

RETHINKING OBESITY

New drugs and surgery can deliver major weight loss. But they come at a cost.

Karen Weintraub



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EDITED EXCERPTS

...“For two decades, Charleah Vega, 43, refused to donate her favorite dress – a blue strapless number – hoping it would someday fit again. After giving birth to her fourth child, the 5-foot-4 Boston resident weighed 236 pounds, or 62 pounds above the cutoff for clinical obesity. ‘It was a shocking number and also very frustrating,’ she said. For decades, medicine has had little to offer people such as Vega, even as the majority of Americans added extra pounds. There’s no other common disease for which only 3% to 4% of patients can get evidence-based treatments that are actually helpful, said Vega’s doctor, Dr. Cody Stanford, an obesity medicine specialist at Massachusetts General Hospital and Harvard Medical School. Charleah lost more than 70 pounds. The skinny jeans she had bought for her 30th birthday were so baggy she could fit her whole body in one leg. The blue strapless is now a regular part of her wardrobe. ‘I’m having fun dressing the body I’ve always wanted and worked hard to achieve.’”

...”With mostly manageable side effects, these medications and more in the pipeline have the potential to transform the nation’s obesity epidemic, said Dr. Katherine Saunders, a weight loss specialist at the Comprehensive Weight Control Center at Weill Cornell Medicine in New York ... three times the loss potential of traditional drugs...’It does feel like we’re at an incredibly exciting time where the medications we have available are helping so many people to lose very clinically significant weight,’ Saunders said.”

“As with drugs to treat other chronic illnesses, anti-obesity medications are intended to be taken for a lifetime. Stop taking the weekly injections, doctors say, and biology will ensure the pounds return.”

“The full anti-obesity dose of GLP1s sold commercially lists for \$1,350 to \$1,700 a month, typically costs \$1,600 to \$1,700 a month, though some stores charge as much as \$6,000. Even at that price, suppliers haven’t been able to keep up with demand.”

“... insurance companies and Medicare don't offer coverage for obesity other than some nutritional counseling. ... Americans can't get routine coverage even to see a nutritionist unless they've been diagnosed with diabetes or another serious weight-related problem.”

“Obesity costs the U.S. medical system about \$173 billion a year, roughly four times the amount spent annually to fund the National Institutes of Health. Medical bills for someone with obesity run \$1,861 more than for a person weighing in the ‘normal’ range. ‘Fundamentally, there's not much incentive for insurers to cover weight loss treatments,’ said Dr. David Rind, chief medical officer for the Institute for Clinical and Economic Review, a Boston-based nonprofit that evaluates medical procedures. Most treatments for diabetes, high blood pressure and high cholesterol are inexpensive generics, so insurance companies would end up paying more if they replaced these with a costly weight loss drug, Rind said. He noted insurers are supposed to cover treatments that improve health, and ‘weight loss treatments can result in important health gains.’”

“Older, inexpensive anti-obesity medications don’t trigger anywhere near the kind of weight loss as the newer generation of drugs. Most can help people lose about 5% of body weight ... while the new drug’s losses can exceed 20% or more ... until now, that kind of weight loss has been achievable only through surgery. High blood pressure, asthma, diabetes, heart attacks, and even higher cancer risks are associated with obesity.”

“Once people gain weight, something changes about the way their body self-regulates that makes it nearly impossible to go back. Consuming too many calories too quickly overloads the nerves in the brain that receive signals from hormones. As you get more damage there, fewer hormonal signals are able to get through and tell your brain how much you've eaten and how much fat is stored. As a result, your body keeps expanding your fat mass. After decades of struggling to understand this process, researchers have finally figured out how to manipulate two of those naturally occurring hormones, called GLP-1 (short for glucagon-like peptide-1) and GIP (for glucose-dependent insulinotropic polypeptide). GLP-1 is a fullness signal and GIP seems to amplify GLP-1’s effect.”

“Side-effects can be controlled by fine-tuning the dosage of the anti-obesity medication and adding or eating smaller meals. ‘It's fantastic when you can help people who want to be helped,’ Dr. Saunders said.”