



Pharmacologic Agents for Diabetes & Obesity



There is strong and consistent evidence that obesity management:

- 1 Can delay the progression from prediabetes to type 2 diabetes
- 2 Is highly beneficial in treating type 2 diabetes
- 3 Improves glycemia and reduces the need for glucose-lowering medications
- 4 Substantially reduces A1C and fasting glucose and has been shown to promote sustained diabetes remission through at least 2 years
- 5 Can aid in achieving and maintaining meaningful weight loss and reducing obesity-associated health risks

TREATMENT OPTIONS FOR OVERWEIGHT AND OBESITY IN TYPE 2 DIABETES

Treatment	BMI category (kg/m ²)		
	25.0–26.9 (or 23.0–24.9*)	27.0–29.9 (or 25.0–27.4*)	≥30.0 (or ≥27.5*)
Intensive behavioral counseling	†	†	†
Obesity pharmacotherapy		†	†
Bariatric surgery			†

*Recommended cut points for Asian American individuals (expert opinion).

† Treatment may be indicated for select motivated individuals.

WEIGHT LOSS EFFICACY OF GLUCOSE-LOWERING MEDICATIONS:

VERY HIGH

- Semaglutide (SC or PO)
- Tirzepatide

HIGH

- Dulaglutide
- Liraglutide

INTERMEDIATE

- Exenatide
- Lixisenatide
- SGLT2i

NEUTRAL

- DPP-4i
- Metformin

GLUCOSE-LOWERING MEDICATIONS

- Consider weight when choosing glucose-lowering medications for people with type 2 diabetes and overweight or obesity.
- Minimize medications for comorbid conditions that are associated with weight gain.
- Obesity pharmacotherapy is effective as an adjunct to nutrition, physical activity, and behavioral counseling for selected people with type 2 diabetes and BMI ≥ 27 kg/m². Potential benefits and risks must be considered.
- If obesity pharmacotherapy is effective (typically defined as $\geq 5\%$ weight loss after 3 months' use), further weight loss is likely with continued use.
- When early response to obesity pharmacotherapy is insufficient (typically $< 5\%$ weight loss after 3 months' use) or if there are significant safety or tolerability issues, evaluate for discontinuation, substitution, or addition of different treatment approaches.



SGLT2i = sodium–glucose cotransporter 2 inhibitor

DPP-4i = dipeptidyl peptidase 4 inhibitors

Learn more at diabetes.org | 1-800-DIABETES (1-800-342-2383)

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