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Medical Weight Loss: Pharmacotherapy Guide

This guide provides an overview of FDA-approved medications for chronic weight management. These medications are tools designed to be used in conjunction with a comprehensive program that includes nutrition therapy, physical activity, and behavioral modification.

Important: All weight loss medications must be prescribed and monitored by a healthcare provider. They are contraindicated in individuals who are pregnant or actively trying to conceive.

Overview of Medication Classes

Weight loss medications generally work by targeting the brain's hunger signals, slowing gastric emptying, or reducing fat absorption.

Medication (Generic)	Brand Names	Class/Mechanism	Typical Use
Semaglutide	Wegovy, Wegovy HD	GLP-1 receptor agonist; mimics satiety hormones.	Chronic weight management
Tirzepatide	Zepbound	Dual GLP-1/GIP receptor agonist.	Chronic weight management
Phentermine/Topiramate	Qsymia	Sympathomimetic amine + anticonvulsant.	Chronic weight management
Naltrexone/Bupropion	Contrave	Opioid antagonist + antidepressant.	Chronic weight management
Liraglutide	Saxenda	GLP-1 receptor agonist.	Chronic weight management
Orlistat	Xenical, Alli	Lipase inhibitor; reduces fat absorption.	Chronic weight manag

Detailed Medication Profiles

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GLP-1 and Dual Agonists (e.g., Semaglutide, Tirzepatide, Liraglutide)

These are currently among the most effective options for weight management.

- **Mechanism:** These drugs mimic incretin hormones that signal fullness to the brain and slow the rate at which food leaves the stomach, helping to reduce appetite.
- **Efficacy:** Clinical trials have shown significant weight reduction (often 15–22% depending on the specific agent and patient population).
- **Common Contraindications/Warnings:** Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Use caution in patients with a history of pancreatitis.

Phentermine/Topiramate (Qsymia)

- **Mechanism:** Phentermine suppresses appetite via the central nervous system; topiramate increases satiety and makes foods taste less appealing.
- **Efficacy:** Effective for many patients for moderate-to-severe obesity.
- **Common Contraindications:** Glaucoma, hyperthyroidism, and use within 14 days of MAO inhibitors. Must not be used during pregnancy due to the risk of birth defects (teratogenicity).

Naltrexone/Bupropion (Contrave)

- **Mechanism:** Targets the reward system in the brain to reduce cravings and appetite.
- **Efficacy:** Helps manage appetite and emotional eating behaviors.
- **Common Contraindications:** Uncontrolled high blood pressure, seizure disorders, or use of other bupropion-containing products.

Orlistat (Xenical, Alli)

- **Mechanism:** Inhibits the enzyme lipase, preventing the absorption of about one-third of the fat consumed in a meal.
- **Efficacy:** Modest weight loss compared to newer injectable agents.
- **Common Side Effects:** Gastrointestinal issues such as oily spotting, gas with discharge, and increased bowel movements, especially if high-fat foods are consumed.

Clinical Considerations

- **Individualization:** The choice of medication depends on the patient's medical history, other health conditions (e.g., diabetes, hypertension), and personal goals.
- **Management of Side Effects:** Most medications have potential side effects, often involving the gastrointestinal tract, which can be managed with dose adjustments or dietary changes under medical supervision.

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- **Lifelong Perspective:** For many patients, obesity is a chronic condition. Medications are often intended for long-term use. If a medication is discontinued, weight regain can occur if healthy habits are not sustained.
- **Clinical Monitoring:** Regular follow-ups are required to assess efficacy, monitor for adverse effects, and adjust treatment as necessary.

Disclaimer: This information is for educational purposes and does not constitute medical advice. Always consult with your healthcare provider to discuss treatment options tailored to your individual health profile.

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