
Long-Term Weight Loss With Semaglutide or Liraglutide



A new study has identified key factors that influence long-term weight loss in patients with obesity who were prescribed injectable semaglutide or liraglutide for the treatment of type 2 diabetes or obesity. The findings are published in JAMA Network Open.

In patients with obesity treated with semaglutide or liraglutide, study researchers observed significant variation in long-term weight reduction depending on the active agent, treatment indication, dosage, and medication persistence.

Semaglutide (marketed as Wegovy and Ozempic) and liraglutide (sold as Saxenda and Victoza) are GLP-1 receptor agonists (GLP-1 RA) that help lower blood sugar levels and promote weight loss. While clinical trials have demonstrated the effectiveness of these medications, there is limited real-world data on factors associated with long-term weight change and achieving clinically significant weight loss.

This study included 3,389 adult patients with obesity who began treatment with injectable semaglutide or liraglutide between July 1, 2015, and June 30, 2022, with follow-up continuing through July 2023. At the study's outset, the median baseline body mass index (BMI) of participants was 38.5, and 82.2% were treated for type 2 diabetes. The cohort was predominantly white (68.5%), with 20.3% Black and 7.0% Hispanic, and 54.7% were female.

Key findings from the study revealed several factors influencing weight loss one year after starting the medication. Patients using semaglutide experienced an average weight loss of -5.1%, compared to -2.2% for those using liraglutide. Patients on higher doses had greater weight loss (-6.6%) compared to those on lower doses (-3.5%). Those treated for obesity saw an average weight loss of -5.9%, while those treated for type 2 diabetes lost an average of -3.2%. Patients who adhered to the medication for the full year lost an average of -5.5%, compared to -2.8% for those with 90-275 days of coverage and -1.8% for those with less than 90 days.

The study also found that 40.7% of patients remained persistent with their medication after one year, with higher persistence rates for semaglutide (45.8%) than liraglutide (35.6%). Among those who adhered to the medication for 12 months, the average weight loss was -12.9% with semaglutide for obesity and -5.9% for type 2 diabetes. For liraglutide, the average weight loss was -5.6% for obesity and -3.1% for type 2 diabetes.

Study researchers also assessed the proportion of patients achieving 10% or more body weight reduction, a threshold that confers significant health benefits. Results showed that 37.4% of patients receiving semaglutide for obesity achieved this level of weight loss, compared to 16.6% for those treated for type 2 diabetes. For liraglutide, 14.5% of obese patients and 9.3% of diabetes patients achieved 10% or more weight loss.

Among patients who adhered to the medication for a full year, 61% of those on semaglutide for obesity reached the 10% weight loss threshold, compared to 23.1% for type 2 diabetes patients. Similarly, 28.6% of those on liraglutide for obesity and 12.3% for type 2 diabetes patients achieved this target.

These findings highlight several factors associated with a higher likelihood of achieving 10% or more weight loss, including:

- Use of semaglutide versus liraglutide
- High versus low maintenance doses
- Obesity treatment versus type 2 diabetes treatment
- Greater persistence with medication
- Higher initial BMI

- Female gender

These findings offer valuable insights for patients and healthcare providers by identifying key factors that can increase the likelihood of achieving clinically meaningful weight loss. Real-world data like this can help set realistic expectations for weight loss with GLP-1 RA medications and emphasise the importance of persistence to achieve substantial results.

Source: [Cleveland Clinic](#)

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