

Opinion

Obesity-Treatment by drugs

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Opinion

The main disturbing situation faced by any individual is obesity nowadays. Obesity occurs because of overweight and this has several reasons to gain weight like hereditary, diabetes, diet, aging, PCOS in women, stress, and tiredness. It is a major, sustaining, worsening condition of energy regulation with severe hereditary and early life natural causes. However, there are ways that we can treat obesity, but the complication emerges with the side effects. One way of treating obese by using lifestyle intervention involving exercise, maintaining a proper diet, and pharmacotherapy. Following this method does not affect much as mostly it includes lifestyle intervention. However, by using lifestyle intervention we could reduce weight to a certain extent only.

Pharmacotherapy plays a vital aspect in dealing with conditions like hypertension, type 2 diabetes mellitus, dyslipidemia, and cancer. It is categorized into two courses, short-term and long-term depending upon the individual. The drugs associated with these courses are approved by the U.S. Food and Drug Administration (FDA). We ordinarily consider it for individuals with Body Mass Index (BMI) between 27-30 kg/m². The other way to treat obesity is by bariatric surgery, which uses a long-term systematic process. The individuals with BMI 30 kg/m² and above and obesity-linked comorbidities will be treated by bariatric surgery. This process sets up a point for hormonal weight by following certain methods like Roux en Y Bypass, Sleeve Gastrectomy, etc. during the long-term course. Though we have enough practices to treat obesity, the most worrying element is with side-effects.

The most commonly used weight management drugs are Orlistat and Liraglutide. Orlistat diminishes the intake of dietary fat and is the only drug approved that does not

More Information

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suppress appetite primarily and has a long-term safety performance. Orlistat is taken orally with a dosage of 120 mg thrice a day that resulted in reduced weight. Weight reduction observed with an average of 3% to 4% after one year including certain complications like steatorrhea, oily spotting, and flatulence with discharge, fecal incontinence, fat-soluble vitamin deficiencies, and calcium oxalate kidney stones. Liraglutide is originally used to deal with T2DM and hyperglycemia. It has a good profile of decreasing the appetite, less energy intake, weight loss management. Liraglutide is taken orally with a dosage of 3 mg, which resulted in reduced weight. Weight reduction observed with an average of 5.6% after one year including certain complications like cardiometabolic risk factors, including inflammatory markers, glycemic parameters, blood pressure, and lipid levels. From this study, we can decide that after the initiation of treatment, ensure to monitor the safety and tolerability conditions. If we encountered with any abnormal situation, then we should stop the medication. Thus, we can conclude that compared to the surgery, we can observe the finest results from the combination of lifestyle intervention and pharmacotherapy avoiding certain complications.