

# NEWSLETTER NUTRIACTIS



February 2026

## DRUG TREATMENTS FOR OBESITY

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Obesity is a **complex condition** that can have significant consequences for health. Its management generally begins with lifestyle changes, such as diet and physical activity. However, depending on each patient's situation, drug treatments, including **drug treatments for obesity (DTO)**, may sometimes be considered alongside lifestyle interventions.

This newsletter aims to help you **better understand obesity** and to present the **specific treatments** currently available to support its management.



## ◆ Obesity: an overview

Obesity is a chronic, **multifactorial disease** characterized by an abnormal or excessive **accumulation of body fat** that can have harmful consequences for health.



In 2024, around 18% of adults in France, nearly 10 million people, were living with obesity.

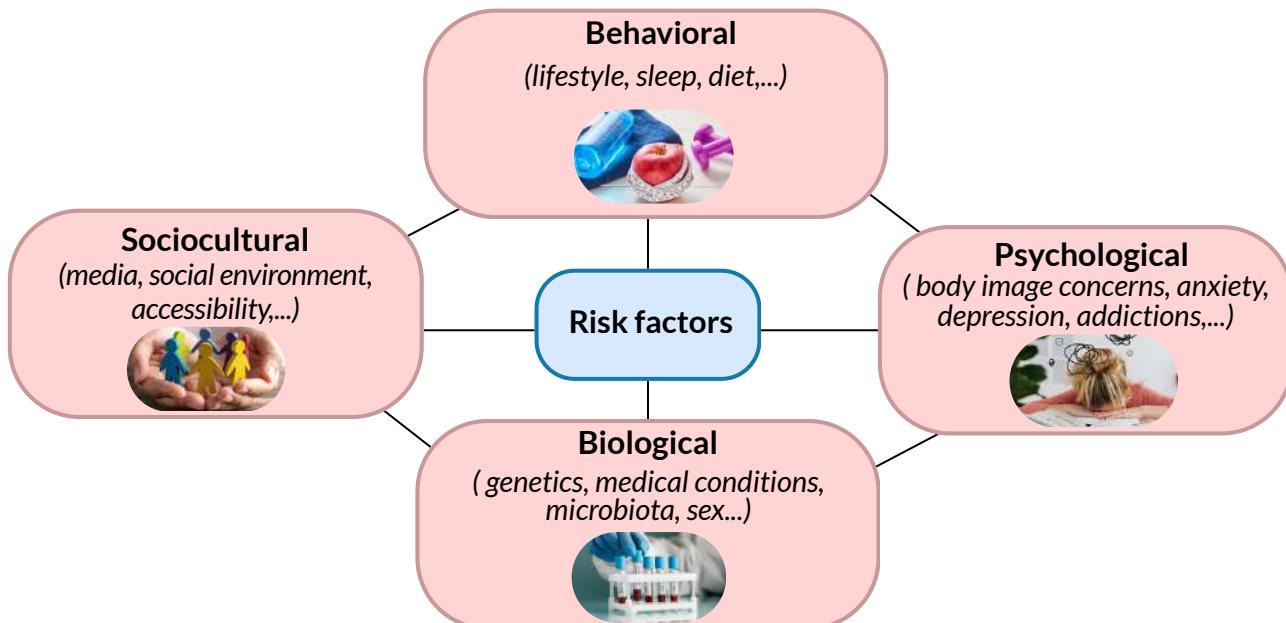
The severity of obesity is classified into **several classes** based on Body Mass Index (BMI)\*:

**Moderate obesity (Class I):**  
BMI between 30 and 35

**Severe obesity (Class II):**  
BMI between 35 and 40

**Very severe obesity (Class III):**  
BMI  $\geq 40$

**Risk factors for obesity:**



\*BMI = Weight in kg / (Height in m  $\times$  Height in m)

## Complications associated with obesity:

### Metabolic



Type 2 diabetes, increased cholesterol and triglycerides,...

### Cardiovascular



High blood pressure, stroke, heart failure...

### Respiratory



Obstructive sleep apnea syndrome, shortness of breath on exertion...

### Musculoskeletal



Osteoarthritis, joint pain, reduced mobility,...

### Psychological



Anxiety, depression, social stigma...

### Increased risk of certain cancers



Colorectal, postmenopausal breast, kidney, esophageal,

A comprehensive, personalized, **long-term approach** is therefore essential.

## ❖ Understanding drug treatments for obesity (DTO)

### 🧠 How do they work?

DTOs mimic the action of certain hormones naturally produced by the body that **generate satiety signals** (GLP-1/GIP). By mimicking these molecules or activating their receptors, DTOs contribute to a **faster, stronger, and longer-lasting feeling of fullness** at the brain level, and they also **slow digestion**. This leads to:



Reduced sensation of hunger



Decreased amounts of food consumed



Longer-lasting satiety after meals



Reduced cravings for fatty or sugary foods

 DTOs therefore increase the chances of medically indicated weight loss.



### DTOs approved in France

Liraglutide (Saxenda®), semaglutide (Wegovy®), and tirzepatide (Mounjaro®) are the active substances of DTOs that have marketing authorization in France.

They must be prescribed within a strict medical framework and are currently not reimbursed by the French Social Security system.



## Gradual weight loss

1 Weight loss occurs gradually, especially during the first year.

2 A plateau is generally reached about one year after starting treatment. Weight may stabilize if treatment is continued.

3 When treatment is stopped, partial weight regain is common. DTOs are therefore long-term treatments and are part of ongoing obesity management with regular follow-up.

Response to treatment depends on the **molecule**, the **dose**, and the **individual**. Although these treatments are effective for most patients, some show a **limited response**, which cannot currently be predicted. If weight loss is considered insufficient, the physician may decide to adjust the therapeutic strategy after 6 to 12 months.

## ♦ Role of DTOs in obesity management

DTOs are part of a comprehensive, individualized care plan. They are **not offered as first-line treatment** and are **only considered when initial measures have failed to achieve the established health goals**.

The **decision** to start a DTO is made by the physician in agreement with the patient, taking into account not only weight, but also obesity-related complications.

### First-line management

- Nutritional care
- Behavioral interventions (sleep, stress management, ...)
- Physical activity
- Management of comorbidities (depression, diabetes, cardiovascular diseases, ...)

Minimum duration: 6 months



↓ If health goals are not achieved and the patient meets the required criteria

### DTO prescription

DTO is initiated as a second-line treatment when:

- First-line management is insufficient or has failed
- The patient has **obesity** or a **BMI between 27 and 30 kg/m<sup>2</sup>** with **weight-related health problems**
- There are no risk situations (*malnutrition, history of bariatric surgery, ...*)
- Nutritional follow-up is **planned**



### Post-prescription follow-up

- Nutritional support, biological monitoring, and assessment of treatment tolerance
- Regular dose adjustments



## ◆ Effects of DTOs on health



DTOs have **beneficial effects** on **weight**, but also on certain **obesity-related comorbidities**, such as:

Cardiovascular diseases



Diabetes



**Side effects are not uncommon and can sometimes be significant.**

They are most often mild to moderate and tend to diminish over time. If they persist, it is important to **discuss them with the physician** so that treatment can be adjusted.

### COMMON:

#### *Digestive effects*

- Nausea (25–44%)
- Diarrhea (19–30%)
- Vomiting (8–24%)
- Constipation (17–24%)



### LESS COMMON:

#### *Complications related to weight loss*

- Gallstones
- Pancreatitis



### Nutritional risks:

- Development of eating disorders
- Nutritional deficiencies
- Excessive muscle loss



### Perspectives :

DTOs show promising potential to reduce **binge eating disorder (BED)** and food compulsions in the short term. They may also have a beneficial effect on **metabolic liver diseases** (fatty liver disease, ...). However, long-term trials remain limited, and further studies are needed to better assess their impact on BED and liver diseases. DTOs are not currently indicated for the treatment of these conditions.

## ◆ Conclusion

DTOs are **prescribed only under medical supervision**, when first-line treatments have failed to achieve health goals. They are intended for a population meeting well-defined clinical criteria, and **regular medical follow-up** is essential to assess weight loss and the progression of comorbidities, but above all to monitor side effects which could be significant as well as nutritional risks.





CALL TO  
ACTION



# The DTO Quiz!



**Do you think these statements are true or false?**

*Find the correct answers on the next page!*

- “DTOs allow weight loss without dietary changes or physical activity.”

**True or False**

- “All patients experience the same effects with DTOs.”

**True or False**

- “DTOs are intended for all patients who wish to lose weight.”

**True or False**

- “Medical follow-up is essential during DTO treatment.”

**True or False**

- “DTOs can be stopped at any time without weight regain.”

**True or False**



**Match each term with its correct definition or description.**

*Find the correct answers on the next page!*

1- DTO

2-BMI

3-Satiety

4-Common digestive side effects of DTOs

5-Nutritional risks

6-Nutritional follow-up

7-Binge eating disorder

A. Medication prescribed as second-line treatment in obesity management

B. Essential follow-up to monitor the effects of DTOs and nutritional status

C. Deficiencies, eating disorders, muscle loss

D. Eating disorder characterized in particular by food compulsions or large meals

E. Index used to assess body size

F. Nausea, diarrhea, vomiting, constipation

G. Sensation of fullness (state of gastric fullness) leading to a reduction and then cessation of food intake

## Answers:

### Exercise 1:

False  
False  
False  
True  
False

### Exercice 2:

1→A  
2→E  
3→G  
4→F  
5→C  
6→B  
7 → D

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