



# Pharmacologic Agents for Diabetes & Obesity



## There is strong and consistent evidence that obesity management:

- 1 Can delay the progression from prediabetes to type 2 diabetes
- 2 Is highly beneficial in treating type 2 diabetes
- 3 Improves glycemia and reduces the need for glucose-lowering medications
- 4 Substantially reduces A1C and fasting glucose and has been shown to promote sustained diabetes remission through at least 2 years
- 5 Can aid in achieving and maintaining meaningful weight loss and reducing obesity-associated health risks

## TREATMENT OPTIONS FOR OVERWEIGHT AND OBESITY IN TYPE 2 DIABETES

| Treatment                       | BMI category (kg/m <sup>2</sup> ) |                              |                      |
|---------------------------------|-----------------------------------|------------------------------|----------------------|
|                                 | 25.0–26.9<br>(or 23.0–24.9*)      | 27.0–29.9<br>(or 25.0–27.4*) | ≥30.0<br>(or ≥27.5*) |
| Intensive behavioral counseling | †                                 | †                            | †                    |
| Obesity pharmacotherapy         |                                   | †                            | †                    |
| Bariatric surgery               |                                   |                              | †                    |

\*Recommended cut points for Asian American individuals (expert opinion).

† Treatment may be indicated for select motivated individuals.

## WEIGHT LOSS EFFICACY OF GLUCOSE-LOWERING MEDICATIONS:

### VERY HIGH

- Semaglutide (SC or PO)
- Tirzepatide

### HIGH

- Dulaglutide
- Liraglutide

### INTERMEDIATE

- Exenatide
- Lixisenatide
- SGLT2i

### NEUTRAL

- DPP-4i
- Metformin

## GLUCOSE-LOWERING MEDICATIONS

- Consider weight when choosing glucose-lowering medications for people with type 2 diabetes and overweight or obesity.
- Minimize medications for comorbid conditions that are associated with weight gain.
- Obesity pharmacotherapy is effective as an adjunct to nutrition, physical activity, and behavioral counseling for selected people with type 2 diabetes and BMI  $\geq 27$  kg/m<sup>2</sup>. Potential benefits and risks must be considered.
- If obesity pharmacotherapy is effective (typically defined as  $\geq 5\%$  weight loss after 3 months' use), further weight loss is likely with continued use.
- When early response to obesity pharmacotherapy is insufficient (typically  $< 5\%$  weight loss after 3 months' use) or if there are significant safety or tolerability issues, evaluate for discontinuation, substitution, or addition of different treatment approaches.



SGLT2i = sodium–glucose cotransporter 2 inhibitor

DPP-4i = dipeptidyl peptidase 4 inhibitors

Learn more at [diabetes.org](https://diabetes.org) | 1-800-DIABETES (1-800-342-2383)

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