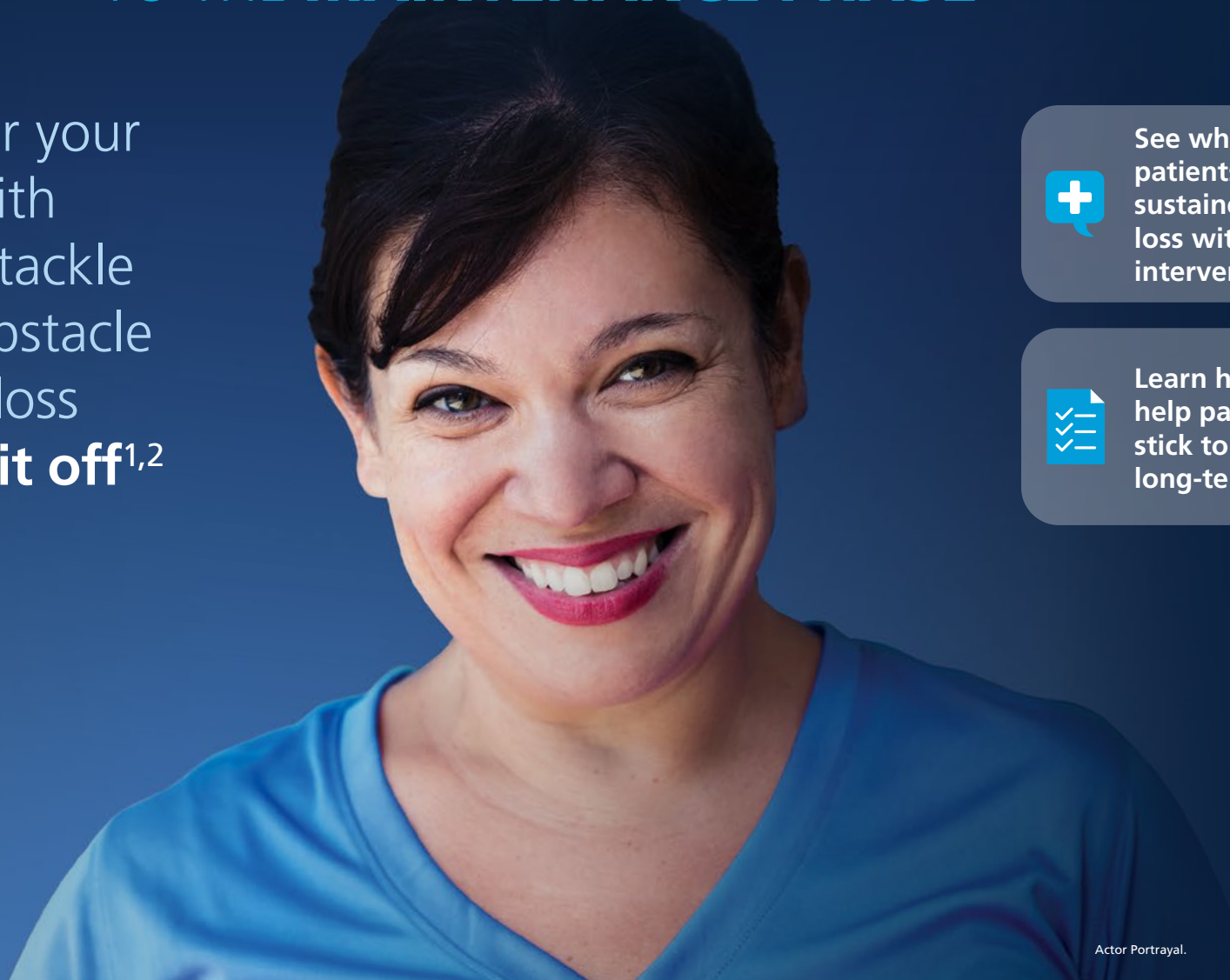


# Welcome

## TO THE **MAINTENANCE PHASE**

It's time for your patients with obesity to tackle a critical obstacle of weight loss –**keeping it off**<sup>1,2</sup>



See what's holding patients back from sustained weight loss with lifestyle intervention alone



Learn how to help patients stick to their long-term plans

Actor Portrayal.

## FOR YOUR PATIENTS WITH OBESITY

# Regaining weight can impact more than the number on the scale

5%

A weight loss of 5% or more has been shown to have an impact on some weight-related comorbidities<sup>3</sup>

90

Weight loss is difficult to sustain; 90% of people with obesity are unable to keep weight off long term<sup>1,a,b</sup>



Weight regain puts patients at risk of developing or worsening some obesity-related complications<sup>4-6</sup>



Feelings of frustration, shame, and hopelessness could prevent patients from seeking help to stop or reverse their weight gain<sup>7</sup>

<sup>a</sup>Results from quantitative surveys in a study of over 3,000 adult patients with a BMI of 30 kg/m<sup>2</sup> or more, based on self-reported height and weight.<sup>1</sup>

<sup>b</sup>Long term defined as losing at least 10% of initial body weight and maintaining the loss for at least 1 year.<sup>1</sup>

Maintaining weight loss is often a challenge, but it is a critical part of successful weight management<sup>8</sup>

# WHAT FACTORS CONTRIBUTE TO **weight regain**?

## TREATMENT DISCONTINUATION

### Reaching a plateau is not a reason to discontinue treatment<sup>8</sup>

Obesity may be a contributing factor to many health risks, making maintenance of weight loss an important goal of therapy<sup>8</sup>

### Just like other chronic diseases, obesity requires continuous treatment<sup>9</sup>



When patients discontinue any weight-loss treatment, they are likely to **regain weight**<sup>6</sup>

A comprehensive weight management plan may include **lifestyle changes, prescription medicine, and/or bariatric surgery**



Pharmacotherapy can help patients **maintain weight loss** over time<sup>8</sup>

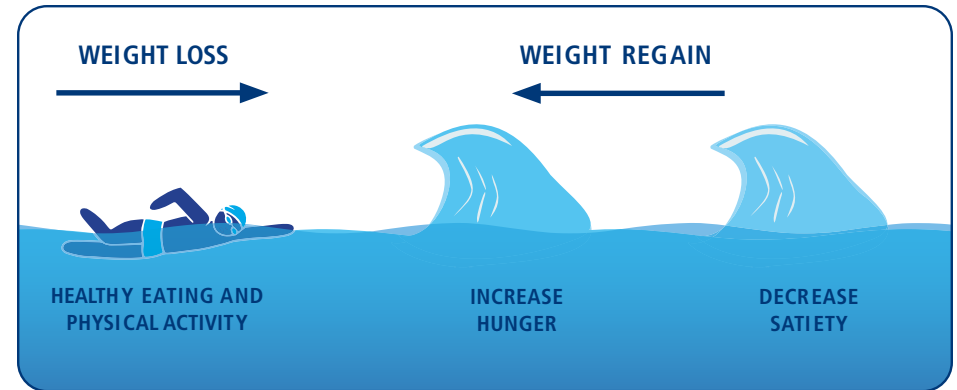
## ACCORDING TO AACE/ACE GUIDELINES

Continued use of pharmacotherapy should transition from the goal of weight loss to weight maintenance<sup>8</sup>

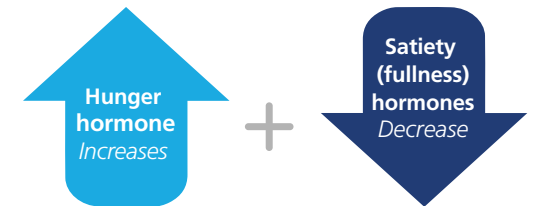
## METABOLIC ADAPTATION

### Understanding the physiological processes that promote weight regain is essential for building a comprehensive, long-term treatment plan<sup>8</sup>

Healthy eating and physical activity keep your patients on track to lose weight



Following weight loss, **metabolic adaptation** drives the body to defend baseline body weight with the following hormonal changes<sup>10,a</sup>:



## ACCORDING TO AACE/ACE GUIDELINES

Metabolic adaptation must continuously be offset by efforts to maintain weight loss over the long term<sup>8</sup>

# Your support CAN HELP LEAD TO SUCCESS

Your guidance can bridge the gap between unrealistic goals and clinically meaningful weight loss

A weight loss of **5% or more** can have an impact on some weight-related comorbidities<sup>3</sup>

Many patients want to lose at least **2X or 3X that amount**<sup>12,13</sup>

Starting with more modest weight-loss goals may help patients stay on a plan for longer<sup>14,a</sup>

Weight-management counseling has been shown to significantly improve weight maintenance<sup>15,16,b</sup>

Results of patients who received 6 months of intensive counseling<sup>15,17,c</sup>

Higher motivation and greater reductions in:



WEIGHT



BLOOD PRESSURE



CHOLESTEROL LEVELS

<sup>a</sup>An observational study of 1,785 adult patients with obesity (a BMI of 30 kg/m<sup>2</sup> or more) receiving at least 1 year of continuous treatment throughout 23 Italian medical centers specializing in obesity treatment.<sup>14</sup>

<sup>b</sup>A UK-based randomized, controlled trial of 1,267 adults with a BMI of 28 kg/m<sup>2</sup> or more randomly assigned to receive brief advice and self-help materials, referral to Weight Watchers for 12 weeks, or referral to Weight Watchers for 52 weeks.<sup>16</sup>

<sup>c</sup>A 6-month UK-based study of 334 adult patients randomized to an intervention group receiving standard exercise and nutrition information in addition to up to 5 face-to-face counseling sessions or to a control group receiving only standard weight-loss information. Patients had at least one of the following: excess weight (a BMI of 28 kg/m<sup>2</sup> or more), hypertension (SBP/DBP at least 150/90 mm Hg), or hypercholesterolemia (at least 5.2 mmol/L).<sup>17</sup>



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# A COMPREHENSIVE treatment plan CAN HELP SUPPORT WEIGHT-LOSS RESULTS

Some treatment options



HCP COUNSELING

Patients lost **5x more weight** with HCP counseling than with a self-directed program<sup>18,d</sup>

<sup>d</sup>A randomized controlled study of 415 patients with obesity showed that patients lost more weight with HCP counseling, weight-loss coaches, and web-based support (5.2% weight loss) when compared with a self-directed program (1.1% weight loss) at 24 months.<sup>18</sup>



PHARMACOTHERAPY

Patients who combined pharmacotherapy with lifestyle modification lost nearly **2x more weight** than those using lifestyle modification alone<sup>19,e</sup>

<sup>e</sup>From a 1-year study of 224 patients with a BMI of 30 to 45 kg/m<sup>2</sup> randomly assigned to receive medication (sibutramine) alone, lifestyle modification alone, medication with brief therapy, or medication with lifestyle-modification counseling (combined therapy).<sup>19</sup>



Coverage is a critical part of effective treatment

Insurance companies are increasingly providing coverage for long-term HCP counseling for weight management<sup>15</sup>

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