

Pharmacologic Obesity Management After Metabolic and Bariatric Surgery: Real-World Utilization Trends and Clinical Outcomes



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INTRODUCTION

- The use of obesity management medications (OMM) has increased markedly
- Real-world integration of OMM following metabolic and bariatric surgery (MBS) remains poorly understood

Hypothesis: MBS patients taking glucagon-like-peptide-1 (GLP-1) receptor agonist medications will experience more weight loss compared to patients taking non-GLP-1 medications



VERSUS



METHODS

- Retrospective analysis of prospectively collected data from 11/2021 to 07/2025
- Patients who underwent a sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB) and were subsequently started on OMM were included
- Patients were categorized into non-GLP-1 and GLP-1 groups and were followed longitudinally for total body weight loss (%TBWL)
- Data were compared using a mixed effects linear regression model (fixed intercept and random slope to account for individual variability)

RESULTS

- 149 patients were included (120 after SG and 29 after RYGB)
- Suboptimal clinical response (n=56, 37.6%) and recurrent weight gain (n=36, 24.2%) were the most common reasons for starting OMM
- GLP-1 medications were associated with more weight loss compared to non-GLP-1 medications (11.1% vs. 7.4%; p=0.007) with an average of 13.7 months of follow up
- 67.1% of patients required a medication change during follow up due to side-effect profile, cost/insurance coverage, supply issues, and ineffectiveness

CONCLUSIONS

- OMM usage is highly variable due to clinical and non-clinical factors
- Not surprisingly, GLP-1 medications offered the greatest weight loss benefit compared to other OMM
- Understanding the dynamic treatment patterns of OMM will allow for the development of proactive, individualized management strategies for MBS patients



Figure 1. Percentage of Total Body Weight Loss (%TBWL) by Obesity Management Medication (OMM) Grouping

