

RESULTS OF THE USE OF THE GLP-1 ANALOGS IN PATIENTS WITH OBESITY TYPE 1 OR REGAIN WEIGHT AFTER BARIATRIC SURGERY

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INTRODUCTION

The management of overweight and type I obesity requires changes in eating habits and physical activity. The pharmacological management has been shown to be effective losing weight faster.

These two therapies (pharmacological and behavioral) allow promising long-term results.

There are multiple pharmacologicals options but currently the use of GLP-1 analagos have shown very good results with improvement in metabolic and mechanical comorbidity. The function of these analagos is to produce slow gastric emptying, anorexia and a feeling of fullness.

AIM

To show how the use of GLP-1 analogues together with changes in habits have a favorable effect in patients with overweight or obesity type I and regain weight after bariatric surgery.

MATERIALS AND METHODS

40 patients between the ages of 22 and 63 with a diagnosis of overweight and obesity type I or tipe II or III BMI after bariatric surgery, consulted for management at the Obesity Clinic between June 2018 and March 2019. All patients underwent interdisciplinary management with nutritionist and body composition measurement by impedance analysis. , deportologist, behavioral psychologist and Liraglutide was started at a dose of 0.6 to 3 mg sequentially. Monthly follow-up was done to evaluate results, adherence to guidelines and presence of adverse symptoms.

RESULTS

Patients were thus distributed according to their BMI overweight 17% (6) Obesity type I 64% (22) and obesity type II 17%, 5 of them had previous bariatric surgery 2 sleeve gastrectomy 3 gastric bypass. 29% (10) reached a top dose of 3 mg daily, 58% (24) used doses between 0.6 and 1.2 and 13% doses between 1.8 and 2.4 g. The most frequent adverse effects were constipation, diarrhea, skin reaction and rashes. The treatment lasted between 3 to 6 months. The weight loss was 58% of the patients 10 kg and 39% up to 15 kg and 3%> 20 kg. . The percentage of visceral fat lost throughout the group was 10 to 20 cm and body fat between 3 to 7 kg. The follow up until now is 9 months without reganancy in which the medication is discontinued. In patients with weight reganance after bariatric surgery, emphasis was placed on alimetary measures and the loss was 15% of excess weight and it was not necessary to resort to revision of the surgery. The improvement in the metabolic profile with cholesterol lowering triglycerides, glycemia and transaminase levels was 90% in the first 3 months of follow-up. In addition to the improvement at the mechanical level, because with directed exercise and strengthening, no patient presented pain in the knees after 3 months of treatment and weight reduction.

CONCLUSION

The use of pharmacological measures associated with changes in alimetary habits, exercise and behavioral management of eating habits has been shown to be very effective in weight loss, the benefits of liraglutide in coadjuvant management have been evident compared to other pharmacological measures. This treatment must be performed with medical supervision and in a period of no more than 6 months.