Professional version

American Diabetes Association®

Guidelines InSIGHT
Your visual guide to the guidelines

# 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**<br>• **Liraglutide** (Approved for ages 12 and older)<br>• **Semaglutide** (Approved for ages 12 and older)<br>• **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. | • Liraglutide: ~6.2 kg/year<br>• Semaglutide: ~15.3 kg/year<br>• Tirzepatide: ~20.9 kg after 72 weeks |
| **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 |

**ADDITIONAL BENEFITS:**
- **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.

## 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]

### MITIGATE MUSCLE LOSS



Engage in 15–20 minutes of resistance activities 2 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

[1]Gorgojo-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].

Learn more at **professional.diabetes.org** | 1-800-DIABETES (800-342-2383)

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