

Starting FDA-Approved Weight Management Medications

Medications

	HOW IT WORKS:	INSTRUCTIONS:	SIDE EFFECTS:	WHEN TO STOP:	AVERAGE WEIGHT LOSS (OBESITY ONLY):
INCRETIN-BASED GLP-1 RA AND DUAL GIP/GLP-1 RA THERAPIES <ul style="list-style-type: none"> • Liraglutide (Approved for ages 12 and older) • Semaglutide (Approved for ages 12 and older) • Tirzepatide (Approved for ages 18 and older) 	Mimics gut hormone to lower hunger and slow stomach emptying.	Start with lowest dose and increase gradually as tolerated, daily or weekly injections.	Nausea, vomiting, diarrhea, constipation, pancreatitis.	Abdominal pain, persistent vomiting, pregnancy.	<ul style="list-style-type: none"> • Liraglutide: ~6.2 kg/year • Semaglutide: ~15.3 kg/year • Tirzepatide: ~20.9 kg after 72 weeks
ADDITIONAL BENEFITS: <ul style="list-style-type: none"> • Liraglutide & Semaglutide: Lower cardiovascular risk in type 2 diabetes. • Semaglutide: Improves symptoms in heart failure, and kidney outcomes in diabetic kidney disease. • Tirzepatide: Reduces liver fat, improves metabolic dysfunction, and reduces sleep apnea severity. 					
PHENTERMINE/ TOPIRAMATE (Approved for ages 12 and older)	Reduces appetite by influencing central appetite centers.	Start with lowest dose and increase gradually as tolerated, take in the morning with breakfast.	Paresthesia, dizziness, taste changes, insomnia, dry mouth, tachycardia, constipation.	Worsening anxiety, chest pain, high blood pressure, blurry vision.	~8.9 kg/year
NALTREXONE/ BUPROPION (Approved for ages 18 and older)	Reduces cravings by influencing brain's reward system.	Start with lowest dose and increase gradually as tolerated, start in the morning, then twice daily as dose is increased.	Nausea, vomiting, headache, sleep disturbances, dizziness, dry mouth, constipation.	Wean off if ineffective or intolerable; avoid sudden stoppage.	~5 kg/year
ORLISTAT (Approved for ages 12 and older)	Acts locally in the intestines to prevent fat absorption.	Take with meals containing fat, up to three times daily.	Oily stools, diarrhea, bloating, flatulence, fecal urgency.	Yellowing of eyes/skin, itching, stomach pain, dark urine.	~3.4 kg/year

Lifestyle Recommendations in Conjunction with Interventions for Weight Management

MINIMIZE SIDE EFFECTS



Start low, increase dose gradually.



Eat small, frequent meals; avoid greasy, sugary foods and strong odors.



Stay hydrated; use anti-nausea medication if needed.¹



Engage in 15–20 minutes of resistance activities 20 or more times a week in addition to aerobic exercises to prevent loss of muscle mass.



Consume at least 30g of protein per meal, focus on plant-based sources.



Monitor nutrition status including fat and water-soluble vitamins and replace if necessary.

GLP-1 RA: glucagon-like peptide receptor agonist; GIP/GLP-1 RA, dual glucose-dependent insulinotropic polypeptide

¹Gorgojo-Martínez JJ, Mezquita-Raya P, Carretero-Gómez J, et al. Clinical recommendations to manage gastrointestinal adverse events in patients treated with GLP-1 receptor agonists: a multidisciplinary expert consensus. J Clin Med 2022;12:[ePub ahead of print].

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