

A Guide to Obesity Step Therapy





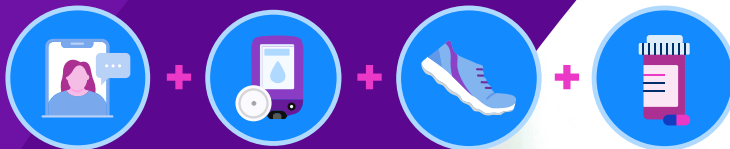
The obesity epidemic is on a runaway train set to devastate the healthcare system. Over **42%** of Americans have obesity, and **nearly half** of all Americans are expected to have it by 2030. Obesity now accounts for more than **20%** of all annual health expenditures in the US. Make no mistake: that percentage will grow if we keep on our current trajectory.

Medical costs for people with obesity are **30-40% higher** than their normal-weight peers



The good news is that hot weight loss drugs like Wegovy and Mounjaro show a lot of promise to beat back the rates of obesity. What's less certain is if GLP-1s can stem the rise in obesity costs — or just add to them. The answer to cost concerns, though, isn't simply cutting GLP-1s off the formulary.

More employers and health plans are considering **obesity step therapy** as a way to balance opening access to life-altering obesity treatments and keeping run-away costs in check.





Step therapy is a clinically recognized term that involves trying less costly medications before “stepping up” to more intensive ones. Obesity step therapy takes an even more holistic approach — embracing food as medicine and behavior change as foundational to treatment.

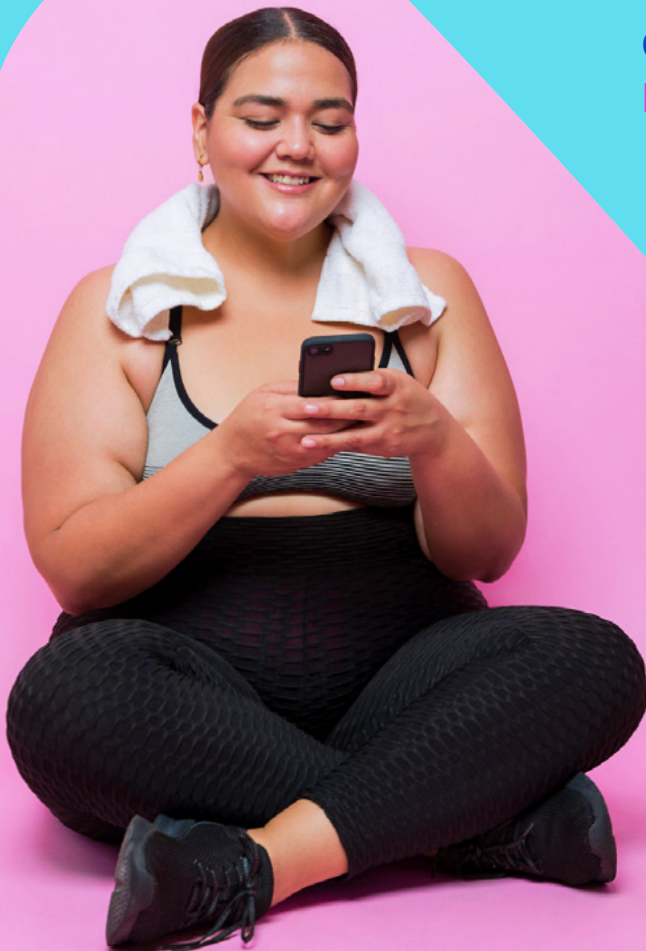
**Obesity Step Therapy is designed to scale up or down.
Here's what it looks like in practice:**

4: Prescribe GLP-1s only to those who really need them

3: Introduce less intensive anti-obesity medications (AOMs)

2: Reinforce dietary modifications with behavior change support

1: Medical nutrition therapy as the first line of treatment





Medical nutrition therapy as the first line of treatment

Studies show that dietary modification is central to obesity treatment. Unfortunately, people often misinterpret that truth as simply a feat of willpower — which leads many to try highly restrictive fad diets that don't work, can't be maintained, or are even downright dangerous. In order to lose weight in a sustainable and healthy way, many people need the support of registered dietitians to provide medical nutrition therapy (MNT).



Registered dietitians use **MNT** to develop personalized eating plans that work for people's specific health needs, lifestyle, and budget.

Medical nutrition therapy can help people shift their relationship with food by introducing gradual, sustainable changes to diet, like incorporating more fruits and vegetables, reducing processed foods, and controlling portion sizes. It also takes people's cultural preferences into account to adjust for customary eating times, regional dishes, and favored carb sources.

Medical nutritional therapy can even bring a host of additional benefits, including better mental health. Research shows that obesity and depression are linked. There's some evidence that improving eating patterns can actually help to reduce depression symptoms.v



Vida has clinical nutrition guidelines for **over 25 cultures** from around the world



Reinforce dietary modifications with behavior change support

While a healthy diet is integral to weight loss, it's not the only thing that matters. Reducing stress, improving sleep, and exercise all contribute to better outcomes. Self-directed cognitive behavioral therapy can work to shift thinking patterns and solidify healthy behavior changes to help people lose weight and keep it off.

Health coaches, registered dietitians, and even therapists (when needed) provide the human touch and connection to help motivate people toward their goals.





We can think of step therapy as a funnel. Just about everyone with obesity needs dietary intervention. Many of those also need behavior change support to solidify new thinking patterns and habits for sustainable outcomes. Those non-medicinal interventions can be sufficient for a large number of people who need to lose weight. Still, others may need additional support — mainly from less intensive anti-obesity medications, but also including GLP-1s for a smaller number of people.




Introduce less intensive anti-obesity medications (AOMs)

With all the fanfare around the arrival of GLP-1s, it's easy to forget that there are other effective, more affordable, and less intensive medications — with fewer uncomfortable side effects — to promote meaningful weight loss.

Less expensive AOMs can drive **successful** weight loss outcomes for many people





Drugs like Contrave (bupropion/naltrexone), when prescribed alongside moderate behavioral change and nutrition regimens, can lead to 5-8% weight loss (which is enough to deliver meaningful clinical outcomes). Zonisamide, originally designed as an antiepileptic drug, is now commonly prescribed for weight loss. Metformin can help with insulin insensitivity and promote weight loss in some people.

These medications cost a fraction of the price of GLP-1s and can be very effective for most people. When combined with medical nutrition therapy and the behavior change support listed above, these AOMs can be game-changers for millions of Americans who might otherwise jump straight to expensive medications like Wegovy and Ozempic.

Prescribe GLP-1s only to those who really need them

If nutritional support, behavioral interventions, and lower-intensity medications don't produce outcomes, it makes sense to try more intensive medications like GLP-1s. Many people with comorbidities like diabetes or heart disease need quicker, more intensive support. Others who have not succeeded with behavior change and are eager for more assistance may also need access to intensive AOMs like GLP-1s.

These people shouldn't be denied access to GLP-1s on the nonsensical grounds that behavior change is “better” or more “virtuous” — or even just because it's plain cheaper to deny access. Similar to any other disease brought on by a combination of genetics, environmental factors, and lifestyle, obesity should be treated with clinically-backed medications that drive outcomes.



- * Obesity should be treated with clinically-backed medications that drive outcomes



We should also be thoughtful in defining what success looks like and acknowledge that it doesn't mean getting to the lowest number on the scale. In fact, just 5% weight loss can result in huge metabolic benefits that are life-changing. Given the costs of this new generation of medications — not to mention the side effects, which range from nausea and diarrhea to rare but serious things like pancreatitis or kidney failure — it's best to use them cautiously and only after less intensive interventions.



Just **5% weight loss** can produce big metabolic benefits



Curious to see what obesity step therapy would look like for your population?

Let's talk.



Diabetes and obesity outcomes **guaranteed.**

