Weight Loss Medications Self-Reflection

With the recent discussions and headlines about GLP-1 medications and public health, there are both potential risks and benefits that could arise from these drugs, just like any other medication. I believe there is immense potential for both benefits and risks if these drugs are used properly or improperly. However, I do not think the primary issue lies with these drugs; rather, I think it is the lack of education surrounding them. I emphasize the education aspect of GLP-1s, but I am not focusing solely on educating patients and providers about the drugs themselves but also on the importance of using these drugs alongside nutrition and exercise. The benefits of integrating these three components have the potential to decrease overall healthcare costs (e.g., prescriptions, hospitalizations, and doctor visits). Without integrating these three components, we may see an increase in healthcare costs because of how our system is currently structured, where the chronic use of these medications for chronic disease could reduce some costs but increase others significantly. Some of the risks include fat-free mass (FFM) loss in older populations, which is a concern currently, but I think this issue could extend to younger age groups as their use expands. Without the proper implementation of nutrition, exercise, and medication, the risks may be significant. Another risk, even though it currently seems low, is that while the data suggest these drugs are safe, as we learn more about the long-term effects of newer generations of these drugs, we may discover new benefits or risks associated with them.

Registered Dietitians and other healthcare professionals should adopt a variety of approaches when addressing patients' expectations regarding weight loss outcomes, but I have my own views on one or more approaches that I think may yield the best outcomes. My preferred approach is a time-perspective approach, which involves illustrating the complexity of weight gain and weight loss and emphasizing that it did not take one night to develop a chronic disease,

nor will the patient and provider resolve the chronic disease overnight. I think the best approach could be to implement the drug intervention in a safe and effective way to promote weight loss while simultaneously learning about proper nutrition and exercise tailored to the individual patient. By integrating all three interventions, the goal is to one day gradually titrate off these drugs and enable the patient to maintain a healthy weight and a healthy relationship with food that meets their needs. While adopting this patient-first approach, we must address the patient's needs and educate them on the fundamentals to ensure they can live a healthy, long life with minimal to no drug interventions.

There is significant media coverage about the long-term implications of GLP-1 use on weight maintenance and metabolic health, but I think there are some key strategies for achieving a sustainable outcome. I do not fully agree with the approach presented in the webinar on how to treat obesity and chronic disease. The webinar uses an analogy of high blood pressure, suggesting that the best way to treat a chronic disease is to prescribe medications chronically because, once a patient discontinues a medication suited for a chronic disease, the disease may re-emerge. However, I believe in using medications for chronic disease like scaffolding to support a building while it's being rebuilt. We should use these groundbreaking drugs to maintain good health while we are treating and educating the patient, so that one day we can gradually remove the scaffolding/drugs. I believe this approach is the best option for both the patient and the healthcare system. I think the long-term implications, if we follow the approach of the webinar, would be a lifetime of low-dose medications to ensure metabolic health. With my approach, we would empower the patient through education and treatment to titrate off these drugs while maintaining a healthy weight and metabolic health. I will discuss further details later about the long-term care approaches for these drugs because, as we prescribe them to younger

populations, we must consider these factors, as they could have significant implications for the patient's health and the healthcare system as a whole.

As we prescribe these drugs to pediatric and adolescent populations, there could be potential ethical and practical considerations that could affect these populations both positively and negatively. I think the main concern should be the impact on growth and the long-term health of the patient. I use "health" in a broad sense, encompassing physical, metabolic, and mental health. I am concerned that FFM could be negatively impacted, as well as growth, bone health, and the potential for lifelong dependency on prescription drugs. If proper education is not provided, the patient could lose a significant amount of FFM, which is critical at this stage of their development, as it can impact their future health and well-being. Providers should prioritize monitoring growth charts, possible nutrient deficiencies, and hormone levels before, during, and after the intervention. In addition to nutritional education, physical exercise should be encouraged to minimize these risks. I will discuss further details on our role and others while supporting patients using GLP-1s, but I think using a kickstarter approach to health by leveraging these drugs to encourage weight loss and healthy metabolic function is a valuable intervention protocol. However, with adolescents, we must take precautions to ensure we do not treat them in a way that could compromise their quality of life in later years. It is our duty to provide patient-driven care and offer our patients care that not only helps them now but also sets them up for success later in life.

As future dietitians, we have an opportunity to play a significant role in the interdisciplinary approach to supporting patients who are using GLP-1 drugs. I think healthcare should be a multifaceted approach, and while it works for some diseases, there are restrictions on who the patient can see and when for others. I believe it should be the duty of everyone within the

healthcare system to provide interdisciplinary care to offer patients the best opportunities to succeed in their journey toward health. While physicians may initiate that journey with GLP-1 prescriptions, the patient may also need us, as dietitians, to educate, counsel, provide MNT, and promote exercise, and they may also require other healthcare specialists. They may benefit from these drugs for a positive effect on their health and well-being, but with the inclusion of other specialists, like an endocrinologist or a therapist, they could gain tools to better understand their situation and disease states at a more advanced and personal level. With these professionals working as a team to provide the patient with everything they need to succeed in their journey, it may be essential for the patient to interact with multiple healthcare professionals before, during, and after their intervention. The patient/provider team should maintain ongoing interaction to ensure patient-centered care is provided. Just as medicine and science are always evolving, so are the needs of the patient, and with time, they may need our help to provide them with the support while they continue their health journey.