

Type 2 diabetes drug shows promise against obesity, study suggests. But it's expensive

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A new drug has been found to be so effective against obesity that it may help patients avoid consequences such as diabetes and hypertension, according to a study published in the *New England Journal of Medicine* last week.

Semaglutide is currently marketed as a treatment for Type 2 diabetes by its manufacturer, Novo Nordisk. After manufacturers noticed that patients taking the drug lost [weight](#) over the course of treatment, researchers at Northwestern University decided to test its effectiveness at a much higher dose against obesity.

The study, conducted at 129 centers in 16 countries, included nearly 2,000 people with obesity, who injected themselves on a weekly basis with either semaglutide or a placebo for 68 weeks. Both groups also received diet and exercise counseling during the study. Researchers found that on average, individuals who received doses of semaglutide lost close to 15% of their

body weight, while individuals who received the placebo lost 2.4% of their body weight. More than a third of participants who received semaglutide lost more than 20% of their body weight.

"This is the breakthrough in weight management that obesity patients have been waiting for," said Thomas Wadden, a professor of psychology at the University of Pennsylvania and a co-author of the paper. "I've been working at Penn for 40 years in weight management and this is one of the most exciting developments I've seen over the course of my career."

The results are especially intriguing now as obesity is considered a significant risk factor for COVID-19 complications.

Most obesity medications currently approved by the Food and Drug Administration (FDA) lead to around a 7% reduction in [body weight](#). With that amount of weight lost, "many people will still feel overweight even if they've improved their health," he said.

Patients who took semaglutide in the study experienced only mild gastrointestinal symptoms, such as nausea and diarrhea, compared to obesity medications in the past. Wadden also pointed out that obesity medications currently approved for use can only be taken for a short period of time, while researchers visualize prescribing semaglutide as a medication for a chronic condition. Additional studies are being conducted to determine the effectiveness of an increased dose of the drug in patients with Type 2 diabetes, who were not included in this study, as well as how well it maintains weight loss in patients.

"Patients are expected to be able to take these medications in the long term in the same way they take medications for cholesterol and diabetes,"

Wadden said. "This is not something you take for four months and stop. Health care providers need to recognize that this is a chronic treatment for what is a chronic health problem."

But it's important not to overlook the lack of research on semaglutide's long-term effects, said Farzaneh Daghigh, a professor of biochemistry at the Philadelphia College of Osteopathic Medicine who was not involved with the study. The drug is a synthetic version of a hormone that produces feelings of fullness in the brain and the gut.

Daghigh said the [medication](#) is likely to be expensive, pointing out that the lower dose of semaglutide currently prescribed for patients with Type 2 diabetes costs \$1,000 a month.

She also cautioned that the study was funded by the drug's maker, Novo Nordisk.

"When these types of pharmaceutical therapies come out, we scientists like to see independent groups do this study," she said.

Daghigh stressed that it's also important to teach people how to eat healthier foods and plant-based diets, instead of relying on drug therapies to address obesity.

"I can see the advantage of using this for certain patients, but you can't inject the drug forever," she said. "If the [patients](#) don't know how to manage themselves after, that's a problem. All that makes me very hesitant to cheer."

But Wadden hopes the results of the study will accelerate research into obesity medications.

"The average patient in this study lost 30 pounds," he said. "This is a [significant milestone](#) because a person can then attain greater control of [obesity](#)-related health complications, like hypertension, blood sugar and sleep apnea. People feel like they look different, feel different, can exercise more comfortably, buy clothing they find more attractive and play with their children and grandchildren."

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