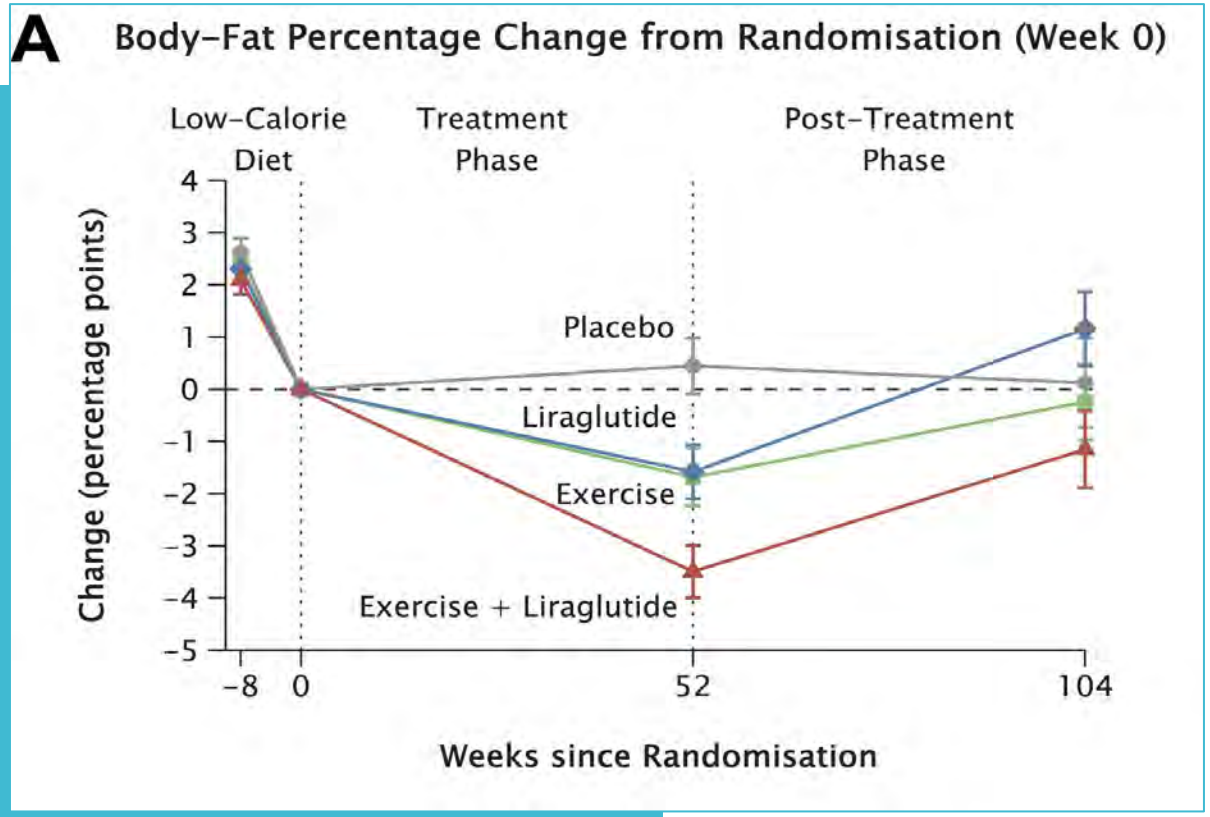

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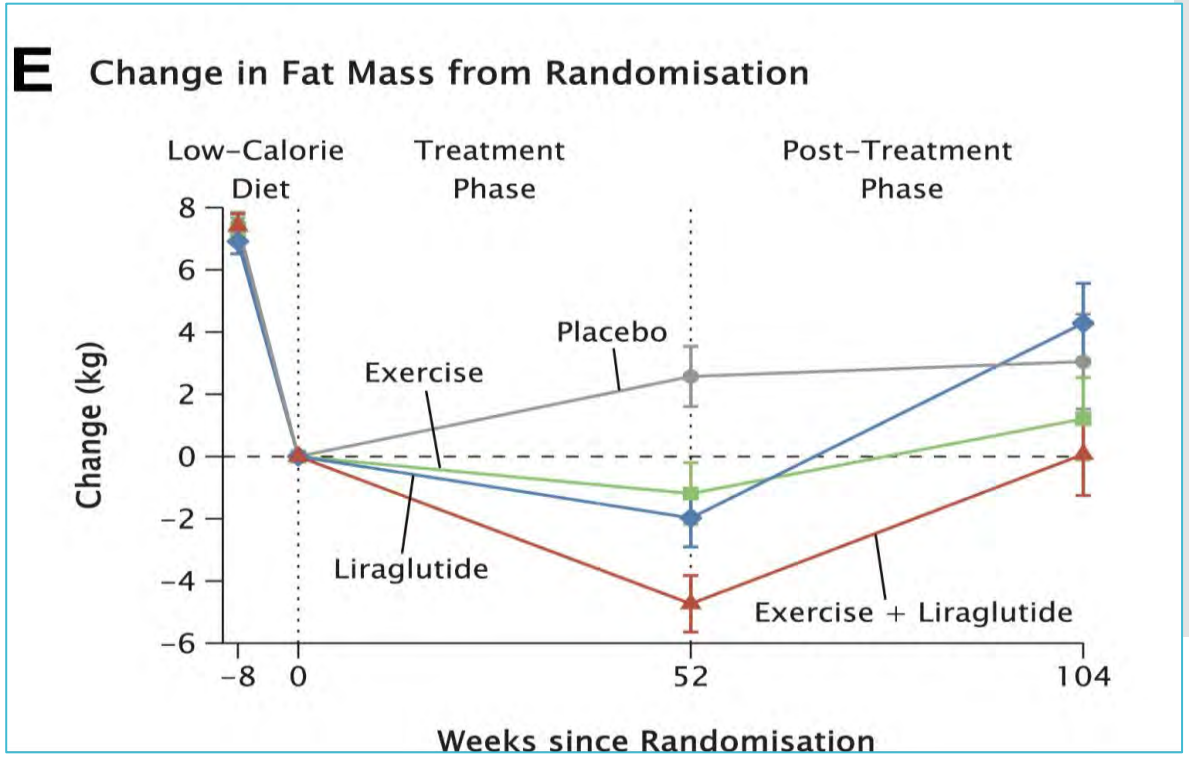

Change Lean Mass:

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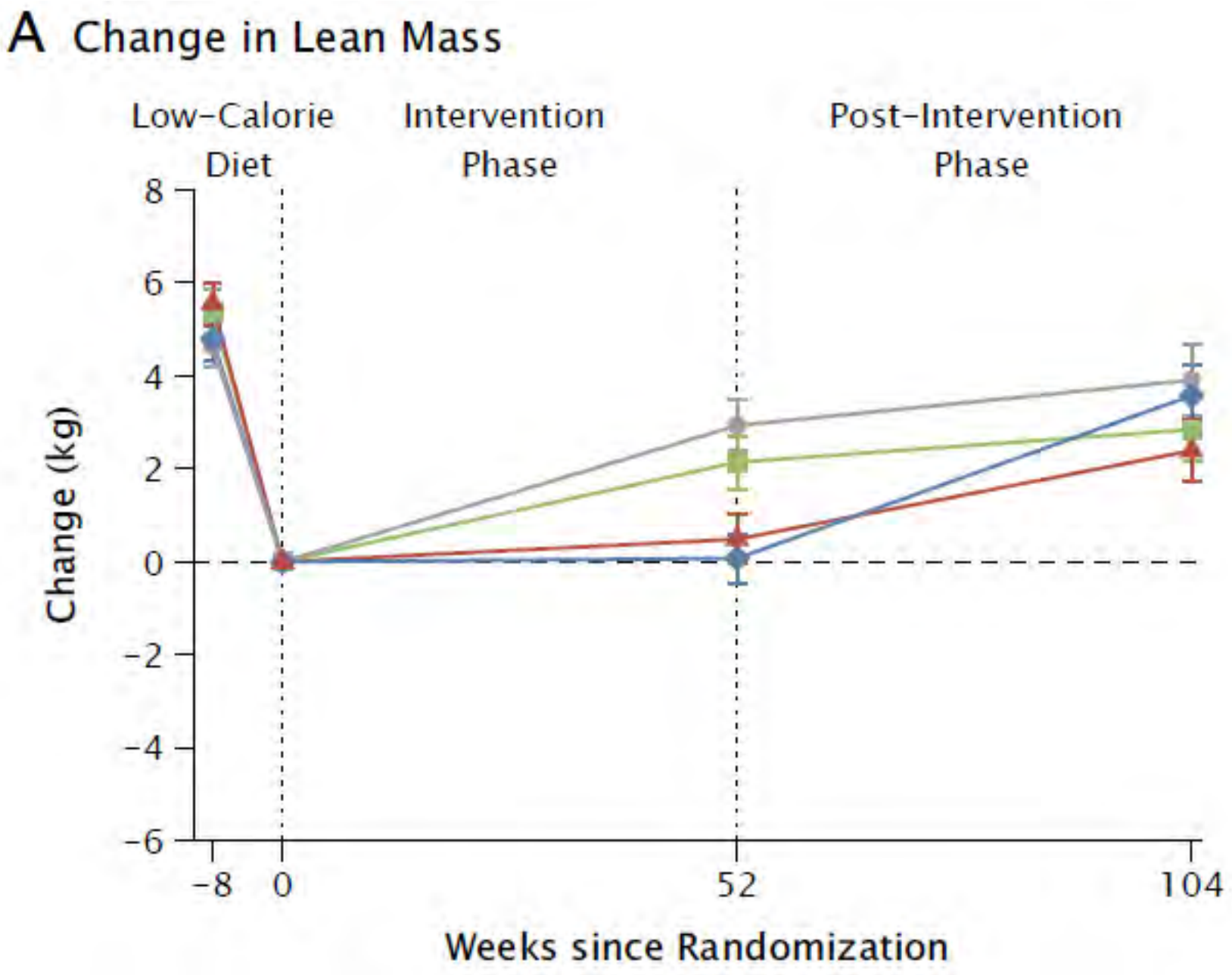


The Problem

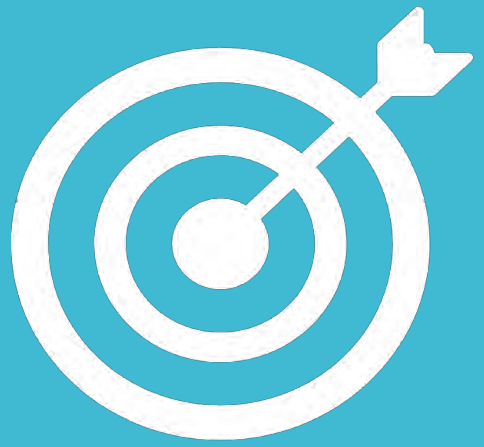
What We Don't Know (yet)

Is it all about Resistance Training?

Is it about Quantity or Quality?

What happens in a hypocaloric / nutrient deficient state?

Finding the Appropriate Target



BIOLOGICAL

BEHAVIORAL

HUMAN

LIVING WITH

OBESITY



EXERCISE

INTERVENTION

BEHAVIOR

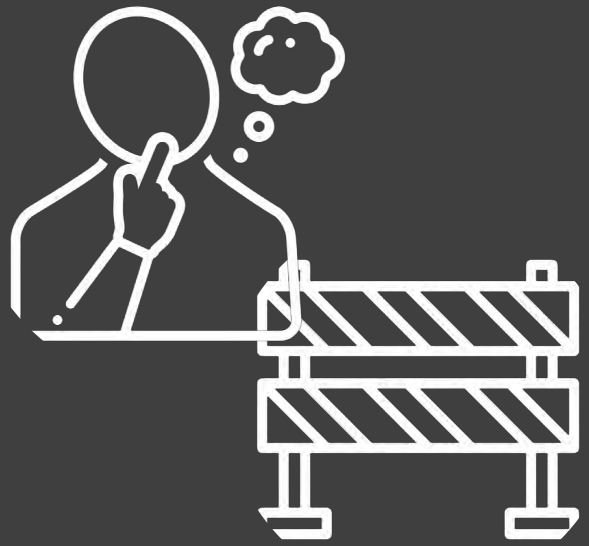
CHANGE STRATEGY

FIDELITY

ADAPTATION



Biological



Behavioral



Better Convos

Approach

Exercise Engagement



ACSM's HEALTH & FITNESS JOURNAL
AMERICAN COLLEGE of SPORTS MEDICINE LEADING THE WAY

Exercise for Clients Taking an Anti-Obesity Medication

Rogers, Renee J. Ph.D., FACSM

Author Information

ACSM's Health & Fitness Journal 28(3):p 21-26, 5/6 2024. | **DOI:** 10.1249/FIT.0000000000000959

ENHANCING YOUR BEHAVIORAL TOOLKIT

Anti-Obesity Medications

Targeting Exercise Engagement

by Renee J. Rogers, Ph.D., FACSM

28(4):p 66-69, 7/8
2024. | *DOI:* 10.1249/FIT.0000000000000972

28(3):p 21-26, 5/6
2024. | *DOI:* 10.1249/FIT.0000000000000959

Some data in review and/or in press



Variable	Total	Males	Females
N (%)	190	41 (21.6%)	149 (78.4%)
Age (years)	55.7±12.3	57.2±12.0	55.2±12.4
Weight (kg)	97.8±22.8	121.6±33.0	92.5±22.5
Weight Loss (kg)	18.7±14.0	22.6±16.8	17.6±13.0

Mid-50s



-19 kg

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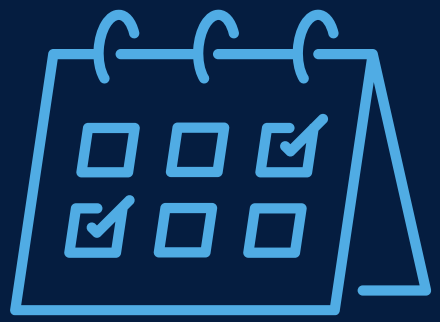
Some data in review and/or in press

Days / Week	
Sample Average	2.8 ± 1.7
Report ≥1	84.3%
Minutes / Week	
Report ≥ 150 (34%)	238 ±104
Report ≤ 150 (66%)	63 ± 46
Mode of Activity	
Aerobic	42.2%
Resistance	2.4%
Mind Body	2.4%
Other	1.2%
Aerobic + Resistance	15.7%
Aerobic + Resistance + Mind Body	12%
Resistance + Mind Body	1.2%



2.8



66%



aerobic

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Variable	Category of Current importance			p-value
	Low	Moderate	High	
N (% of total sample)	21 (11.1%)	50 (26.3%)	119 (62.6%)	-----
Physical Activity (min/wk)	45.7±82.9	95.5±148.1	156.0±131.1	0.002
Physical Activity (days/wk)	1.1±1.6	1.9±1.7	3.3±1.7	<0.001
% (within category) meeting ≥150 min/wk	4.8%	18.0%	47.1%	<0.001*




days


minutes


≥ 150

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Variable	Category of Confidence			p-value
	Low	Moderate	High	
N (% of total sample)	42 (11.9%)	60 (31.6%)	88 (46.3%)	-----
Physical Activity (min/wk)	67.4±82.3	125.7±152.3	158.3±137.5	0.002
Physical Activity (days/wk)	1.6±1.5	2.6±1.9	3.3±1.8	<0.001
% (within category) meeting ≥150 min/wk	11.9%	23.3%	53.4%	<0.001*









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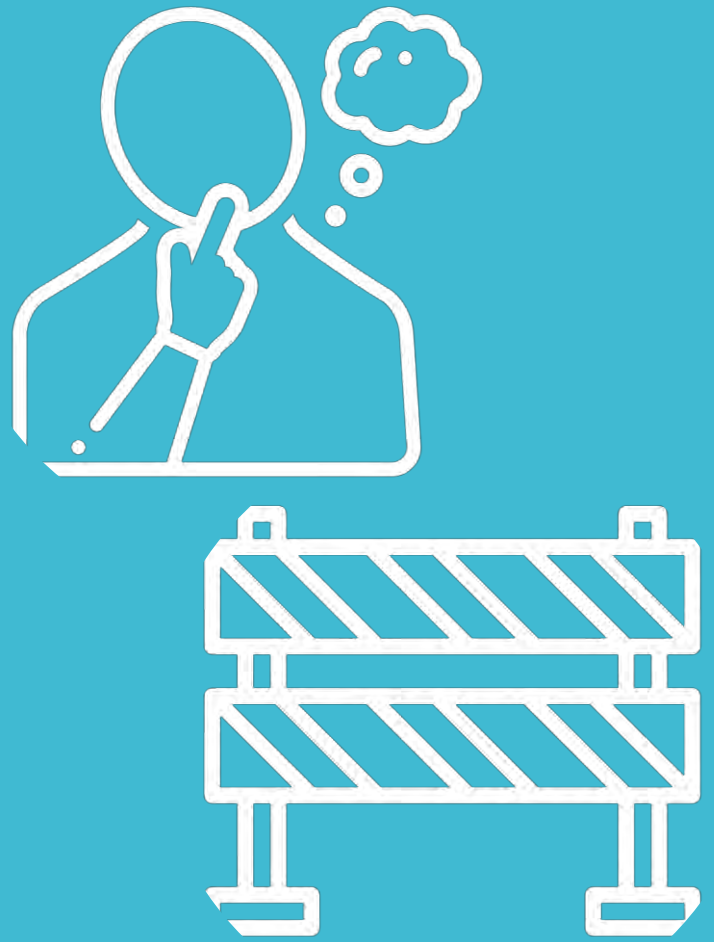
Patient Perspectives + Barriers



Semi-Structured Interviews



28(4):p 66-69, 7/8 2024. | *DOI:* 10.1249/FIT.0000000000000972
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DISCOMFORT

With way look and feel during exercise

ENERGY

Primary reason for exercising

SELF-EFFICACY

Lack of knowledge and skills to exercise

Never been an "Exercise Person"

Negative Past Experience

Safety concerns

STIGMA SUPPORT

Feels judged for "Taking Easy Way Out"

Feels size / co-morbidities influence activity counseling

LOSS OF STRENGTH / MUSCLE

Primary concern related to AOM therapy that exercise may impact

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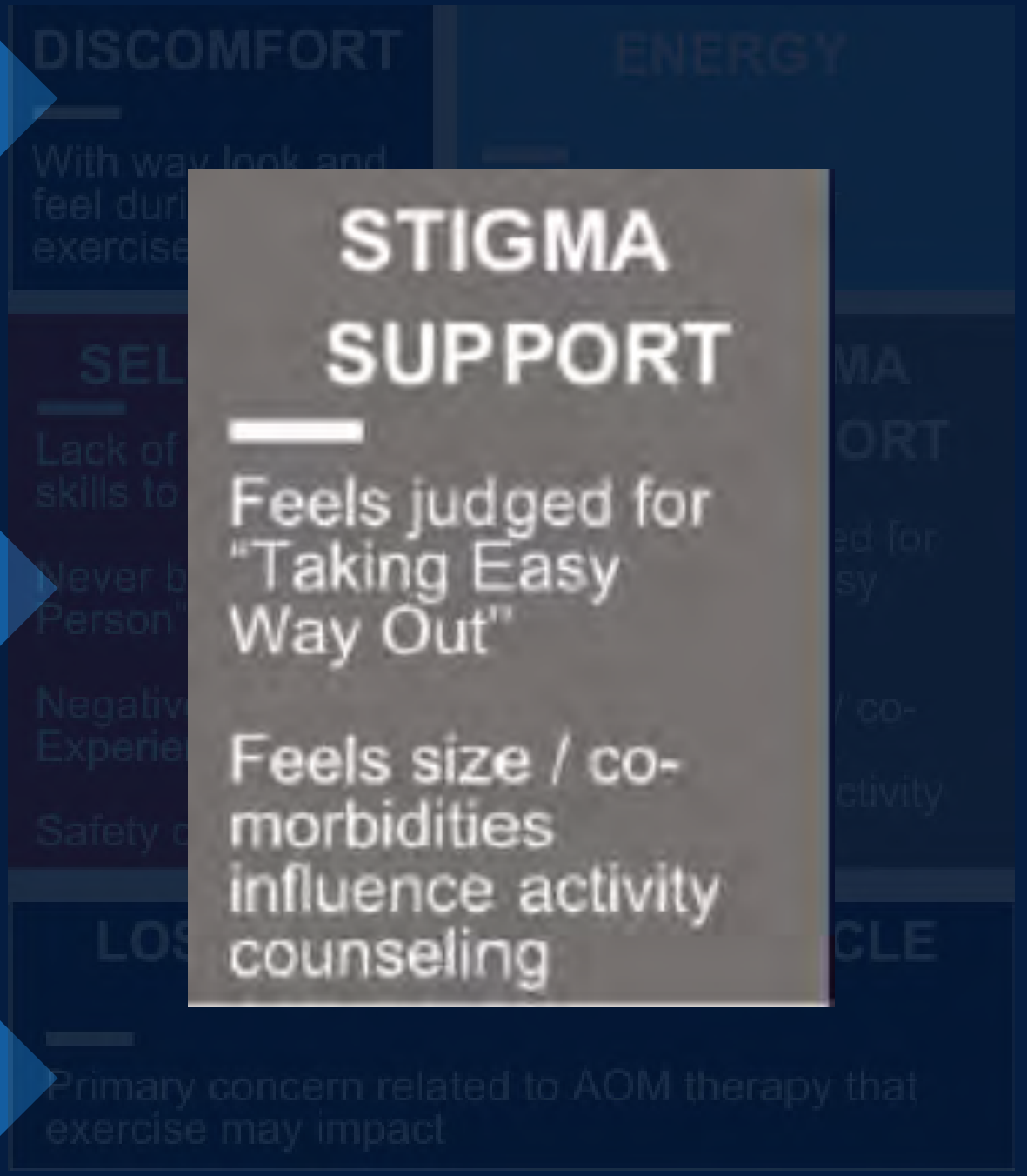

WEIGHT BIAS

INTELLECTUAL BIAS

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WHY?





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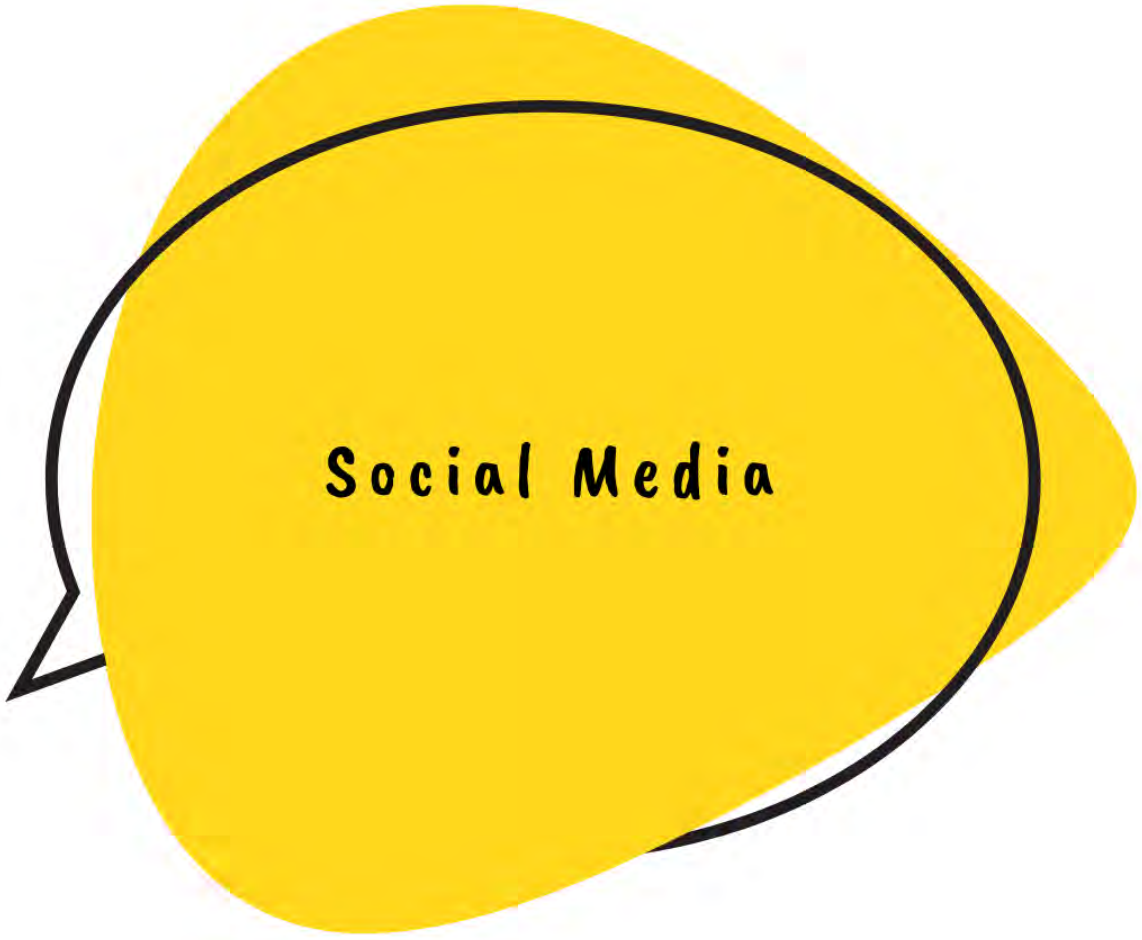
HELP ME UNDERSTAND WHY YOU FEEL THIS WAY?



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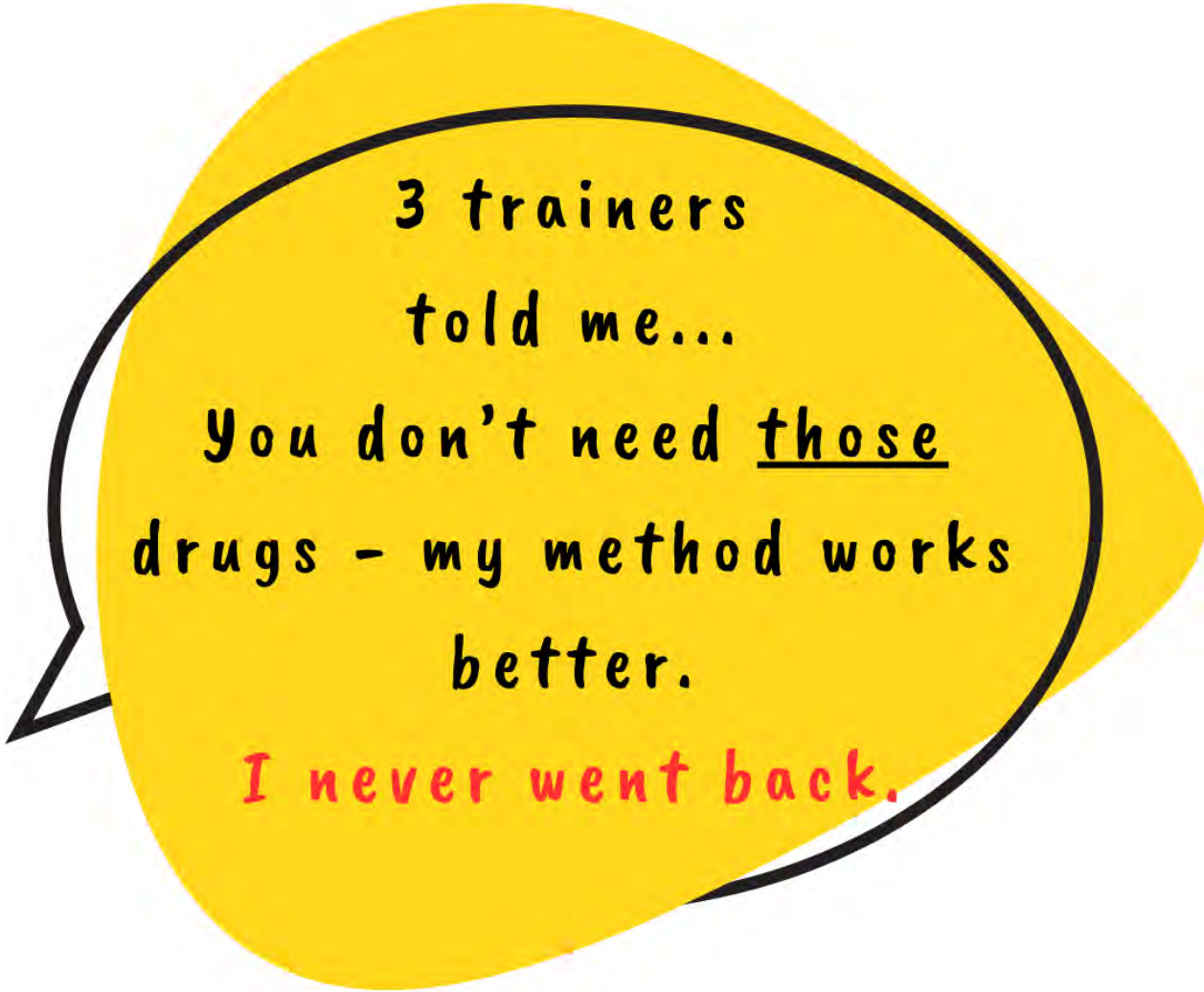

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Person-Centered

Not

Method-Centered



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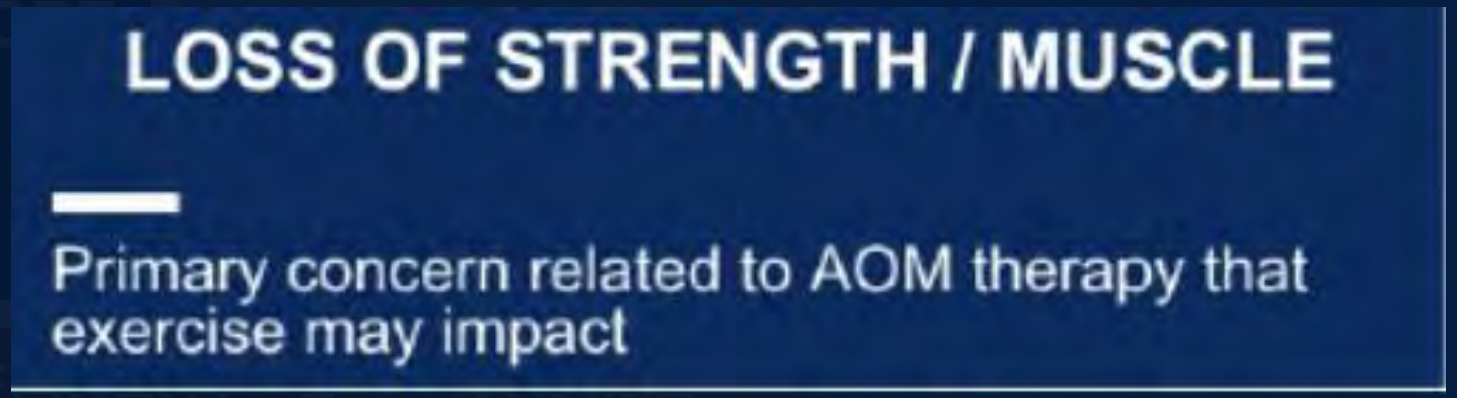
RELEVANT TARGETS





21%

weakness
loss strength



35%

fatigue
low energy

Low Levels PA

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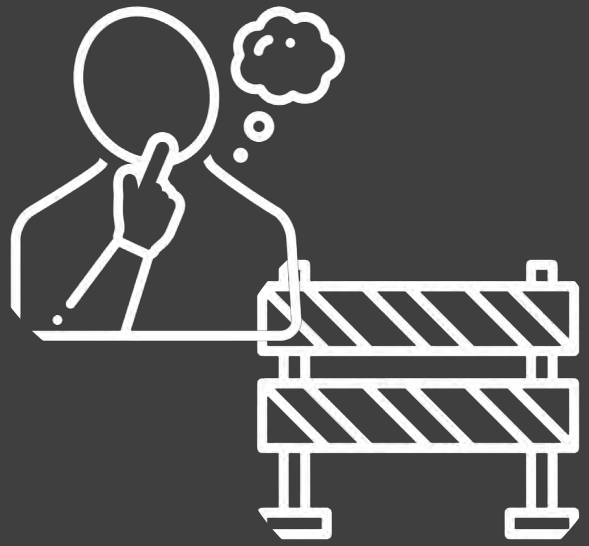
Biological



Behavioral



Better Convos

Approach

Having Better Conversations About Exercise & Lifestyle

What are your Previous Experiences?

What do YOU Like / Dislike?

What are your Fears?

How is Your Energy?

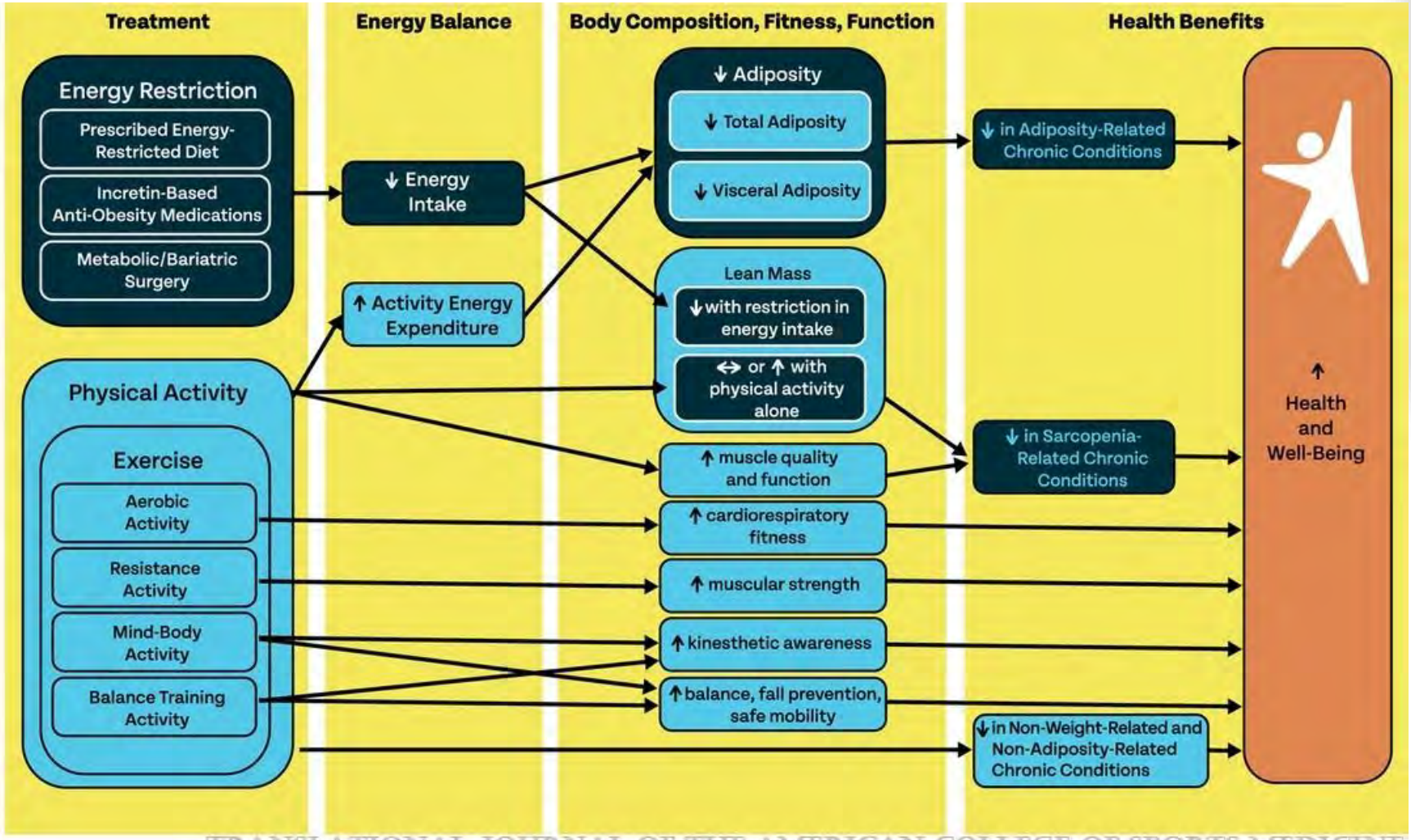
Refer for the Individual

(not the service)

Having Better Conversations About Exercise & Lifestyle

KEY TARGETS

- Self-Efficacy
- Previous Experiences
- Environmental Considerations



TRANSLATIONAL JOURNAL OF THE AMERICAN COLLEGE OF SPORTS MEDICINE
American College of Sports Medicine

Jakicic, John M.[1]; Apovian, Caroline M.[2]; Barr-Anderson, Daheia J.[3]; Courcoulas, Anita P.[4]; Donnelly, Joseph E.[1]; Ekkekakis, Panteleimon[5]; Hopkins, Mark[6]; Lambert, Estelle Victoria[7,8]; Napolitano, Melissa A.[9]; Volpe, Stella L.[10]. Physical Activity and Excess Body Weight and Adiposity for Adults. American College of Sports Medicine Consensus Statement. Translational Journal of the ACSM 9(4):e000266, Fall 2024. | DOI: 10.1249/TJX.0000000000000266

Translational Journal
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LEADING THE WAY

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