

GLP-1 Agonists: Mechanisms, Uses, and Clinical Implications

An Overview of GLP-1 Receptor Agonists in Medical Treatment

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Disclosure

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.





Learning Objectives

1 Learning and understanding basics about GLP-1 agonists

2 Learning about different types of GLP-1 agonists in the market

3 GLP-1 agonists role in both diabetes and obesity

4 Future of GLP-1 agonists





Mechanism of Action

Introduction to GLP-1 Agonists

- **What is GLP-1?**

GLP-1 (Glucagon-like peptide-1) is a natural hormone released by the intestines after food intake. It helps to regulate blood sugar levels and is part of the incretin system, which enhances insulin secretion.

- **GLP-1 Agonists:**

These are synthetic or modified versions of GLP-1 that bind to GLP-1 receptors, mimicking its action. They are commonly used in managing type 2 diabetes and weight management. These are also FDA approved in children 12 years and older with obesity.

- **Class of Drugs:**

GLP-1 agonists are injected or, in some cases, taken orally, designed to work longer in the body than natural GLP-1.



Mechanism of Action

- **Insulin Secretion:**

After food consumption, GLP-1 agonists signal the pancreas to release insulin, which helps to lower blood sugar levels.

- **Glucagon Suppression:**

Normally, glucagon is released when blood sugar is low to stimulate glucose production by the liver. GLP-1 agonists suppress glucagon release after meals, helping keep blood sugar in check.

- **Gastric Emptying:**

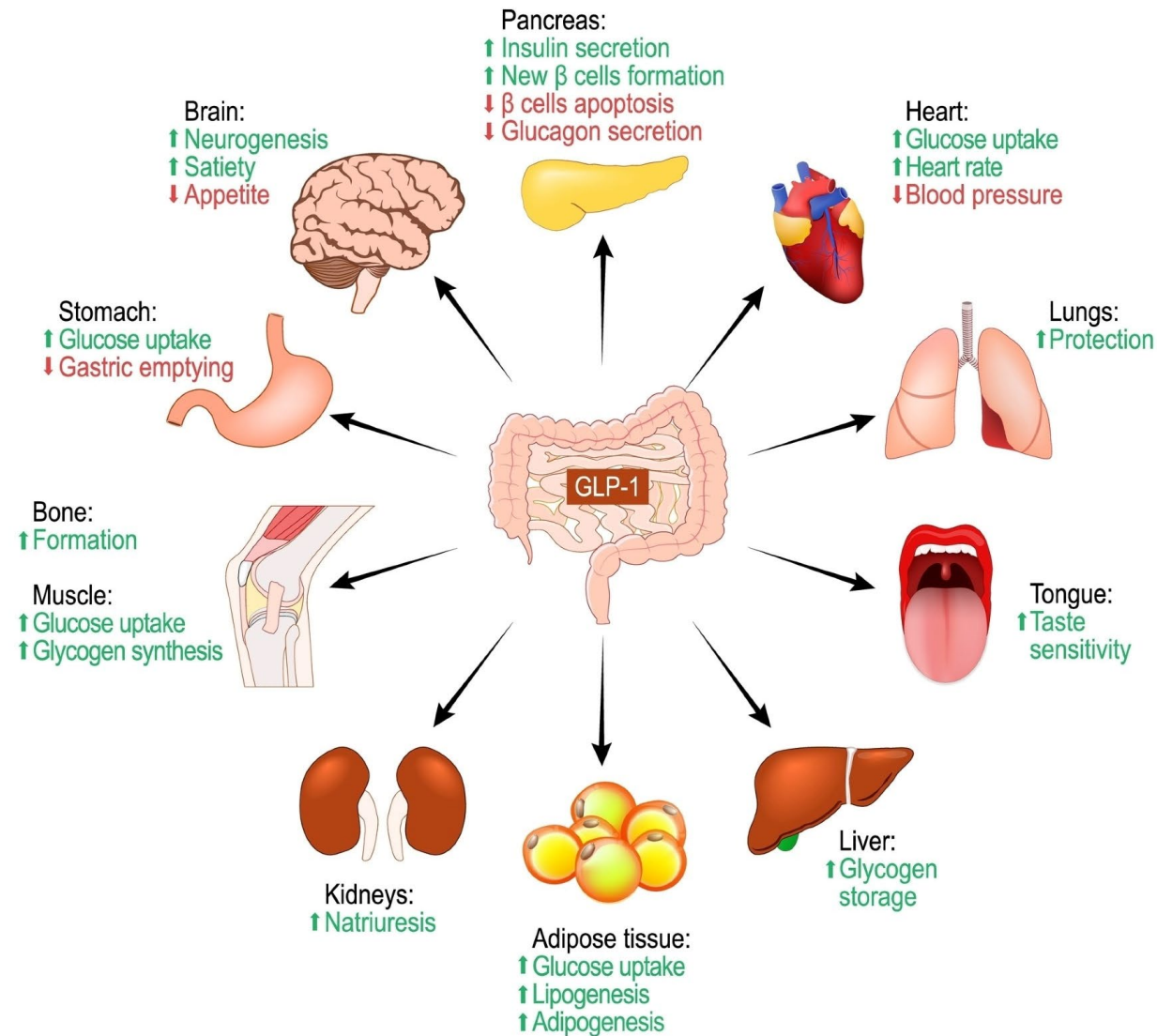
They slow down the process of gastric emptying, leading to increased feelings of fullness and reducing the desire to eat.

- **Weight Loss:**

The overall effect is weight reduction through both appetite control and a reduction in calorie intake.



Functions of Glucagon-like Peptide-1





Uses , Side Effects & Contraindications

Clinical Uses of GLP-1 Agonists

- **Improved Glycemic Control:**

GLP-1 agonists significantly reduce HbA1c levels, indicating long-term improvements in blood glucose control.

- **Weight Loss:**

Weight loss is a common benefit, especially with drugs like semaglutide and liraglutide. Patients experience reduced appetite, leading to a decrease in food intake and sustained weight reduction.

- **Cardiovascular Protection:**

Research shows that GLP-1 agonists, particularly liraglutide and semaglutide, lower the risk of heart-related events, such as heart attacks or strokes.

- **Low Risk of Hypoglycemia:**

Unlike insulin, GLP-1 agonists rarely cause hypoglycemia because they are glucose-dependent. They only stimulate insulin release when blood sugar is high, minimizing the risk.



Side Effects

- **Gastrointestinal Issues:**

Common side effects include nausea, vomiting, diarrhea, and constipation, especially during the first few weeks of treatment. This is often due to the slowing of gastric emptying.

- **Injection Site Reactions:**

Redness, swelling, or discomfort at the injection site can occur with injectable GLP-1 agonists.

- **Pancreatitis:**

Though rare, there have been reports of pancreatitis (inflammation of the pancreas), which is a serious side effect.

- **Kidney Issues:**

Caution is advised in patients with pre-existing kidney problems as GLP-1 agonists may affect kidney function.

- **Thyroid Tumors:**

In animal studies, some GLP-1 agonists have been linked to an increased risk of thyroid tumors. This risk in humans is still being evaluated, and patients with a family history of medullary thyroid cancer should avoid these drugs.



Contraindications & Precautions in Prescribing

- **Absolute Contraindications:**

1. Personal or family history of medullary thyroid carcinoma (MTC)
2. Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
3. Hypersensitivity or allergic reaction to the medication or any of its components

- **Relative Contraindications/Caution Advised:**

1. History of pancreatitis – use cautiously; a history of pancreatitis is not an absolute contraindication, but a potential risk.
2. Severe gastrointestinal disease – especially gastroparesis, as GLP-1 agonists slow gastric emptying.
3. Severe renal impairment – some agents require dose adjustments or are not recommended.
4. Pregnancy and breastfeeding – not recommended due to limited safety data.
5. Type 1 diabetes or diabetic ketoacidosis – not approved for these conditions.
6. Anesthesia -- may need to stop taking them a few days before surgery or procedures that involve general anesthesia due to delayed stomach emptying.



How to Administer GLP-1 Agonist

GLP-1 agonists are typically administered via subcutaneous (under the skin) injection. The frequency of injections varies depending on the medication:

- Daily: Liraglutide (Victoza, Saxenda)
- Weekly: Semaglutide (Ozempic, Wegovy), Dulaglutide (Trulicity)





Comparison with Other Weight Loss Treatments

GLP-1 Agonists vs. Other Diabetes Medications

- **vs. Insulin:**

Insulin often leads to weight gain and carries a higher risk of hypoglycemia, whereas GLP-1 agonists promote weight loss and have a much lower risk of hypoglycemia.

- **vs. SGLT2 Inhibitors:**

Both classes help control blood sugar, but GLP-1s are more effective in weight loss and reducing appetite. SGLT2 inhibitors are more focused on reducing kidney and cardiovascular risks.

- **vs. DPP-4 Inhibitors:**

DPP-4 inhibitors increase the body's natural GLP-1 levels but to a lesser extent. GLP-1 agonists provide a more potent effect and also help with weight loss, which DPP-4 inhibitors do not.



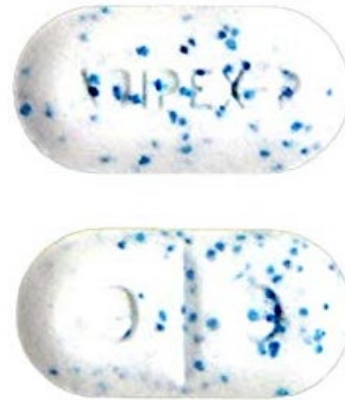
GLP-1 Agonists vs Other Weight Loss Drugs

Weight Loss Drug	Average Weight Loss	Mechanism of Action	Advantages	Disadvantages
GLP-1 Agonists (e.g., Wegovy, Saxenda)	15-20%	Appetite suppression, slow gastric emptying, insulin regulation	Significant weight loss, improved comorbidities, long-term results	Expensive, side effects (nausea, vomiting), injections
Orlistat (Alli, Xenical)	5-10%	Prevents fat absorption in the intestines	Non-invasive (oral), affordable	Gastrointestinal side effects, dietary restrictions
Phentermine (Adipex)	3-5%	Appetite suppressant	Effective short-term, affordable	Short-term use only, risk of dependence, cardiovascular side effects
Bupropion-Naltrexone (Contrave)	5-10%	Affects brain's reward system to control hunger	Dual action on cravings and hunger	Potential psychiatric side effects, contraindicated in certain health conditions
Topiramate-Phentermine (Qsymia)	5-10%	Appetite suppressant + increased satiety	Dual action, long-term use	Cognitive side effects, risk for birth defects, requires prescription



GLP-1 Agonists vs Other Weight Loss Drugs

- **GLP-1 agonists** (like Wegovy and Saxenda) are among the most effective options for significant weight loss, particularly for those who struggle with severe obesity or comorbid conditions like type 2 diabetes. They offer sustained weight loss but are more expensive and can have side effects like nausea.
- Other weight loss drugs, such as **Orlistat**, **Phentermine**, and **Contrave**, offer various mechanisms of action but tend to result in **modest weight loss** and may have more **side effects** or **limitations** in long-term use.



GLP-1 Agonists vs Other Weight Loss Modalities

Method	Average Weight Loss	Advantages	Disadvantages
GLP-1 Agonists (e.g., Wegovy, Saxenda)	5% - 20%	Proven efficacy for sustained weight loss, reduces appetite, improves comorbidities	Side effects like nausea, cost, injection
Diet and Exercise	5% - 10%	No medication, sustainable with lifestyle change	Requires high motivation, slower results
Bariatric Surgery	20% - 35%	Rapid, significant weight loss, improves comorbidities	Invasive, expensive, requires lifelong care
Other Weight Loss Medications	5% - 10%	Non-invasive, easier to use	Side effects, limited long-term effectiveness
Intermittent Fasting	5% - 10%	Can be effective, no medication required	Difficult to maintain, may lead to overeating





Review of Individual Drugs

FDA-approved & Compounded Formulations

GLP-1 Agonists vs Other Weight Loss Modalities

- **GLP-1 agonists** like Wegovy and Saxenda are among the most effective non-surgical options for weight loss, with a significant weight reduction of 15-20% in some individuals.
- **Diet and exercise** remain the foundation of any successful weight loss plan but may not be sufficient alone for those with severe obesity.
- **Bariatric surgery** offers rapid and sustained weight loss but is invasive and requires long-term commitment.
- Other weight loss medications, while effective, tend to offer more modest results and may come with side effects.



Approved GLP-1 Agonists (FDA-Approved)

1. Exenatide (Byetta)

- Brand Name: Byetta
- Type: Short-acting GLP-1 agonist
- Administration: Subcutaneous injection, twice daily

2. Exenatide Extended Release (Bydureon)

- Brand Name: Bydureon
- Type: Long-acting GLP-1 agonist
- Administration: Subcutaneous injection, once a week

3. Liraglutide (Victoza, Saxenda)

- Brand Name: Victoza (for Type 2 Diabetes), Saxenda (for obesity)
- Type: Short-acting GLP-1 agonist
- Administration: Subcutaneous injection, once daily

4. Dulaglutide (Trulicity)

- Brand Name: Trulicity
- Type: Long-acting GLP-1 agonist
- Administration: Subcutaneous injection, once a week



Approved GLP-1 Agonists (FDA-Approved) *(continued)*

5. **Semaglutide** (Ozempic, Wegovy, Rybelsus)

- Brand Name: Ozempic (for Type 2 Diabetes), Wegovy (for Obesity), Rybelsus (oral formulation)
- Type: Long-acting GLP-1 agonist
- Administration: Subcutaneous injection (Ozempic, Wegovy) once a week or oral tablet (Rybelsus) once daily

6. **Lixisenatide** (Adlyxin)

- Brand Name: Adlyxin
- Type: Short-acting GLP-1 agonist
- Administration: Subcutaneous injection, once daily

7. **Albiglutide** (Tanzeum)

- Brand Name: Tanzeum (discontinued in 2018)
- Type: Long-acting GLP-1 agonist
- Administration: Subcutaneous injection, once a week

8. **Tirzepatide** (Mounjaro)

- Brand Name: Mounjaro
- Type: Dual GIP/GLP-1 receptor agonist (targets both GLP-1 and GIP receptors)
- Administration: Subcutaneous injection, once a week
- FDA Approval: For Type 2 diabetes management



Compounded GLP-1 Agonists

While most GLP-1 agonists are approved and commercially available through the brands listed above, **compounded GLP-1 agonists** may be prepared in pharmacies for specific patient needs. These are typically **off-label uses** or may involve customized dosing. Some examples include:

1. Compounded Exenatide (often in different concentrations)

- Formulation: May be compounded in various dosages for patients needing specific adjustments outside the standard pharmaceutical preparations.

2. Compounded Liraglutide

- Formulation: Some compounding pharmacies may provide liraglutide in different concentrations or forms, such as injectable solutions tailored for individual patients.

3. Compounded Semaglutide

- Formulation: Semaglutide is sometimes compounded in smaller doses or more specific formats for patients who might need tailored regimens.

4. Compounded GLP-1 Combination Therapies

- Formulation: In some cases, compounded therapies may combine GLP-1 agonists with other medications (e.g., metformin, insulin) for personalized treatment plans.



Caution Related to Compounded GLP-1s

This was a comprehensive list of both **approved GLP-1 agonists** and some **compounded** versions that are used in clinical practice. These include both FDA-approved and other compounded formulations commonly used in clinical settings.

- **FDA Approval:**

Compounded GLP-1 agonists are typically used in cases where the patient may not tolerate a commercially available product or requires special dosage forms. These are not FDA-approved formulations and should be prescribed with caution.

- **Safety and Efficacy:**

Compounded GLP-1s may vary in quality, and their safety and efficacy are not guaranteed since they are not subjected to the same regulatory scrutiny as FDA-approved versions.



FDA-Approved GLP-1 Agonists for Weight Loss

(Insurance May Not Always Cover)

- **Semaglutide (Wegovy)**
 - **FDA Approval:** Wegovy is specifically approved for chronic weight management in adults with obesity (BMI ≥ 30) or overweight (BMI ≥ 27) with at least one weight-related condition (e.g., hypertension, type 2 diabetes).
 - **Insurance Coverage Issues:** Despite FDA approval for weight loss, insurance coverage may be limited depending on the plan. Some insurers may only cover Wegovy for individuals who have diabetes or other comorbidities.
- **Liraglutide (Saxenda)**
 - **FDA Approval:** Saxenda is approved for weight management in individuals with obesity (BMI ≥ 30) or those with overweight (BMI ≥ 27) with at least one related condition such as hypertension or type 2 diabetes.
 - **Insurance Coverage Issues:** Like Wegovy, insurance coverage for Saxenda may vary. Plans may have restrictions based on the patient's BMI, comorbidities, or a history of failed weight loss attempts. Some insurers may not cover it for patients without diabetes.



GLP-1 Agonists for Weight Loss (Not FDA-Approved for Weight Loss)

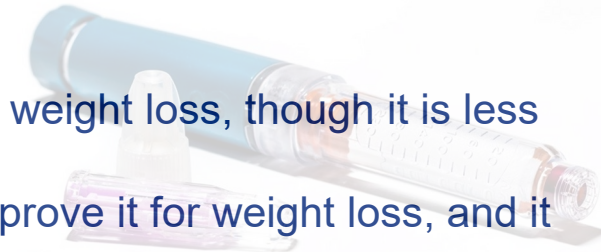
- **Semaglutide (Ozempic)**

- **FDA Approval:** Ozempic is approved for type 2 diabetes management.
- **Off-Label Use for Weight Loss:** Some physicians use Ozempic for weight loss, especially in patients with diabetes or those who struggle with obesity.
- **Insurance Coverage:** Since it is not approved by the FDA for weight loss specifically, insurers may not cover it for this purpose. However, coverage can vary if the patient has type 2 diabetes.



- **Exenatide (Byetta, Bydureon)**

- **FDA Approval:** Exenatide is approved for type 2 diabetes.
- **Off-Label Use for Weight Loss:** Exenatide is sometimes used off-label for weight loss, though it is less commonly prescribed for this purpose compared to others like semaglutide.
- **Insurance Coverage:** Similar to other off-label uses, insurance may not approve it for weight loss, and it would generally only be covered if used for diabetes management.



- **Lixisenatide (Adlyxin)**

- **FDA Approval:** Lixisenatide is approved for type 2 diabetes management.
- **Off-Label Use for Weight Loss:** Lixisenatide has some weight loss effects, though it is not as commonly used for this purpose.
- **Insurance Coverage:** As with other GLP-1s, it may not be covered for weight loss unless there is a diabetes diagnosis.



Factors Affecting Insurance Coverage for Weight Loss

Insurance coverage for GLP-1 agonists used for weight loss is influenced by several factors:

- **Medical Necessity:** If a patient is not diabetic, insurers may request documentation of medical necessity—such as a BMI of 30 or higher or the presence of comorbidities like hypertension, heart disease, or sleep apnea.
- **Prior Authorization:** Many insurers require prior authorization for weight-loss drugs like Wegovy or Saxenda. This involves providing documentation of failed weight loss attempts through diet and exercise.
- **Specific Insurance Plans:** Some health plans may cover GLP-1 agonists for weight loss, but only after meeting certain criteria (e.g., BMI, health conditions, prior treatments).
- **State Laws:** In some states, insurance policies may be required to cover medications for obesity management, while others may not.



Conclusion

- When it comes to GLP-1 agonists for weight loss, some are FDA-approved for weight management, while others may not be fully covered by insurance for weight loss purposes. The specific coverage depends on your insurance provider and the patient's medical history.
- There medications are FDA-approved for type 2 diabetes, but they are used off-label for weight loss. Insurance may be less likely to cover them for weight management unless they are used for diabetes treatment or another FDA-approved condition.
- While Wegovy and Saxenda are FDA-approved for weight loss, insurance coverage for these medications can be inconsistent, particularly if a person does not meet specific health criteria. Off-label use of GLP-1 agonists like Ozempic, Bydureon, or Adlyxin for weight loss is also common but not usually covered by insurance.





Comparing Effectiveness

Semaglutide (Wegovy/Ozempic)

Wegovy (for weight loss):

- **Average Weight Loss:** Clinical trials have shown that people using Wegovy (the weight loss-specific formulation of semaglutide) can lose 15% to 20% of their body weight over a 68-week period.
- **Range:** Some individuals may experience significant weight loss of up to 20% or more, while others may lose less.

Ozempic (for Type 2 Diabetes, off-label use for weight loss):

- **Average Weight Loss:** For those using Ozempic off-label for weight loss, studies have shown an average weight loss of 5% to 12% of body weight over 6 to 12 months, depending on the dose.



Dosage Escalation Schedule: Semaglutide

WEEKS	WEEKLY DOSE
1 - 4	0.25 mg
5 - 8	0.5 mg
9 - 12	1 mg
13 - 16	1.7 mg
17 and on	2.4 mg (maintenance dose)



Liraglutide (Saxenda/Victoza)

Saxenda (for weight loss):

- **Average Weight Loss:** In clinical trials, Saxenda users can expect an average weight loss of 5% to 10% of body weight over a year of treatment.
- **Range:** Some patients may lose as much as 15% or more, while others may see more modest weight loss.

Victoza (for Type 2 Diabetes, off-label for weight loss):

- **Average Weight Loss:** When used off-label for weight loss, Victoza results in an average weight loss of about 3% to 6% of body weight.



Exenatide, Lixisenatide, & Dulaglutide

Exenatide (Byetta and Bydureon):

- Byetta (short-acting) and Bydureon (extended-release) are primarily approved for type 2 diabetes treatment, but they can also have weight loss effects.
- **Average Weight Loss:** Studies show Exenatide can lead to an average weight loss of about 2% to 5% of body weight, with higher amounts possible in some cases.

Lixisenatide (Adlyxin) (for Type 2 Diabetes):

- **Average Weight Loss:** When used for type 2 diabetes, Lixisenatide may result in a small average weight loss of about 2% to 4% of body weight.

Dulaglutide (Trulicity) (for Type 2 Diabetes):

- **Average Weight Loss:** In clinical trials, Trulicity has shown to cause an average weight loss of 2% to 6% of body weight in people with type 2 diabetes.



Factors That Influence Weight Loss with GLP-1 Agonists:

- **Dosage:** Higher doses of GLP-1 agonists like semaglutide (Wegovy) have been linked to greater weight loss. Gradual dose escalation can help minimize side effects and may lead to better results.
- **Diet and Exercise:** Weight loss tends to be more pronounced when combined with a calorie-restricted diet and regular physical activity. GLP-1 agonists help by increasing feelings of satiety, making it easier to stick to a healthier eating plan.
- **Individual Variation:** Weight loss can vary significantly from person to person. Some individuals experience significant weight reduction, while others may only lose a small amount. Factors like age, metabolic rate, comorbid conditions (e.g., diabetes), and adherence to treatment all influence the outcome.
- **Coexisting Conditions:** People with conditions like type 2 diabetes may see enhanced results in terms of both weight loss and blood sugar control.



Conclusion

- On average, GLP-1 agonists for weight loss can lead to 5% to 20% weight loss of body weight, depending on the medication and individual factors.
- Semaglutide (Wegovy) shows the most significant weight loss results, with an average of 15% to 20% in clinical trials.
- Liraglutide (Saxenda) also demonstrates good results, with an average of 5% to 10% weight loss.

If you're considering **GLP-1 agonists** for weight loss, it's important to discuss potential results and expectations with your healthcare provider, as outcomes can vary depending on multiple factors.





Weight Gain on GLP-1

If you're gaining weight back while using GLP-1 agonists, here are a few steps you can consider:

- 1. Consult Your Healthcare Provider:** The first thing to do is to talk to your doctor. Weight gain while on GLP-1 agonists is not common, and they may help identify any underlying issues, such as changes in your diet, exercise routine, or other health factors that could be influencing the weight gain.
- 2. Review Your Diet and Lifestyle:** Even though GLP-1 agonists help with appetite control, it's important to maintain a healthy diet and exercise routine. Sometimes, the medication may not be as effective if your diet or lifestyle has changed (for example, consuming higher-calorie foods or reducing physical activity).
- 3. Ensure You're on the Right Dose:** If the dose of your GLP-1 medication is too low, it might not be as effective in helping you lose or maintain weight. Your doctor may adjust your dose to better suit your needs.



If you're gaining weight back while using GLP-1 agonists, here are a few steps you can consider:

(continued)

4. Check for Medical Conditions: Certain medical conditions or medications (like thyroid issues, hormone imbalances, or other chronic conditions) can lead to weight gain. It's a good idea to rule out these factors with your healthcare provider.

5. Evaluate Stress and Mental Health: Emotional stress, anxiety, or depression can sometimes lead to overeating or unhealthy habits that contribute to weight gain. Managing stress through therapy, mindfulness, or relaxation techniques could be beneficial.

6. Assess for Side Effects: GLP-1 agonists can have gastrointestinal side effects, especially when starting the medication. If you're not experiencing these effects as strongly as before, it might affect your appetite and weight regulation. If that's the case, a dose adjustment or even trying a different GLP-1 agonist might help.

7. Focus on Long-Term Habits: Medication is most effective when combined with sustainable lifestyle changes, such as regular exercise and balanced eating. Relying only on medication without lifestyle changes can make it harder to maintain long-term weight loss.



Talk to Your Provider

In short, if you experience weight gain while on GLP-1 agonists, it's important to address potential causes with your doctor and make necessary adjustments to your diet, exercise, and overall health plan.





Future Direction & New Research

Manufacturing

- GLP-1 receptor agonists, including medications like Ozempic, Wegovy, and Mounjaro, are primarily produced through recombinant DNA technology.
- Major pharmaceutical companies leading the development and manufacturing of GLP-1 receptor agonists include Novo Nordisk, Eli Lilly, Sanofi, AstraZeneca, and Pfizer.
- Researchers are investigating plant-based production systems, such as using the *Nicotiana benthamiana* plant, to produce GLP-1 receptor agonists. This approach, known as biopharming, could offer a more cost-effective and sustainable alternative to traditional methods.
- Overall, the manufacturing landscape for GLP-1 receptor agonists is evolving, with ongoing advancements aimed at increasing production efficiency and meeting the growing global demand for these weight-loss and diabetes management therapies.



Usage

- GLP-1 receptor agonists, such as Ozempic, Wegovy, Mounjaro, and Zepbound, have gained significant popularity in the United States for weight loss and the management of type 2 diabetes. Estimates regarding their usage vary
- Healthline reports that approximately 13% of U.S. adults have ever used a GLP-1 agonist, with about half of these individuals (6% of the adult population) currently taking one of these medications.
- Definitive Healthcare notes that demand for these drugs has surged, with projections suggesting that around 7% of the U.S. population could be using GLP-1 medications by 2035.
- These figures suggest a substantial and growing adoption of GLP-1 receptor agonists among U.S. adults, driven by their effectiveness in promoting weight loss and managing blood glucose levels.



Emerging Uses and Research

- **Neurodegenerative Diseases:**

- Some studies suggest that GLP-1 agonists may have a neuroprotective effect, with potential applications in diseases like Alzheimer's, though further research is needed.

- **NASH (Non-Alcoholic Steatohepatitis):**

- Ongoing studies are investigating the use of GLP-1 agonists in managing NASH, a liver disease that can lead to cirrhosis.

- **Weight Loss in Non-Diabetic Patients:**

- As seen with Wegovy, GLP-1 agonists are increasingly being prescribed for weight loss in patients who are not diabetic, leading to greater focus on obesity as a chronic disease.



Future Directions

- **New Formulations:**
 - Research is ongoing to develop GLP-1 agonists with fewer side effects and more convenient delivery methods, including oral formulations and longer-acting injections.
- **Pre-Diabetes & Metabolic Syndrome:**
 - There is growing evidence supporting the use of GLP-1 agonists in patients with prediabetes or metabolic syndrome to prevent the progression to type 2 diabetes.
- **Global Access:**
 - Increased global access to these medications could significantly impact the treatment of obesity and diabetes worldwide, particularly in developing countries where these conditions are rising.



Conclusion

- GLP-1 agonists are an important class of drugs for Type 2 diabetes, obesity, and possibly other conditions.
- They offer several benefits, including improved blood sugar control, weight loss, and cardiovascular protection.
- However, they come with potential side effects that need monitoring.
- Ongoing research will continue to reveal new applications for these therapies.
- GLP-1 agonists represent a powerful tool in the treatment of type 2 diabetes and obesity, with additional benefits such as cardiovascular protection and weight loss.
- Their mechanisms of action, including improved insulin secretion, glucagon suppression, and appetite regulation, make them an effective therapy.
- As more research is conducted, their use may expand into other areas, including neurodegenerative diseases and liver disorders.
- Despite their efficacy, monitoring for side effects, especially gastrointestinal issues and rare but serious risks like pancreatitis, is essential.





Texas Medicaid and SC Intervention

TX Medicaid Health Plan

- Weight loss drugs are not covered
- GLP-1s are not covered for any diagnosis, but type 2 diabetes (we will only submit with a confirmed diagnosis of type 2 diabetes)
- If has diagnosis of type 2 diabetes, must have a 3-month trial (or contraindication) to metformin and has to try 2 preferred (Byetta, Trulicity, Victoza) before non-preferred (Ozempic, Rybelsus, Bydreon Bcise, Mounjaro)



Patient Considerations

- **Individualized Treatment:** GLP-1 agonists are not suitable for everyone. For instance, people with a history of medullary thyroid carcinoma (a type of thyroid cancer) or multiple endocrine neoplasia syndrome type 2 should avoid them.
- **Lifestyle Changes:** GLP-1 agonists are most effective when combined with a healthy diet and regular physical activity. Encourage patients to work with their healthcare providers to create a comprehensive plan.
- **Long-Term Use:** Some patients may need to use GLP-1 agonists long-term to maintain their benefits, particularly for weight loss. It's important to monitor for side effects and effectiveness.



Key Messages for Patient Advocates

- **Empowerment through Education:** Providing clear, accessible information about the benefits and risks of GLP-1 agonists can help patients make informed decisions about their treatment options.
- **Support for Lifestyle Changes:** GLP-1 agonists can be a helpful tool for weight management and diabetes control, but a holistic approach that includes diet, exercise, and stress management is critical for long-term success.
- **Encourage Open Communication:** Patients should be encouraged to discuss any concerns or side effects they experience with their healthcare provider to ensure the medication is right for them and that any adverse effects are addressed.
- **Monitor for Results:** Follow-up appointments are essential to track progress and make adjustments to the treatment plan, particularly for weight loss and blood sugar management.



Patient Advocate Role

- As a patient advocate, it's important to understand the role of GLP-1 agonists in managing conditions like type 2 diabetes and obesity.
- By providing information, emotional support, and guidance on how to effectively incorporate these medications into a comprehensive treatment plan, patient advocates can help patients achieve better health outcomes.





Q&A



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