WEBVTT

NOTE duration: "00:56:52.0400000"

NOTE recognizability:0.669

NOTE language:en-us

NOTE Confidence: 0.32191926

 $00:00:00.000 \longrightarrow 00:00:05.564$ Regita, that was an amazing introduction and

NOTE Confidence: 0.32191926

 $00{:}00{:}05.564 \dashrightarrow 00{:}00{:}10.076$ and again I've I've enjoyed working with you

NOTE Confidence: 0.32191926

 $00:00:10.080 \longrightarrow 00:00:12.798$ for so many years in such an incredible way.

NOTE Confidence: 0.32191926

 $00:00:12.800 \longrightarrow 00:00:16.160$ So let me just get this started and

NOTE Confidence: 0.32191926

 $00:00:16.160 \longrightarrow 00:00:19.670$ and we will, there we go. All right,

NOTE Confidence: 0.32191926

 $00:00:19.670 \dashrightarrow 00:00:21.920$ hopefully everyone can see my slides.

NOTE Confidence: 0.32191926

 $00:00:21.920 \longrightarrow 00:00:25.200$ So I'll be speaking with you about anti

NOTE Confidence: 0.32191926

 $00:00:25.200 \longrightarrow 00:00:27.478$ obesity medications just as Regita said.

NOTE Confidence: 0.32191926

 $00:00:27.480 \longrightarrow 00:00:29.776$ And I decided that I would actually

NOTE Confidence: 0.32191926

 $00:00:29.776 \longrightarrow 00:00:32.225$ start with my thank you slide because

NOTE Confidence: 0.32191926

 $00:00:32.225 \longrightarrow 00:00:34.313$ often times this is the the,

NOTE Confidence: 0.32191926

 $00:00:34.320 \longrightarrow 00:00:35.995$ the final slide and there

NOTE Confidence: 0.32191926

 $00:00:35.995 \longrightarrow 00:00:37.000$ isn't sufficient time.

00:00:37.000 --> 00:00:40.506 And I wanted to highlight the fact

NOTE Confidence: 0.32191926

 $00:00:40.506 \longrightarrow 00:00:43.397$ that none of us get here alone.

NOTE Confidence: 0.32191926

 $00{:}00{:}43.400 \dashrightarrow 00{:}00{:}47.999$ And I've been at Yale for over 17 years

NOTE Confidence: 0.32191926

 $00:00:48.000 \longrightarrow 00:00:50.800$ and my initial mentor was Bob Sherwin.

NOTE Confidence: 0.32191926

 $00:00:50.800 \longrightarrow 00:00:53.596$ And Bob introduced me to Rajita.

NOTE Confidence: 0.32191926

00:00:53.600 --> 00:00:56.688 And I can honestly say that I would

NOTE Confidence: 0.32191926

 $00{:}00{:}56.688 \rightarrow 00{:}00{:}59.645$ not be here today and I would not be

NOTE Confidence: 0.32191926

00:00:59.645 --> 00:01:01.749 doing the work that I'm doing if it was

NOTE Confidence: 0.32191926

 $00{:}01{:}01.749 \dashrightarrow 00{:}01{:}03.984$ not for her help and her support and

NOTE Confidence: 0.32191926

 $00:01:03.984 \longrightarrow 00:01:06.320$ her guidance every step along the way.

NOTE Confidence: 0.32191926

 $00{:}01{:}06.320 \to 00{:}01{:}10.497$ And I can say this with true transparency.

NOTE Confidence: 0.32191926

00:01:10.497 --> 00:01:13.924 Rajita is the one who enabled me to

NOTE Confidence: 0.32191926

 $00:01:13.924 \longrightarrow 00:01:16.021$ see patients with obesity without

NOTE Confidence: 0.32191926

 $00:01:16.021 \longrightarrow 00:01:18.547$ any other weight related diseases in

NOTE Confidence: 0.32191926

00:01:18.547 --> 00:01:21.080 the Yale stress center years ago.

NOTE Confidence: 0.32191926

 $00:01:21.080 \longrightarrow 00:01:24.899$ And she inspired me to take chances and

 $00{:}01{:}24.899 \dashrightarrow 00{:}01{:}27.291$ to do the work that I was interested

NOTE Confidence: 0.32191926

 $00{:}01{:}27.291 \dashrightarrow 00{:}01{:}29.677$ in doing and supported me every,

NOTE Confidence: 0.32191926

 $00:01:29.680 \longrightarrow 00:01:30.680$ every step of the way.

NOTE Confidence: 0.32191926

 $00{:}01{:}30.680 \dashrightarrow 00{:}01{:}32.044$ So I'm incredibly grateful.

NOTE Confidence: 0.32191926

 $00:01:32.044 \longrightarrow 00:01:34.090$ So thank you for that introduction

NOTE Confidence: 0.32191926

00:01:34.151 --> 00:01:36.127 and thank you for all of your help

NOTE Confidence: 0.32191926

 $00:01:36.127 \longrightarrow 00:01:37.275$ across the years now.

NOTE Confidence: 0.32191926

 $00:01:37.275 \longrightarrow 00:01:37.590$ Additionally,

NOTE Confidence: 0.32191926

 $00:01:37.590 \longrightarrow 00:01:39.795$ as I was putting the slide together,

NOTE Confidence: 0.32191926

 $00{:}01{:}39.800 \dashrightarrow 00{:}01{:}42.117$ I also wanted to highlight all the

NOTE Confidence: 0.32191926

00:01:42.117 --> 00:01:44.948 work that I do with many of you

NOTE Confidence: 0.32191926

 $00:01:44.948 \longrightarrow 00:01:46.356$ here in this department.

NOTE Confidence: 0.32191926

 $00{:}01{:}46.360 \dashrightarrow 00{:}01{:}48.676$ And so I started highlighting some

NOTE Confidence: 0.32191926

 $00:01:48.676 \longrightarrow 00:01:51.066$ of the funding sources and some of

NOTE Confidence: 0.32191926

 $00:01:51.066 \longrightarrow 00:01:53.280$ the P is that I share work with.

 $00:01:53.280 \longrightarrow 00:01:55.704$ And I decided to go to to the

NOTE Confidence: 0.32191926

 $00:01:55.704 \longrightarrow 00:01:58.549$ website just to see all the different

NOTE Confidence: 0.32191926

00:01:58.549 --> 00:02:00.714 individuals and faculty I've worked

NOTE Confidence: 0.32191926

 $00:02:00.788 \longrightarrow 00:02:03.105$ with over the years here at Yale.

NOTE Confidence: 0.32191926

 $00:02:03.105 \longrightarrow 00:02:04.995$ And two things came to light.

NOTE Confidence: 0.32191926

 $00{:}02{:}05.000 \dashrightarrow 00{:}02{:}07.436$ One, your department is very large.

NOTE Confidence: 0.32191926

00:02:07.440 --> 00:02:08.090 And two,

NOTE Confidence: 0.32191926

00:02:08.090 --> 00:02:10.690 it's just amazing how many of you I've

NOTE Confidence: 0.32191926

 $00{:}02{:}10.768 \to 00{:}02{:}14.080$ worked with, whether it's on a paper,

NOTE Confidence: 0.32191926

00:02:14.080 --> 00:02:15.120 a grant,

NOTE Confidence: 0.32191926

 $00{:}02{:}15.120 \mathrel{--}{>} 00{:}02{:}18.560$ whether it got funded or not on

NOTE Confidence: 0.32191926

 $00:02:18.560 \longrightarrow 00:02:20.160$ committees and various other things.

NOTE Confidence: 0.32191926

 $00:02:20.160 \longrightarrow 00:02:21.160$ So thank you so much.

NOTE Confidence: 0.32191926

 $00:02:21.160 \longrightarrow 00:02:23.608$ And I really do think it takes a village

NOTE Confidence: 0.32191926

 $00:02:23.608 \longrightarrow 00:02:25.900$ and I'm an endocrinologist and within

NOTE Confidence: 0.32191926

 $00:02:25.900 \longrightarrow 00:02:28.600$ psychiatry you have also been my village.

 $00{:}02{:}28.600 \longrightarrow 00{:}02{:}30.184$ So thank you.

NOTE Confidence: 0.32191926

 $00{:}02{:}30.184 \dashrightarrow 00{:}02{:}33.076$ So now let's get on with our talk.

NOTE Confidence: 0.32191926

 $00:02:33.080 \longrightarrow 00:02:34.814$ So these are my disclosures and

NOTE Confidence: 0.32191926

 $00:02:34.814 \longrightarrow 00:02:36.692$ they are all related to the

NOTE Confidence: 0.32191926

 $00{:}02{:}36.692 \longrightarrow 00{:}02{:}38.357$ exciting field of obesity medicine.

NOTE Confidence: 0.32191926

 $00:02:38.360 \longrightarrow 00:02:39.991$ You should know that I do consult

NOTE Confidence: 0.32191926

 $00:02:39.991 \longrightarrow 00:02:41.925$ for many of the companies that make

NOTE Confidence: 0.32191926

 $00{:}02{:}41.925 \dashrightarrow 00{:}02{:}43.695$ these medications and I will also

NOTE Confidence: 0.32191926

 $00:02:43.753 \longrightarrow 00:02:45.853$ be discussing some off label use of

NOTE Confidence: 0.32191926

 $00:02:45.853 \longrightarrow 00:02:47.660$ medications and that's important for

NOTE Confidence: 0.32191926

00:02:47.660 --> 00:02:51.840 you to know because this is a CME talk.

NOTE Confidence: 0.32191926

 $00:02:51.840 \longrightarrow 00:02:54.480$ So let's start with an astonishing

NOTE Confidence: 0.32191926

 $00:02:54.480 \longrightarrow 00:02:57.056$ and very sad fact.

NOTE Confidence: 0.32191926

 $00:02:57.056 \longrightarrow 00:03:01.612$ So currently there are over 760 million

NOTE Confidence: 0.32191926

 $00:03:01.612 \longrightarrow 00:03:05.384$ people living with obesity by 20-30.

 $00:03:05.384 \longrightarrow 00:03:08.144$ It's projected that globally the

NOTE Confidence: 0.32191926

 $00:03:08.144 \longrightarrow 00:03:11.184$ prevalence of obesity is expected to

NOTE Confidence: 0.32191926

 $00:03:11.184 \longrightarrow 00:03:13.860$ reach 1 billion in America by 20-30.

NOTE Confidence: 0.32191926

 $00:03:13.860 \longrightarrow 00:03:15.930$ More than half of us are

NOTE Confidence: 0.9675282

 $00:03:16.011 \longrightarrow 00:03:18.159$ anticipated to have obesity.

NOTE Confidence: 0.9675282

00:03:18.160 --> 00:03:22.000 So obesity really touches every one of us,

NOTE Confidence: 0.9675282

 $00:03:22.000 \longrightarrow 00:03:25.800$ whether it is ourselves or our loved ones,

NOTE Confidence: 0.9675282

 $00:03:25.800 \longrightarrow 00:03:27.920$ but no one is spared.

NOTE Confidence: 0.9675282

 $00{:}03{:}27.920 \dashrightarrow 00{:}03{:}29.996$ So when we think about obesity,

NOTE Confidence: 0.9675282

 $00:03:30.000 \longrightarrow 00:03:31.900$ often times we think about

NOTE Confidence: 0.9675282

 $00:03:31.900 \longrightarrow 00:03:33.800$ the many sequelae of obesity,

NOTE Confidence: 0.9675282

 $00:03:33.800 \longrightarrow 00:03:36.680$ the 200 other obesity related diseases.

NOTE Confidence: 0.9675282

 $00{:}03{:}36.680 \dashrightarrow 00{:}03{:}39.508$ And often times this focus is on

NOTE Confidence: 0.9675282

 $00:03:39.508 \longrightarrow 00:03:41.985$ metabolic health and functional health.

NOTE Confidence: 0.9675282

 $00:03:41.985 \longrightarrow 00:03:45.870$ But it's really important to remember that

NOTE Confidence: 0.9675282

 $00:03:45.959 \longrightarrow 00:03:49.760$ obesity is also Co occurring with depression,

00:03:49.760 --> 00:03:52.280 anxiety and many other

NOTE Confidence: 0.9675282

 $00:03:52.280 \longrightarrow 00:03:55.600$ aspects of mental health.

NOTE Confidence: 0.9675282

00:03:55.600 --> 00:03:56.377 But right now,

NOTE Confidence: 0.9675282

00:03:56.377 --> 00:03:58.190 we are in the midst of an

NOTE Confidence: 0.9675282

 $00:03:58.260 \longrightarrow 00:04:00.076$ incredible transformation and that

NOTE Confidence: 0.9675282

 $00:04:00.076 \longrightarrow 00:04:02.800$ transformation is brought on by the

NOTE Confidence: 0.9675282

00:04:02.868 --> 00:04:05.318 introduction of these new highly

NOTE Confidence: 0.9675282

 $00:04:05.318 \longrightarrow 00:04:07.278$ effective anti obesity medications,

NOTE Confidence: 0.9675282

00:04:07.280 --> 00:04:09.260 many of which you've probably

NOTE Confidence: 0.9675282

 $00:04:09.260 \longrightarrow 00:04:11.240$ heard about in the news.

NOTE Confidence: 0.9675282

 $00:04:11.240 \longrightarrow 00:04:13.148$ And to illustrate this and to

NOTE Confidence: 0.9675282

00:04:13.148 --> 00:04:15.439 really bring it back to the patient,

NOTE Confidence: 0.9675282

 $00:04:15.440 \longrightarrow 00:04:17.316$ because really that's why we're all here.

NOTE Confidence: 0.9675282

 $00:04:17.320 \longrightarrow 00:04:18.436$ It's for the patient.

NOTE Confidence: 0.9675282

00:04:18.436 --> 00:04:21.478 I'm going to show you 2 examples of patients,

00:04:21.480 --> 00:04:24.138 one who was taking medications which

NOTE Confidence: 0.9675282

 $00{:}04{:}24.138 \dashrightarrow 00{:}04{:}26.479$ were previously used and older

NOTE Confidence: 0.9675282

00:04:26.479 --> 00:04:28.959 medications and they're still used,

NOTE Confidence: 0.9675282

 $00:04:28.960 \longrightarrow 00:04:31.326$ they are still FDA approved and we

NOTE Confidence: 0.9675282

 $00:04:31.326 \longrightarrow 00:04:34.200$ still use them and one with a newer

NOTE Confidence: 0.9675282

 $00:04:34.200 \longrightarrow 00:04:36.480$ medication in within a clinical trial.

NOTE Confidence: 0.9675282

 $00:04:36.480 \longrightarrow 00:04:38.976$ So the first patient was on these previous

NOTE Confidence: 0.9675282

 $00:04:38.976 \longrightarrow 00:04:40.958$ older medications and is still taking them.

NOTE Confidence: 0.9675282

 $00{:}04{:}40.960 --> 00{:}04{:}41.920$ When I first saw her,

NOTE Confidence: 0.9675282

 $00:04:41.920 \longrightarrow 00:04:44.360$ she was 18 and her BMI was 57.

NOTE Confidence: 0.9675282

 $00{:}04{:}44.360 \to 00{:}04{:}46.292$ She was considering bariatric surgery and

NOTE Confidence: 0.9675282

 $00:04:46.292 \longrightarrow 00:04:48.878$ wanted to see what her other options were.

NOTE Confidence: 0.9675282

 $00:04:48.880 \longrightarrow 00:04:51.715$ She had developed obesity at a young

NOTE Confidence: 0.9675282

00:04:51.715 --> 00:04:54.997 age and already had some of the obesity

NOTE Confidence: 0.9675282

 $00:04:54.997 \longrightarrow 00:04:58.080$ related diseases that we we know coexist.

NOTE Confidence: 0.9675282

 $00:04:58.080 \longrightarrow 00:04:59.160$ So this is her course.

00:04:59.160 --> 00:05:01.160 Over about four years,

NOTE Confidence: 0.9675282

 $00:05:01.160 \longrightarrow 00:05:03.160$ we started several medications,

NOTE Confidence: 0.9675282

 $00:05:03.160 \longrightarrow 00:05:03.816$ metformin,

NOTE Confidence: 0.9675282

 $00:05:03.816 \longrightarrow 00:05:04.472$ laraglatide,

NOTE Confidence: 0.9675282

00:05:04.472 --> 00:05:06.440 the combination naltrexone,

NOTE Confidence: 0.9675282

 $00:05:06.440 \longrightarrow 00:05:06.832$ bupropion.

NOTE Confidence: 0.9675282

 $00:05:06.832 \longrightarrow 00:05:09.576$ And over the course of that time

NOTE Confidence: 0.9675282

 $00:05:09.576 \longrightarrow 00:05:12.080$ period she lost about 140 pounds,

NOTE Confidence: 0.9675282

 $00:05:12.080 \longrightarrow 00:05:15.504$ which was about a 45% total body weight

NOTE Confidence: 0.9675282

 $00{:}05{:}15.504 \dashrightarrow 00{:}05{:}18.355$ reduction over the years and her BMI

NOTE Confidence: 0.9675282

 $00:05:18.355 \longrightarrow 00:05:21.113$ decreased to 31 and her A1C normalized.

NOTE Confidence: 0.9675282

 $00:05:21.120 \longrightarrow 00:05:23.000$ So with these previous medications,

NOTE Confidence: 0.9675282

00:05:23.000 --> 00:05:24.840 it took about four agents,

NOTE Confidence: 0.9675282

 $00:05:24.840 \longrightarrow 00:05:27.848$ several years to reach that degree of weight

NOTE Confidence: 0.9675282

 $00:05:27.848 \longrightarrow 00:05:30.360$ reduction and improvement in her health.

 $00:05:30.360 \longrightarrow 00:05:31.956$ Now this is the second patient.

NOTE Confidence: 0.9675282

 $00:05:31.960 \longrightarrow 00:05:33.112$ When I saw her,

NOTE Confidence: 0.9675282

 $00:05:33.112 \longrightarrow 00:05:34.552$ she was 49 years old,

NOTE Confidence: 0.9675282

 $00:05:34.560 \longrightarrow 00:05:35.952$ her BMI was 34.

NOTE Confidence: 0.9675282

 $00:05:35.952 \longrightarrow 00:05:38.799$ And you can see her trajectory of weight

NOTE Confidence: 0.9675282

 $00:05:38.800 \longrightarrow 00:05:41.473$ over the years before she came to see me.

NOTE Confidence: 0.9675282

 $00:05:41.480 \longrightarrow 00:05:43.314$ And every time you see a dip,

NOTE Confidence: 0.9675282

 $00:05:43.320 \longrightarrow 00:05:45.678$ that is her employing her prefrontal

NOTE Confidence: 0.9675282

 $00{:}05{:}45.678 \dashrightarrow 00{:}05{:}47.620$ cortex and doing everything that

NOTE Confidence: 0.9675282

 $00:05:47.620 \longrightarrow 00:05:49.720$ she can in terms of improving her,

NOTE Confidence: 0.9675282

 $00{:}05{:}49.720 \dashrightarrow 00{:}05{:}51.796$ her healthy eating and her exercise.

NOTE Confidence: 0.9675282

 $00:05:51.800 \longrightarrow 00:05:53.557$ And she was very successful at that,

NOTE Confidence: 0.9675282

 $00:05:53.560 \longrightarrow 00:05:56.080$ but unfortunately always regained the weight.

NOTE Confidence: 0.9675282

00:05:56.080 --> 00:05:58.015 She had already developed some

NOTE Confidence: 0.9675282

 $00:05:58.015 \longrightarrow 00:05:59.950$ of the obesity related diseases

NOTE Confidence: 0.9675282

 $00{:}06{:}00.012 \dashrightarrow 00{:}06{:}01.757$ that we spoke about earlier.

00:06:01.760 --> 00:06:03.848 So her BMI was 34 and we enrolled

NOTE Confidence: 0.9675282

 $00:06:03.848 \longrightarrow 00:06:05.936$ her in one of our clinical trials

NOTE Confidence: 0.9675282

 $00:06:05.936 \longrightarrow 00:06:07.960$ of one of these new agents.

NOTE Confidence: 0.9675282

 $00:06:07.960 \longrightarrow 00:06:10.328$ And what you can see is that over

NOTE Confidence: 0.9675282

 $00{:}06{:}10.328 \dashrightarrow 00{:}06{:}12.764$ the course of a year she lost a

NOTE Confidence: 0.9675282

 $00:06:12.764 \longrightarrow 00:06:14.704$ significant amount of weight and

NOTE Confidence: 0.9675282

 $00:06:14.704 \longrightarrow 00:06:17.239$ her BMI decreased to about 20.

NOTE Confidence: 0.9675282

 $00{:}06{:}17.240 \dashrightarrow 00{:}06{:}19.984$ She lost over 90 pounds with a total

NOTE Confidence: 0.9675282

 $00:06:19.984 \longrightarrow 00:06:22.608$ body weight reduction of about 45%.

NOTE Confidence: 0.9675282

00:06:22.608 --> 00:06:24.880 So next generation medication,

NOTE Confidence: 0.9675282

 $00{:}06{:}24.880 {\:{\mbox{--}}}{\:{\mbox{>}}}\ 00{:}06{:}27.148$ one agent over a course of a

NOTE Confidence: 0.9675282

00:06:27.148 --> 00:06:28.120 year and about

NOTE Confidence: 0.86687434

 $00:06:28.120 \longrightarrow 00:06:29.281$ 45% weight reduction.

NOTE Confidence: 0.86687434

 $00:06:29.281 \longrightarrow 00:06:31.990$ So again you can see that this

NOTE Confidence: 0.86687434

00:06:32.074 --> 00:06:35.098 was possible before and it is now

00:06:35.098 --> 00:06:37.452 possible and potentially will be

NOTE Confidence: 0.86687434

 $00{:}06{:}37.452 \dashrightarrow 00{:}06{:}39.556$ significantly easier to attain.

NOTE Confidence: 0.86687434

 $00:06:39.560 \longrightarrow 00:06:41.846$ But obesity remains vastly under treated

NOTE Confidence: 0.86687434

 $00:06:41.846 \longrightarrow 00:06:44.658$ and we're going to talk about some of

NOTE Confidence: 0.86687434

 $00:06:44.658 \longrightarrow 00:06:46.999$ the barriers of and why that may be.

NOTE Confidence: 0.86687434

 $00:06:47.000 \longrightarrow 00:06:49.400$ So let's look at these numbers.

NOTE Confidence: 0.86687434

 $00:06:49.400 \longrightarrow 00:06:54.100$ So there's about about 45 or 46% of

NOTE Confidence: 0.86687434

 $00:06:54.100 \longrightarrow 00:06:56.562$ adults in the United States or almost

NOTE Confidence: 0.86687434

 $00:06:56.562 \longrightarrow 00:06:59.100$ half that meet the recommendations for

NOTE Confidence: 0.86687434

00:06:59.100 --> 00:07:01.960 treatment with anti obesity pharmacotherapy.

NOTE Confidence: 0.86687434

 $00{:}07{:}01.960 \dashrightarrow 00{:}07{:}04.088$ So that's ABMI of greater than 30

NOTE Confidence: 0.86687434

 $00:07:04.088 \longrightarrow 00:07:06.436$ or greater than 27 with a weight

NOTE Confidence: 0.86687434

00:07:06.436 --> 00:07:07.120 related disease.

NOTE Confidence: 0.86687434

 $00:07:07.120 \longrightarrow 00:07:08.380$ So it's about half.

NOTE Confidence: 0.86687434

 $00:07:08.380 \longrightarrow 00:07:10.893$ So now let's see how many individuals

NOTE Confidence: 0.86687434

00:07:10.893 --> 00:07:13.628 in the United States receive

 $00:07:13.628 \longrightarrow 00:07:15.269$ appropriate pharmacotherapy for

NOTE Confidence: 0.86687434

 $00:07:15.269 \longrightarrow 00:07:21.680$ their obesity treatment and it is 2%.

NOTE Confidence: 0.86687434

 $00:07:21.680 \longrightarrow 00:07:23.680$ And so when I initially saw this statistic,

NOTE Confidence: 0.86687434

 $00:07:23.680 \longrightarrow 00:07:25.520$ I thought, Oh my goodness, 2%,

NOTE Confidence: 0.86687434

 $00:07:25.520 \longrightarrow 00:07:28.920$ is it OK to treat 2% of patients

NOTE Confidence: 0.86687434

 $00:07:28.920 \longrightarrow 00:07:31.892$ with diabetes or 2% of patients

NOTE Confidence: 0.86687434

 $00:07:31.892 \longrightarrow 00:07:34.191$ with hypertension or 2% of

NOTE Confidence: 0.86687434

 $00:07:34.191 \longrightarrow 00:07:35.244$ patients with depression?

NOTE Confidence: 0.86687434

00:07:35.244 --> 00:07:36.999 And I thought to myself,

NOTE Confidence: 0.86687434

 $00:07:37.000 \longrightarrow 00:07:38.280$ for any other disease,

NOTE Confidence: 0.86687434

 $00:07:38.280 \longrightarrow 00:07:40.538$ we would not treat 2% of patients.

NOTE Confidence: 0.86687434

 $00:07:40.538 \longrightarrow 00:07:42.512$ And yet that's what we're doing

NOTE Confidence: 0.86687434

 $00{:}07{:}42.512 \dashrightarrow 00{:}07{:}44.599$ with our patients with obesity.

NOTE Confidence: 0.86687434

00:07:44.600 --> 00:07:46.220 And for bariatric surgery,

NOTE Confidence: 0.86687434

 $00:07:46.220 \longrightarrow 00:07:47.435$ it's even less,

 $00:07:47.440 \longrightarrow 00:07:49.925$ It's less than 1% of individuals who

NOTE Confidence: 0.86687434

 $00{:}07{:}49.925 \dashrightarrow 00{:}07{:}51.865$ qualify for bariatric surgery who

NOTE Confidence: 0.86687434

 $00:07:51.865 \longrightarrow 00:07:53.880$ receive surgery for their obesity.

NOTE Confidence: 0.86687434

 $00:07:53.880 \longrightarrow 00:07:55.248$ Now as a comparison,

NOTE Confidence: 0.86687434

00:07:55.248 --> 00:07:57.300 here's type 2 diabetes and we're

NOTE Confidence: 0.86687434

 $00:07:57.374 \longrightarrow 00:07:59.939$ treating about 86% of individuals

NOTE Confidence: 0.86687434

 $00:07:59.939 \longrightarrow 00:08:01.598$ with appropriate pharmacotherapy.

NOTE Confidence: 0.86687434

 $00:08:01.600 \longrightarrow 00:08:04.096$ So we're not perfect, but we're

NOTE Confidence: 0.86687434

 $00:08:04.096 \dashrightarrow 00:08:06.639$ certainly better than the abysmal 2%.

NOTE Confidence: 0.86687434

 $00:08:06.640 \longrightarrow 00:08:08.740$ So we have medications,

NOTE Confidence: 0.86687434

00:08:08.740 --> 00:08:10.315 we have surgery,

NOTE Confidence: 0.86687434

 $00:08:10.320 \longrightarrow 00:08:11.796$ We have lifestyle interventions.

NOTE Confidence: 0.86687434

 $00:08:11.796 \longrightarrow 00:08:14.010$ What are some of the barriers

NOTE Confidence: 0.86687434

 $00:08:14.071 \longrightarrow 00:08:15.556$ that can be causing this?

NOTE Confidence: 0.86687434

00:08:15.560 --> 00:08:16.920 And to illustrate this,

NOTE Confidence: 0.86687434

 $00{:}08{:}16.920 \dashrightarrow 00{:}08{:}19.520$ I'm going to talk about a patient

 $00:08:19.520 \longrightarrow 00:08:21.424$ at the beginning here and then come

NOTE Confidence: 0.86687434

 $00:08:21.424 \longrightarrow 00:08:23.838$ back to him through the course of the

NOTE Confidence: 0.86687434

 $00:08:23.838 \longrightarrow 00:08:25.840$ discussion and end with how he did.

NOTE Confidence: 0.86687434

 $00:08:25.840 \longrightarrow 00:08:27.982$ And this patient when I saw him

NOTE Confidence: 0.86687434

 $00{:}08{:}27.982 \dashrightarrow 00{:}08{:}30.555$ was 59 and actually I saw this

NOTE Confidence: 0.86687434

 $00:08:30.555 \longrightarrow 00:08:32.919$ patient at the Yale Stress Center.

NOTE Confidence: 0.86687434

 $00:08:32.920 \longrightarrow 00:08:35.580$ He had come to the Yale Stress

NOTE Confidence: 0.86687434

 $00:08:35.580 \longrightarrow 00:08:37.639$ Center specifically for his anxiety,

NOTE Confidence: 0.86687434

 $00:08:37.640 \longrightarrow 00:08:39.920$ which he did not actually report to me.

NOTE Confidence: 0.86687434

 $00:08:39.920 \longrightarrow 00:08:41.285$ What he did tell me about was

NOTE Confidence: 0.86687434

00:08:41.285 --> 00:08:42.360 his Type 2 diabetes,

NOTE Confidence: 0.86687434

 $00:08:42.360 \longrightarrow 00:08:45.360$ his hypertension and his hyperlipidemia.

NOTE Confidence: 0.86687434

 $00:08:45.360 \longrightarrow 00:08:47.997$ And what he asked me is basically he said,

NOTE Confidence: 0.86687434

 $00:08:48.000 \longrightarrow 00:08:49.920$ Doc, I'm a walking time bomb.

NOTE Confidence: 0.86687434

 $00:08:49.920 \longrightarrow 00:08:50.946$ It's only a matter of time

 $00:08:50.946 \longrightarrow 00:08:52.199$ before I have a heart attack.

NOTE Confidence: 0.86687434

 $00:08:52.200 \longrightarrow 00:08:54.756$ Can you help me? I need to lose weight.

NOTE Confidence: 0.86687434

00:08:54.760 --> 00:08:57.502 He was very anxious and did

NOTE Confidence: 0.86687434

00:08:57.502 --> 00:08:59.942 not want surgery and again was

NOTE Confidence: 0.86687434

 $00:08:59.942 \longrightarrow 00:09:01.358$ interested in other options.

NOTE Confidence: 0.86687434

 $00:09:01.360 \longrightarrow 00:09:02.444$ His history was similar

NOTE Confidence: 0.86687434

 $00:09:02.444 \longrightarrow 00:09:03.799$ to many of our patients,

NOTE Confidence: 0.86687434

 $00:09:03.800 \longrightarrow 00:09:05.599$ He had gained weight slowly over time.

NOTE Confidence: 0.86687434

 $00{:}09{:}05.600 \dashrightarrow 00{:}09{:}07.640$ He had tried everything and

NOTE Confidence: 0.86687434

00:09:07.640 --> 00:09:09.680 every time he was successful.

NOTE Confidence: 0.86687434

 $00{:}09{:}09.680 \dashrightarrow 00{:}09{:}10.350$ In fact,

NOTE Confidence: 0.86687434

 $00:09:10.350 \longrightarrow 00:09:12.360$ with meal replacement he lost £60.00.

NOTE Confidence: 0.86687434

 $00:09:12.360 \longrightarrow 00:09:13.878$ But the issue was he always

NOTE Confidence: 0.86687434

 $00:09:13.878 \longrightarrow 00:09:15.432$ regained the weight as is the

NOTE Confidence: 0.86687434

 $00:09:15.432 \longrightarrow 00:09:16.878$ case with many of our patients.

NOTE Confidence: 0.86687434

 $00:09:16.880 \longrightarrow 00:09:17.627$ As I said,

 $00{:}09{:}17.627 \dashrightarrow 00{:}09{:}19.121$ he reported to me that he

NOTE Confidence: 0.86687434

00:09:19.121 --> 00:09:20.560 already had type 2 diabetes,

NOTE Confidence: 0.86687434

 $00:09:20.560 \longrightarrow 00:09:21.125$ Hypertension,

NOTE Confidence: 0.86687434

 $00:09:21.125 \longrightarrow 00:09:23.950$ hyperlipidemia was taking a bunch

NOTE Confidence: 0.86687434

 $00:09:23.950 \longrightarrow 00:09:26.920$ of medications and his A1C was 8.5,

NOTE Confidence: 0.86687434

 $00:09:26.920 \longrightarrow 00:09:30.480$ so his his diabetes was not well controlled.

NOTE Confidence: 0.86687434

 $00:09:30.480 \longrightarrow 00:09:31.508$ So I noticed OK,

NOTE Confidence: 0.86687434

 $00:09:31.508 \longrightarrow 00:09:33.800$ he was taking two medicines for his diabetes,

NOTE Confidence: 0.8700528

00:09:33.800 --> 00:09:35.840 2 medicines for his blood pressure,

NOTE Confidence: 0.8700528

 $00{:}09{:}35.840 \dashrightarrow 00{:}09{:}38.200$ a statin for his hyperlipidemia.

NOTE Confidence: 0.8700528

00:09:38.200 --> 00:09:39.600 And I thought to myself,

NOTE Confidence: 0.8700528

 $00:09:39.600 \longrightarrow 00:09:42.000$ when we care for this patient with obesity,

NOTE Confidence: 0.8700528

 $00:09:42.000 \longrightarrow 00:09:44.166$ why are all these other diseases

NOTE Confidence: 0.8700528

00:09:44.166 --> 00:09:46.200 being addressed but not obesity,

NOTE Confidence: 0.8700528

 $00:09:46.200 \longrightarrow 00:09:48.372$ not the disease that is likely

00:09:48.372 --> 00:09:50.846 causing if not at least contributing

NOTE Confidence: 0.8700528

 $00:09:50.846 \longrightarrow 00:09:53.678$ to all of these other diseases.

NOTE Confidence: 0.8700528

 $00:09:53.680 \longrightarrow 00:09:54.958$ And so the question was well,

NOTE Confidence: 0.8700528

 $00:09:54.960 \longrightarrow 00:09:58.075$ do we have medications to treat obesity.

NOTE Confidence: 0.8700528

 $00:09:58.080 \longrightarrow 00:09:59.543$ And as I showed you with the

NOTE Confidence: 0.8700528

 $00:09:59.543 \longrightarrow 00:10:01.197$ example of the first patient we do,

NOTE Confidence: 0.8700528

 $00{:}10{:}01.200 \dashrightarrow 00{:}10{:}03.025$ there are several FDA approved

NOTE Confidence: 0.8700528

00:10:03.025 --> 00:10:04.120 anti obesity medications.

NOTE Confidence: 0.8700528

 $00:10:04.120 \longrightarrow 00:10:06.200$ There's also another one

NOTE Confidence: 0.8700528

00:10:06.200 --> 00:10:08.280 specifically for monogenic obesity.

NOTE Confidence: 0.8700528

 $00:10:08.280 \longrightarrow 00:10:08.639$ Additionally,

NOTE Confidence: 0.8700528

 $00:10:08.639 \longrightarrow 00:10:10.793$ we have many medications that we

NOTE Confidence: 0.8700528

 $00:10:10.793 \dashrightarrow 00:10:13.360$ can use and these are off label use

NOTE Confidence: 0.8700528

 $00{:}10{:}13.360 \dashrightarrow 00{:}10{:}15.232$ and some of these are components

NOTE Confidence: 0.8700528

00:10:15.232 --> 00:10:17.002 of the FDA approved medications

NOTE Confidence: 0.8700528

 $00:10:17.002 \longrightarrow 00:10:18.850$ because often times these FDA

 $00:10:18.850 \longrightarrow 00:10:20.698$ approved medications are not

NOTE Confidence: 0.8700528

 $00:10:20.698 \dashrightarrow 00:10:22.840$ covered by our patient's insurance.

NOTE Confidence: 0.8700528

00:10:22.840 --> 00:10:24.800 If the patient has type 2 diabetes,

NOTE Confidence: 0.8700528

 $00:10:24.800 \longrightarrow 00:10:27.327$ we may even have additional options and

NOTE Confidence: 0.8700528

 $00:10:27.327 \longrightarrow 00:10:29.039$ they're highlighted here in purple.

NOTE Confidence: 0.8700528

 $00:10:29.040 \longrightarrow 00:10:31.448$ And many of these medications also lead

NOTE Confidence: 0.8700528

00:10:31.448 --> 00:10:33.311 to weight reduction and we're going

NOTE Confidence: 0.8700528

 $00:10:33.311 \longrightarrow 00:10:35.520$ to focus in on some of these today.

NOTE Confidence: 0.8700528

 $00:10:35.520 \longrightarrow 00:10:35.850$ Again,

NOTE Confidence: 0.8700528

 $00:10:35.850 \longrightarrow 00:10:37.500$ the indication for using these

NOTE Confidence: 0.8700528

 $00:10:37.500 \longrightarrow 00:10:39.758$ medications is ABMI of greater than 30,

NOTE Confidence: 0.8700528

 $00:10:39.760 \longrightarrow 00:10:42.464$ greater than or equal to 30 or greater

NOTE Confidence: 0.8700528

 $00{:}10{:}42.464 \dashrightarrow 00{:}10{:}44.712$ than equal to 27 with a weight related

NOTE Confidence: 0.8700528

 $00:10:44.712 \longrightarrow 00:10:46.440$ disease such as type 2 diabetes,

NOTE Confidence: 0.8700528

 $00:10:46.440 \longrightarrow 00:10:48.405$ hypertension or hyperlipidemia.

00:10:48.405 --> 00:10:51.680 Now we have these medications,

NOTE Confidence: 0.8700528

 $00{:}10{:}51.680 \dashrightarrow 00{:}10{:}53.836$ we've had them for quite some time.

NOTE Confidence: 0.8700528

 $00{:}10{:}53.840 \dashrightarrow 00{:}10{:}55.387$ And so the question is you know

NOTE Confidence: 0.8700528

 $00:10:55.387 \longrightarrow 00:10:56.992$ what are some of the challenges

NOTE Confidence: 0.8700528

 $00:10:56.992 \longrightarrow 00:10:58.467$ and barriers to treating our

NOTE Confidence: 0.8700528

00:10:58.467 --> 00:10:59.999 patients with these medications?

NOTE Confidence: 0.8700528

00:11:00.000 --> 00:11:00.328 Well,

NOTE Confidence: 0.8700528

00:11:00.328 --> 00:11:02.296 there's the perception that obesity is

NOTE Confidence: 0.8700528

 $00{:}11{:}02.296 \dashrightarrow 00{:}11{:}04.747$ not a disease and I'm going to focus

NOTE Confidence: 0.8700528

 $00:11:04.747 \longrightarrow 00:11:06.560$ in on this specific barrier today.

NOTE Confidence: 0.8700528

 $00{:}11{:}06.560 \dashrightarrow 00{:}11{:}08.270$ I think it's actually the most

NOTE Confidence: 0.8700528

 $00:11:08.270 \longrightarrow 00:11:10.398$ important one and I also think there

NOTE Confidence: 0.8700528

00:11:10.398 --> 00:11:12.681 are so many parallels in terms of

NOTE Confidence: 0.8700528

00:11:12.681 --> 00:11:15.110 obesity not being viewed as a disease

NOTE Confidence: 0.8700528

00:11:15.181 --> 00:11:17.636 for so long and and mental health

NOTE Confidence: 0.8700528

00:11:17.636 --> 00:11:19.731 issues like depression not being

 $00:11:19.731 \longrightarrow 00:11:22.078$ viewed as a disease and now it is.

NOTE Confidence: 0.8700528

 $00{:}11{:}22.080 \to 00{:}11{:}24.600$ And what can we learn from the way

NOTE Confidence: 0.8700528

00:11:24.600 --> 00:11:26.280 that all of you manage this and

NOTE Confidence: 0.8700528

00:11:26.339 --> 00:11:28.359 brought forward mental health issues?

NOTE Confidence: 0.8700528

00:11:28.360 --> 00:11:30.944 What can we learn in the obesity space

NOTE Confidence: 0.8700528

 $00:11:30.944 \longrightarrow 00:11:33.414$ to really bring forward that obesity is

NOTE Confidence: 0.8700528

 $00:11:33.414 \longrightarrow 00:11:36.519$ a disease and needs to be treated as such?

NOTE Confidence: 0.8700528

 $00:11:36.520 \longrightarrow 00:11:37.830$ There's also the fear of

NOTE Confidence: 0.8700528

 $00:11:37.830 \longrightarrow 00:11:38.878$ causing dangerous side effects.

NOTE Confidence: 0.8700528

 $00{:}11{:}38.880 \dashrightarrow 00{:}11{:}40.410$ We'll talk about this the perception

NOTE Confidence: 0.8700528

 $00:11:40.410 \longrightarrow 00:11:42.079$ that the medicines are not effective,

NOTE Confidence: 0.8700528

 $00:11:42.080 \longrightarrow 00:11:44.000$ which is rapidly changing.

NOTE Confidence: 0.8700528

 $00:11:44.000 \longrightarrow 00:11:46.880$ There's cost to consider and scalability

NOTE Confidence: 0.8700528

 $00:11:46.880 \longrightarrow 00:11:49.244$ and these are really huge barriers

NOTE Confidence: 0.8700528

00:11:49.244 --> 00:11:52.680 that we are facing now since so many

 $00:11:52.680 \longrightarrow 00:11:55.472$ patients have obesity and the cost issue.

NOTE Confidence: 0.8700528

 $00{:}11{:}55.472 \dashrightarrow 00{:}11{:}57.755$ The question here is why is there

NOTE Confidence: 0.8700528

 $00{:}11{:}57.755 \dashrightarrow 00{:}12{:}00.324$ this tenfold increase in cost in the

NOTE Confidence: 0.8700528

 $00:12:00.324 \longrightarrow 00:12:02.962$ United States where many of these new

NOTE Confidence: 0.8700528

 $00{:}12{:}02.962 \dashrightarrow 00{:}12{:}05.213$ medications are are available at a

NOTE Confidence: 0.8700528

00:12:05.213 --> 00:12:08.517 fraction of the cost at in other countries?

NOTE Confidence: 0.8700528

00:12:08.520 --> 00:12:08.791 OK.

NOTE Confidence: 0.8700528

00:12:08.791 --> 00:12:10.688 So let's focus in on this first

NOTE Confidence: 0.8700528

 $00{:}12{:}10.688 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}12{:}12.678$ barrier and spend some time on this.

NOTE Confidence: 0.8700528

00:12:12.680 --> 00:12:14.591 So why is it important to understand

NOTE Confidence: 0.8700528

 $00:12:14.591 \longrightarrow 00:12:16.175$ that obesity is a disease and

NOTE Confidence: 0.8700528

 $00:12:16.175 \longrightarrow 00:12:17.827$ how does it affect the way that

NOTE Confidence: 0.8700528

 $00:12:17.885 \longrightarrow 00:12:19.197$ we use these medications?

NOTE Confidence: 0.8700528

00:12:19.200 --> 00:12:19.742 And again,

NOTE Confidence: 0.8700528

 $00:12:19.742 \longrightarrow 00:12:21.910$ I think this comes back to the fact

NOTE Confidence: 0.8700528

 $00:12:21.974 \longrightarrow 00:12:23.506$ really understanding the biology

 $00{:}12{:}23.506 \dashrightarrow 00{:}12{:}25.804$ of obesity and what we're really

NOTE Confidence: 0.5375271

 $00{:}12{:}25.869 \dashrightarrow 00{:}12{:}28.228$ trying to to obtain with treatment.

NOTE Confidence: 0.5375271

00:12:28.228 --> 00:12:30.513 So back to our patient,

NOTE Confidence: 0.5375271

 $00:12:30.520 \longrightarrow 00:12:31.760$ what did he teach me?

NOTE Confidence: 0.5375271

 $00:12:31.760 \longrightarrow 00:12:33.930$ Well, he taught me that he was

NOTE Confidence: 0.5375271

00:12:33.930 --> 00:12:35.501 highly motivated and he tried

NOTE Confidence: 0.5375271

 $00:12:35.501 \longrightarrow 00:12:37.503$ every method under the sun that he

NOTE Confidence: 0.5375271

00:12:37.503 --> 00:12:39.558 had access to caloric reduction,

NOTE Confidence: 0.5375271

00:12:39.560 --> 00:12:41.560 meal replacement, Mediterranean diet,

NOTE Confidence: 0.5375271

 $00:12:41.560 \longrightarrow 00:12:44.560$ improving the quality of his food.

NOTE Confidence: 0.5375271

 $00{:}12{:}44.560 \dashrightarrow 00{:}12{:}46.800$ And yet he always regained the weight.

NOTE Confidence: 0.5375271

 $00:12:46.800 \longrightarrow 00:12:48.438$ And so the question with him was

NOTE Confidence: 0.5375271

 $00{:}12{:}48.438 \dashrightarrow 00{:}12{:}50.513$ why is it so difficult to lose

NOTE Confidence: 0.5375271

00:12:50.513 --> 00:12:52.153 weight and maintain weight loss?

NOTE Confidence: 0.5375271

 $00:12:52.160 \longrightarrow 00:12:54.512$ Well, it turns out that our body

00:12:54.512 --> 00:12:56.780 has this beautiful system that it

NOTE Confidence: 0.5375271

 $00:12:56.780 \longrightarrow 00:12:58.760$ it's evolved over over centuries.

NOTE Confidence: 0.5375271

 $00:12:58.760 \longrightarrow 00:13:00.785$ And basically there are hormones

NOTE Confidence: 0.5375271

00:13:00.785 --> 00:13:03.340 which are signals which tell our

NOTE Confidence: 0.5375271

 $00:13:03.340 \longrightarrow 00:13:05.196$ brain about energy homeostasis.

NOTE Confidence: 0.5375271

 $00:13:05.200 \longrightarrow 00:13:07.314$ And it turns out that our bodies

NOTE Confidence: 0.5375271

00:13:07.314 --> 00:13:09.589 and our brain have this concerted

NOTE Confidence: 0.5375271

 $00:13:09.589 \longrightarrow 00:13:11.317$ interest in carrying fuel,

NOTE Confidence: 0.5375271

 $00:13:11.320 \longrightarrow 00:13:13.679$ and it carries that fuel as fat.

NOTE Confidence: 0.5375271

00:13:13.680 --> 00:13:15.020 And so our body,

NOTE Confidence: 0.5375271

00:13:15.020 --> 00:13:16.360 and specifically our brain,

NOTE Confidence: 0.5375271

 $00:13:16.360 \longrightarrow 00:13:19.160$ defends a certain amount of fat mass.

NOTE Confidence: 0.5375271

 $00{:}13{:}19.160 \dashrightarrow 00{:}13{:}21.064$ We don't want to starve if there's

NOTE Confidence: 0.5375271

 $00:13:21.064 \longrightarrow 00:13:21.880$ no food available.

NOTE Confidence: 0.5375271

00:13:21.880 --> 00:13:24.247 We also don't want to carry so much fat

NOTE Confidence: 0.5375271

00:13:24.247 --> 00:13:26.898 or so much energy that we can't carry

00:13:26.898 --> 00:13:28.960 out the activities of daily living.

NOTE Confidence: 0.5375271

 $00:13:28.960 \longrightarrow 00:13:30.272$ Now, one might ask,

NOTE Confidence: 0.5375271

 $00:13:30.272 \longrightarrow 00:13:30.600$ well,

NOTE Confidence: 0.5375271

 $00:13:30.600 \longrightarrow 00:13:32.424$ if our if our body and our brain

NOTE Confidence: 0.5375271

 $00:13:32.424 \longrightarrow 00:13:34.058$ has this beautiful system where

NOTE Confidence: 0.5375271

 $00:13:34.058 \longrightarrow 00:13:35.923$ we're going to carry exactly

NOTE Confidence: 0.5375271

00:13:35.923 --> 00:13:37.559 the appropriate amount of fuel,

NOTE Confidence: 0.5375271

 $00:13:37.560 \longrightarrow 00:13:40.878$ then why are so many people

NOTE Confidence: 0.5375271

 $00:13:40.880 \longrightarrow 00:13:41.750$ developing obesity?

NOTE Confidence: 0.5375271

00:13:41.750 --> 00:13:44.360 Well, it turns out our environment,

NOTE Confidence: 0.5375271

00:13:44.360 --> 00:13:47.240 which is filled with highly palatable,

NOTE Confidence: 0.5375271

 $00:13:47.240 \longrightarrow 00:13:48.239$ highly processed foods,

NOTE Confidence: 0.5375271

 $00{:}13{:}48.239 \dashrightarrow 00{:}13{:}50.280$ lack of sleep, increased stress,

NOTE Confidence: 0.5375271

00:13:50.280 --> 00:13:52.360 lack of physical activity,

NOTE Confidence: 0.5375271

 $00:13:52.360 \longrightarrow 00:13:56.124$ all of these things impact how our

00:13:56.124 --> 00:13:59.218 brain and how our body decides to

NOTE Confidence: 0.5375271

 $00{:}13{:}59.218 \dashrightarrow 00{:}14{:}01.710$ defend that that fat mass at that point

NOTE Confidence: 0.5375271

 $00:14:01.710 \longrightarrow 00:14:03.918$ and how much fat it wants to carry.

NOTE Confidence: 0.5375271

 $00:14:03.920 \longrightarrow 00:14:06.734$ And so this actually brought me to

NOTE Confidence: 0.5375271

 $00:14:06.734 \longrightarrow 00:14:09.866$ some of the earlier work that I started

NOTE Confidence: 0.5375271

00:14:09.866 --> 00:14:11.438 to do during my doctoral thesis.

NOTE Confidence: 0.5375271

00:14:11.440 --> 00:14:12.366 And Dr.

NOTE Confidence: 0.5375271

00:14:12.366 --> 00:14:15.607 Sinha was my primary mentor with Doctor

NOTE Confidence: 0.5375271

 $00{:}14{:}15.607 \dashrightarrow 00{:}14{:}18.524$ Bob Sherwin for my doctoral thesis.

NOTE Confidence: 0.5375271

00:14:18.524 --> 00:14:21.110 And this started a range of

NOTE Confidence: 0.5375271

 $00:14:21.200 \longrightarrow 00:14:23.400$ work over over many years,

NOTE Confidence: 0.5375271

 $00{:}14{:}23.400 \dashrightarrow 00{:}14{:}25.320$ kind of leading us to address

NOTE Confidence: 0.5375271

 $00:14:25.320 \longrightarrow 00:14:26.600$ some of these questions.

NOTE Confidence: 0.5375271

00:14:26.600 --> 00:14:30.829 So looking at how food cues may impact us,

NOTE Confidence: 0.5375271

 $00:14:30.829 \longrightarrow 00:14:31.178$ well,

NOTE Confidence: 0.5375271

 $00:14:31.178 \longrightarrow 00:14:33.621$ of course there are neural responses that

 $00:14:33.621 \longrightarrow 00:14:36.236$ occur that then result in eating behavior.

NOTE Confidence: 0.5375271

 $00:14:36.240 \longrightarrow 00:14:37.916$ So biology informs behavior.

NOTE Confidence: 0.5375271

 $00:14:37.916 \longrightarrow 00:14:40.430$ There are hormones that impact these

NOTE Confidence: 0.5375271

 $00:14:40.503 \longrightarrow 00:14:42.858$ neural responses and these hormones

NOTE Confidence: 0.5375271

 $00:14:42.858 \longrightarrow 00:14:45.213$ and metabolic factors are potentially

NOTE Confidence: 0.5375271

 $00:14:45.284 \longrightarrow 00:14:47.480$ changed in the setting of obesity,

NOTE Confidence: 0.5375271

 $00:14:47.480 \longrightarrow 00:14:50.040$ for example by insulin resistance.

NOTE Confidence: 0.5375271

 $00:14:50.040 \longrightarrow 00:14:52.425$ Now when we think about how this may then

NOTE Confidence: 0.5375271

 $00:14:52.425 \longrightarrow 00:14:54.557$ alter all of these downstream effects,

NOTE Confidence: 0.5375271

 $00:14:54.560 \longrightarrow 00:14:55.792$ so the neural responses,

NOTE Confidence: 0.5375271

 $00:14:55.792 \longrightarrow 00:14:56.716$ the eating behavior,

NOTE Confidence: 0.5375271

 $00:14:56.720 \longrightarrow 00:14:58.834$ this can all result in weight gain.

NOTE Confidence: 0.5375271

 $00{:}14{:}58.840 \dashrightarrow 00{:}15{:}01.050$ And where anti obesity medications

NOTE Confidence: 0.5375271

 $00:15:01.050 \longrightarrow 00:15:03.788$ can intervene is in the brain

NOTE Confidence: 0.5375271

00:15:03.788 --> 00:15:05.981 specifically as well as changing

 $00:15:05.981 \longrightarrow 00:15:08.086$ these different things that that

NOTE Confidence: 0.5375271

NOTE Confidence: 0.5375271

 $00{:}15{:}10.142 \dashrightarrow 00{:}15{:}11.996$ can then result in weight loss.

NOTE Confidence: 0.5375271

00:15:12.000 --> 00:15:14.096 And we're going to focus in and talk

NOTE Confidence: 0.5375271

 $00:15:14.096 \longrightarrow 00:15:16.158$ about how this may all be happening.

NOTE Confidence: 0.5375271

00:15:16.160 --> 00:15:17.770 Now, how do we study this and

NOTE Confidence: 0.5375271

00:15:17.770 --> 00:15:19.678 how did we start to study this?

NOTE Confidence: 0.5375271

00:15:19.680 --> 00:15:20.144 Well,

NOTE Confidence: 0.5375271

 $00:15:20.144 \longrightarrow 00:15:22.000$ we conducted studies in

NOTE Confidence: 0.5375271

 $00:15:22.000 \longrightarrow 00:15:23.464$ both adolescents and adults.

NOTE Confidence: 0.5375271

 $00{:}15{:}23.464 \dashrightarrow 00{:}15{:}26.320$ We used F MRI to look at this,

NOTE Confidence: 0.5375271

 $00:15:26.320 \longrightarrow 00:15:28.318$ and we used a food snack

NOTE Confidence: 0.5375271

 $00:15:28.318 \longrightarrow 00:15:29.650$ test developed at the

NOTE Confidence: 0.86156386

 $00:15:29.732 \longrightarrow 00:15:32.482$ Yale Stress Center by Doctor Sinha to

NOTE Confidence: 0.86156386

 $00:15:32.482 \longrightarrow 00:15:34.738$ look at some of the changes that may

NOTE Confidence: 0.86156386

 $00{:}15{:}34.738 \dashrightarrow 00{:}15{:}36.839$ occur in terms of eating behavior.

 $00:15:36.840 \longrightarrow 00:15:38.352$ And then of course,

NOTE Confidence: 0.86156386

 $00:15:38.352 \longrightarrow 00:15:40.242$ we assess hormones and metabolic

NOTE Confidence: 0.86156386

 $00:15:40.242 \longrightarrow 00:15:42.520$ factors as we're doing these studies.

NOTE Confidence: 0.86156386

 $00:15:42.520 \longrightarrow 00:15:44.960$ And so as an endocrinologist,

NOTE Confidence: 0.86156386

00:15:44.960 --> 00:15:46.226 I may have thought and maybe

NOTE Confidence: 0.86156386

00:15:46.226 --> 00:15:47.640 I did in the beginning,

NOTE Confidence: 0.86156386

 $00:15:47.640 \longrightarrow 00:15:50.412$ that everything that was important in

NOTE Confidence: 0.86156386

 $00{:}15{:}50.412 \dashrightarrow 00{:}15{:}52.956$ terms of eating began and ended in

NOTE Confidence: 0.86156386

 $00{:}15{:}52.956 \dashrightarrow 00{:}15{:}54.690$ the hypothalamus because it is the

NOTE Confidence: 0.86156386

 $00:15:54.750 \longrightarrow 00:15:56.878$ hunger and satiety center of the brain.

NOTE Confidence: 0.86156386

 $00:15:56.880 \longrightarrow 00:15:59.182$ But little did I know at the time that

NOTE Confidence: 0.86156386

 $00:15:59.182 \longrightarrow 00:16:00.736$ there were so many other regions of

NOTE Confidence: 0.86156386

 $00{:}16{:}00.736 \dashrightarrow 00{:}16{:}02.519$ the brain that are so critical to this,

NOTE Confidence: 0.86156386

 $00:16:02.520 \longrightarrow 00:16:03.690$ so striatal regions,

NOTE Confidence: 0.86156386

 $00:16:03.690 \longrightarrow 00:16:05.640$ limbic regions and cortical regions.

00:16:05.640 --> 00:16:07.796 And of course speaking with this audience,

NOTE Confidence: 0.86156386

 $00{:}16{:}07.800 \dashrightarrow 00{:}16{:}10.800$ you know all of this so much better than I.

NOTE Confidence: 0.86156386

 $00:16:10.800 \longrightarrow 00:16:12.718$ So when we were doing these studies,

NOTE Confidence: 0.86156386

00:16:12.720 --> 00:16:14.520 we were giving patients different

NOTE Confidence: 0.86156386

 $00:16:14.520 \longrightarrow 00:16:15.600$ types of cues.

NOTE Confidence: 0.86156386

00:16:15.600 --> 00:16:16.950 So food stories,

NOTE Confidence: 0.86156386

00:16:16.950 --> 00:16:19.200 food pictures and even ingestion,

NOTE Confidence: 0.86156386

 $00:16:19.200 \longrightarrow 00:16:20.800$ ingestion of macro nutrients

NOTE Confidence: 0.86156386

 $00{:}16{:}20.800 \dashrightarrow 00{:}16{:}22.800$ such as glucose and fructose.

NOTE Confidence: 0.86156386

 $00:16:22.800 \longrightarrow 00:16:25.314$ We would expose participants to these

NOTE Confidence: 0.86156386

 $00{:}16{:}25.314 \rightarrow 00{:}16{:}28.040$ various cues and then conduct MRI

NOTE Confidence: 0.86156386

 $00:16:28.040 \longrightarrow 00:16:30.920$ studies to to ascertain their response.

NOTE Confidence: 0.86156386

 $00:16:30.920 \longrightarrow 00:16:32.672$ So I'm just going to highlight

NOTE Confidence: 0.86156386

 $00:16:32.672 \longrightarrow 00:16:34.320$ a few studies that we did.

NOTE Confidence: 0.86156386

 $00:16:34.320 \longrightarrow 00:16:36.544$ And so if we wanted to look at

NOTE Confidence: 0.86156386

 $00:16:36.544 \longrightarrow 00:16:38.125$ neural responses to visual food

 $00:16:38.125 \longrightarrow 00:16:40.045$ cues in adolescence with obesity to

NOTE Confidence: 0.86156386

 $00:16:40.045 \longrightarrow 00:16:42.029$ see if they responded differently

NOTE Confidence: 0.86156386

00:16:42.029 --> 00:16:44.034 than adolescents who were lean.

NOTE Confidence: 0.86156386

 $00:16:44.040 \longrightarrow 00:16:46.595$ So we exposed them to food pictures,

NOTE Confidence: 0.86156386

 $00:16:46.600 \longrightarrow 00:16:49.024$ conducted scans and assessed

NOTE Confidence: 0.86156386

 $00:16:49.024 \longrightarrow 00:16:50.236$ hormonal responses.

NOTE Confidence: 0.86156386

00:16:50.240 --> 00:16:52.280 And so in this first study

NOTE Confidence: 0.86156386

 $00:16:52.280 \longrightarrow 00:16:53.360$ that I'm sharing with you,

NOTE Confidence: 0.86156386

 $00{:}16{:}53.360 \dashrightarrow 00{:}16{:}55.960$ we looked at the the difference in

NOTE Confidence: 0.86156386

 $00{:}16{:}55{.}960 \dashrightarrow 00{:}16{:}58{.}360$ terms of BOLD signal activation in

NOTE Confidence: 0.86156386

 $00:16:58.360 \longrightarrow 00:17:01.360$ terms of the response to high calorie

NOTE Confidence: 0.86156386

 $00{:}17{:}01.360 \dashrightarrow 00{:}17{:}03.703$ foods versus non non food pictures.

NOTE Confidence: 0.86156386

 $00{:}17{:}03.703 \dashrightarrow 00{:}17{:}06.090$ And this is in individuals with obesity

NOTE Confidence: 0.86156386

 $00:17:06.155 \longrightarrow 00:17:08.040$ versus individuals who are lean.

NOTE Confidence: 0.86156386

 $00:17:08.040 \longrightarrow 00:17:10.231$ And what we found was that adolescents

 $00:17:10.231 \longrightarrow 00:17:12.023$ with obesity had increased activation

NOTE Confidence: 0.86156386

 $00{:}17{:}12.023 \dashrightarrow 00{:}17{:}14.013$ and reward motivation regions in

NOTE Confidence: 0.86156386

 $00:17:14.013 \longrightarrow 00:17:16.519$ response to high calorie food pictures.

NOTE Confidence: 0.86156386

 $00:17:16.520 \longrightarrow 00:17:18.636$ And specifically these adolescents

NOTE Confidence: 0.86156386

 $00:17:18.636 \longrightarrow 00:17:20.752$ demonstrated increased activation in

NOTE Confidence: 0.86156386

 $00{:}17{:}20.752 \dashrightarrow 00{:}17{:}22.816$ striatal limbic regions including

NOTE Confidence: 0.86156386

00:17:22.816 --> 00:17:25.160 the amygdala, hypothalamus, caudate,

NOTE Confidence: 0.86156386

00:17:25.160 --> 00:17:27.960 putamen, thalamus and insula.

NOTE Confidence: 0.86156386

 $00{:}17{:}27.960 --> 00{:}17{:}28.255 \ \mathrm{Now},$

NOTE Confidence: 0.86156386

 $00:17:28.255 \longrightarrow 00:17:30.320$ we also wanted to see whether there

NOTE Confidence: 0.86156386

 $00{:}17{:}30.320 \dashrightarrow 00{:}17{:}32.135$ were differences in neural responses

NOTE Confidence: 0.86156386

 $00:17:32.135 \longrightarrow 00:17:34.080$ to monosaccharides in these adolescents.

NOTE Confidence: 0.86156386

 $00:17:34.080 \longrightarrow 00:17:36.838$ Adolescents take in a lot of sugar.

NOTE Confidence: 0.86156386

 $00{:}17{:}36.840 \dashrightarrow 00{:}17{:}39.395$ So what we did is we brought

NOTE Confidence: 0.86156386

 $00:17:39.395 \longrightarrow 00:17:42.958$ our adolescents in fasting,

NOTE Confidence: 0.86156386

 $00:17:42.960 \longrightarrow 00:17:46.117$ we we did a baseline F MRI,

 $00:17:46.120 \longrightarrow 00:17:48.106$ and then we basically gave them

NOTE Confidence: 0.86156386

 $00{:}17{:}48.106 \dashrightarrow 00{:}17{:}50.127$ either glucose or fructose and then

NOTE Confidence: 0.86156386

 $00:17:50.127 \longrightarrow 00:17:52.250$ scanned them and then assessed various

NOTE Confidence: 0.86156386

 $00:17:52.250 \longrightarrow 00:17:55.960$ metabolic factors during the F MRI scan.

NOTE Confidence: 0.86156386

 $00:17:55.960 \longrightarrow 00:17:58.576$ And what we saw in this study was

NOTE Confidence: 0.86156386

 $00:17:58.576 \longrightarrow 00:18:00.079$ that adolescents with obesity

NOTE Confidence: 0.86156386

 $00:18:00.080 \longrightarrow 00:18:02.150$ in response to drinking glucose

NOTE Confidence: 0.86156386

 $00{:}18{:}02.150 \dashrightarrow 00{:}18{:}03.806$ demonstrated decreased perfusion in

NOTE Confidence: 0.86156386

 $00{:}18{:}03.806 \dashrightarrow 00{:}18{:}05.800$ decision making regions of the brain,

NOTE Confidence: 0.86156386

 $00:18:05.800 \longrightarrow 00:18:07.840$ so various regions like the

NOTE Confidence: 0.86156386

 $00:18:07.840 \longrightarrow 00:18:09.880$ prefrontal cortex and the ACC.

NOTE Confidence: 0.86156386

 $00{:}18{:}09.880 \dashrightarrow 00{:}18{:}12.420$ And they demonstrated increased

NOTE Confidence: 0.86156386

 $00{:}18{:}12.420 \dashrightarrow 00{:}18{:}14.960$ perfusion and reward motivation

NOTE Confidence: 0.86156386

 $00:18:14.960 \longrightarrow 00:18:16.960$ regions as you can see here.

NOTE Confidence: 0.86156386

 $00:18:16.960 \longrightarrow 00:18:19.078$ And you can see for comparison,

 $00:18:19.080 \longrightarrow 00:18:21.490$ lean adolescence and their response

NOTE Confidence: 0.86156386

 $00:18:21.490 \longrightarrow 00:18:23.900$ in the prefrontal cortex and

NOTE Confidence: 0.86156386

 $00{:}18{:}23.982 \dashrightarrow 00{:}18{:}26.317$ the ACC was actually increased.

NOTE Confidence: 0.86156386

 $00:18:26.320 \longrightarrow 00:18:28.560$ Now we were also interested in looking at,

NOTE Confidence: 0.8615638600:18:28.560 --> 00:18:28.813 well,

NOTE Confidence: 0.86156386

 $00:18:28.813 \longrightarrow 00:18:30.331$ what was the effect of leptin

NOTE Confidence: 0.86156386

 $00:18:30.331 \longrightarrow 00:18:31.640$ on these neural responses.

NOTE Confidence: 0.86156386

 $00:18:31.640 \longrightarrow 00:18:34.608$ So leptin is an adipokine or a hormone

NOTE Confidence: 0.86156386

 $00{:}18{:}34.608 \dashrightarrow 00{:}18{:}37.279$ that's secreted proportionally to fat mass.

NOTE Confidence: 0.86156386

 $00:18:37.280 \longrightarrow 00:18:38.760$ So as we gain weight,

NOTE Confidence: 0.34135723

 $00:18:38.760 \longrightarrow 00:18:40.956$ most people increase their leptin levels.

NOTE Confidence: 0.34135723

 $00{:}18{:}40.960 \dashrightarrow 00{:}18{:}43.438$ This isn't homogeneous across the population,

NOTE Confidence: 0.34135723

 $00:18:43.440 \longrightarrow 00:18:45.768$ but in general leptin is proportionally

NOTE Confidence: 0.34135723

00:18:45.768 --> 00:18:48.365 increased in terms of the amount of

NOTE Confidence: 0.34135723

 $00:18:48.365 \longrightarrow 00:18:50.315$ fat mass that somebody may have.

NOTE Confidence: 0.34135723

 $00:18:50.320 \longrightarrow 00:18:52.496$ And indeed this is what we found in

 $00:18:52.496 \longrightarrow 00:18:54.560$ our sample, that the individuals who

NOTE Confidence: 0.34135723

 $00:18:54.560 \longrightarrow 00:18:56.840$ had obesity had higher leptin levels.

NOTE Confidence: 0.34135723

 $00:18:56.840 \longrightarrow 00:18:58.919$ So what we did is conducted whole

NOTE Confidence: 0.34135723

 $00:18:58.919 \longrightarrow 00:19:00.909$ brain correlations with leptin and we

NOTE Confidence: 0.34135723

 $00:19:00.909 \longrightarrow 00:19:02.654$ found that higher endogenous leptin

NOTE Confidence: 0.34135723

 $00:19:02.654 \longrightarrow 00:19:04.123$ levels correlated with decreased

NOTE Confidence: 0.34135723

 $00:19:04.123 \longrightarrow 00:19:05.918$ perfusion in the prefrontal cortex

NOTE Confidence: 0.34135723

 $00{:}19{:}05.918 \dashrightarrow 00{:}19{:}07.560$ in a dolescence with obesity.

NOTE Confidence: 0.34135723

 $00:19:07.560 \longrightarrow 00:19:10.824$ And we thought that perhaps altered

NOTE Confidence: 0.34135723

 $00{:}19{:}10.824 \dashrightarrow 00{:}19{:}12.680$ or dysfunctional leptin signaling

NOTE Confidence: 0.34135723

 $00{:}19{:}12.680 \dashrightarrow 00{:}19{:}15.000$ there could be lept in resistance.

NOTE Confidence: 0.34135723

00:19:15.000 --> 00:19:17.530 This may contribute to lower

NOTE Confidence: 0.34135723

 $00{:}19{:}17.530 \dashrightarrow 00{:}19{:}19.554$ prefrontal cortical responses in

NOTE Confidence: 0.34135723

 $00:19:19.554 \longrightarrow 00:19:21.039$ adolescence with obesity.

NOTE Confidence: 0.34135723

 $00:19:21.040 \longrightarrow 00:19:24.490$ And actually this this was congruent

00:19:24.490 --> 00:19:27.368 with studies conducted by Sadaf Farooqi,

NOTE Confidence: 0.34135723

 $00{:}19{:}27.368 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}19{:}30.515$ where she actually gave leptin back to

NOTE Confidence: 0.34135723

 $00:19:30.515 \longrightarrow 00:19:32.915$ individuals who have leptin deficiency,

NOTE Confidence: 0.34135723

 $00:19:32.920 \longrightarrow 00:19:35.765$ and she demonstrated that those

NOTE Confidence: 0.34135723

 $00:19:35.765 \longrightarrow 00:19:38.041$ individuals then had increased

NOTE Confidence: 0.34135723

 $00:19:38.041 \longrightarrow 00:19:40.639$ activation in the prefrontal cortex.

NOTE Confidence: 0.34135723

 $00{:}19{:}40.640 \dashrightarrow 00{:}19{:}42.397$ OK, so the of course with these

NOTE Confidence: 0.34135723

00:19:42.397 --> 00:19:43.719 studies that I've shown you,

NOTE Confidence: 0.34135723

 $00:19:43.720 \longrightarrow 00:19:46.840$ there are many questions yet to be addressed.

NOTE Confidence: 0.34135723

 $00:19:46.840 \longrightarrow 00:19:48.196$ What is the cause and effect?

NOTE Confidence: 0.34135723

 $00:19:48.200 \longrightarrow 00:19:49.320$ So what happened first,

NOTE Confidence: 0.34135723

 $00:19:49.320 \longrightarrow 00:19:51.000$ the brain changes or the obesity,

NOTE Confidence: 0.34135723

 $00:19:51.000 \longrightarrow 00:19:52.332$ What's the timing?

NOTE Confidence: 0.34135723

 $00{:}19{:}52.332 \dashrightarrow 00{:}19{:}55.440$ Does it happen during a dolescence in utero?

NOTE Confidence: 0.34135723

 $00:19:55.440 \longrightarrow 00:19:58.114$ When does obesity really set in and

NOTE Confidence: 0.34135723

 $00:19:58.114 \longrightarrow 00:19:59.518$ what is the impact on behavior?

 $00:19:59.520 \longrightarrow 00:20:00.632$ Do we really know?

NOTE Confidence: 0.34135723

 $00{:}20{:}00.632 \dashrightarrow 00{:}20{:}02.741$ And and of course these are things

NOTE Confidence: 0.34135723

 $00:20:02.741 \longrightarrow 00:20:05.366$ that need to be looked at and

NOTE Confidence: 0.34135723

00:20:05.366 --> 00:20:06.116 especially reversibility.

NOTE Confidence: 0.34135723

 $00:20:06.120 \longrightarrow 00:20:08.650$ So when patients actually undergo

NOTE Confidence: 0.34135723

00:20:08.650 --> 00:20:10.674 treatment for their obesity,

NOTE Confidence: 0.34135723

00:20:10.680 --> 00:20:14.600 are these changes potentially reversible?

NOTE Confidence: 0.34135723

 $00{:}20{:}14.600 \dashrightarrow 00{:}20{:}15.600$ So back to the question,

NOTE Confidence: 0.34135723

 $00:20:15.600 \longrightarrow 00:20:17.350$ why is it so difficult to lose

NOTE Confidence: 0.34135723

 $00:20:17.350 \longrightarrow 00:20:18.760$ weight and maintain weight loss?

NOTE Confidence: 0.34135723

 $00{:}20{:}18.760 \dashrightarrow 00{:}20{:}19.342$ And again,

NOTE Confidence: 0.34135723

 $00{:}20{:}19.342 \dashrightarrow 00{:}20{:}21.088$ let's talk about this defended fat

NOTE Confidence: 0.34135723

 $00{:}20{:}21.088 \dashrightarrow 00{:}20{:}23.124$ mass set point and this is a model

NOTE Confidence: 0.34135723

 $00:20:23.124 \longrightarrow 00:20:24.919$ that I'm going to tell you about.

NOTE Confidence: 0.34135723

 $00:20:24.920 \longrightarrow 00:20:26.774$ We don't know the molecular basis

00:20:26.774 --> 00:20:28.935 for it yet until maybe perhaps one

NOTE Confidence: 0.34135723

 $00{:}20{:}28.935 \dashrightarrow 00{:}20{:}31.240$ of you can help us figure it out.

NOTE Confidence: 0.34135723

 $00{:}20{:}31.240 \dashrightarrow 00{:}20{:}34.660$ So let's talk about the asset point.

NOTE Confidence: 0.34135723

 $00:20:34.660 \longrightarrow 00:20:36.760$ So let's talk about a house.

NOTE Confidence: 0.34135723

 $00:20:36.760 \longrightarrow 00:20:38.278$ And the house has a thermostat,

NOTE Confidence: 0.34135723

 $00:20:38.280 \longrightarrow 00:20:40.068$ and let's say that the thermostat

NOTE Confidence: 0.34135723

00:20:40.068 --> 00:20:42.560 is set to 70 degrees Fahrenheit.

NOTE Confidence: 0.34135723

 $00:20:42.560 \longrightarrow 00:20:44.394$ What happens when it is hot outside?

NOTE Confidence: 0.34135723

 $00{:}20{:}44.400 \dashrightarrow 00{:}20{:}45.680$ Well, when it's hot outside,

NOTE Confidence: 0.34135723

 $00:20:45.680 \longrightarrow 00:20:48.354$ that thermostat senses, oh, it's 80 degrees.

NOTE Confidence: 0.34135723

 $00{:}20{:}48.360 \longrightarrow 00{:}20{:}49.998$ Let's turn on the air conditioner.

NOTE Confidence: 0.34135723

 $00:20:50.000 \longrightarrow 00:20:51.918$ This is not conscious. This just happens.

NOTE Confidence: 0.34135723

00:20:51.920 --> 00:20:53.400 You don't walk over to the air conditioner,

NOTE Confidence: 0.34135723

 $00:20:53.400 \longrightarrow 00:20:55.199$ it just does it itself as long

NOTE Confidence: 0.34135723

 $00:20:55.199 \longrightarrow 00:20:56.590$ as it's functioning properly.

NOTE Confidence: 0.34135723

 $00:20:56.590 \longrightarrow 00:20:59.635$ The opposite happens when it's cold outside.

 $00:20:59.640 \longrightarrow 00:21:00.624$ The furnace turns on.

NOTE Confidence: 0.34135723

 $00{:}21{:}00.624 \dashrightarrow 00{:}21{:}02.440$ And again, this isn't a conscious decision.

NOTE Confidence: 0.34135723

 $00:21:02.440 \longrightarrow 00:21:03.436$ It just happens.

NOTE Confidence: 0.34135723

00:21:03.436 --> 00:21:05.760 Now what happens if it's July or

NOTE Confidence: 0.34135723

 $00:21:05.830 \longrightarrow 00:21:07.996$ August and it is incredibly hot?

NOTE Confidence: 0.34135723 00:21:08.000 --> 00:21:08.332 Well,

NOTE Confidence: 0.34135723

 $00:21:08.332 \longrightarrow 00:21:09.992$ sometimes that defended or that

NOTE Confidence: 0.34135723

 $00:21:09.992 \longrightarrow 00:21:11.919$ temperature set point is pushed up.

NOTE Confidence: 0.34135723

 $00:21:11.920 \longrightarrow 00:21:14.594$ It's really hard to maintain 70 degrees.

NOTE Confidence: 0.34135723

 $00{:}21{:}14.600 \dashrightarrow 00{:}21{:}16.142$ You might open the windows and

NOTE Confidence: 0.34135723

00:21:16.142 --> 00:21:16.913 try different things,

NOTE Confidence: 0.34135723

 $00:21:16.920 \longrightarrow 00:21:19.152$ but sometimes that temperature just needs

NOTE Confidence: 0.34135723

 $00{:}21{:}19.152 \dashrightarrow 00{:}21{:}22.478$ to be turned up for the system not to fail.

NOTE Confidence: 0.34135723

 $00:21:22.480 \longrightarrow 00:21:24.232$ And it turns out our body

NOTE Confidence: 0.34135723

 $00:21:24.232 \longrightarrow 00:21:26.120$ does this with many functions.

 $00:21:26.120 \longrightarrow 00:21:28.030$ We call this homeostasis and

NOTE Confidence: 0.34135723

 $00:21:28.030 \longrightarrow 00:21:30.400$ it does this with fat mass.

NOTE Confidence: 0.34135723

00:21:30.400 --> 00:21:32.524 And now let's look at our body and let's

NOTE Confidence: 0.34135723

 $00:21:32.524 \longrightarrow 00:21:34.475$ see how it does this with fat mass.

NOTE Confidence: 0.929106

 $00:21:34.480 \longrightarrow 00:21:36.755$ So now our brain is the thermostat

NOTE Confidence: 0.929106

 $00:21:36.755 \longrightarrow 00:21:39.199$ and it defends a fat mass set point.

NOTE Confidence: 0.929106

00:21:39.200 --> 00:21:41.314 So what happens when we gain weight

NOTE Confidence: 0.929106

00:21:41.314 --> 00:21:43.197 or specifically when we gain fat mass?

NOTE Confidence: 0.929106

 $00{:}21{:}43.200 \dashrightarrow 00{:}21{:}45.636$ Well, the signals to our brain via

NOTE Confidence: 0.929106

 $00:21:45.636 \longrightarrow 00:21:47.915$ various hormones that we have gained fat

NOTE Confidence: 0.929106

 $00{:}21{:}47.915 \dashrightarrow 00{:}21{:}50.727$ mass and it should signal us to increase

NOTE Confidence: 0.929106

 $00:21:50.727 \longrightarrow 00:21:52.715$ thermogenesis and decrease appetite.

NOTE Confidence: 0.929106

00:21:52.720 --> 00:21:54.682 But what happens when we lose

NOTE Confidence: 0.929106

 $00:21:54.682 \longrightarrow 00:21:56.400$ weight or lose fat mass?

NOTE Confidence: 0.929106

00:21:56.400 --> 00:21:58.997 Well, this should signal us to increase

NOTE Confidence: 0.929106

 $00:21:58.997 \longrightarrow 00:22:00.505$ appetite and decrease thermogenesis

 $00:22:00.505 \longrightarrow 00:22:03.177$ and this is what we think is the

NOTE Confidence: 0.929106

00:22:03.177 --> 00:22:05.275 defended fat mass or set point model.

NOTE Confidence: 0.929106

 $00:22:05.280 \longrightarrow 00:22:08.022$ But now what happens in our

NOTE Confidence: 0.929106

00:22:08.022 --> 00:22:09.393 current obesogenic environment,

NOTE Confidence: 0.929106

 $00:22:09.400 \longrightarrow 00:22:12.088$ this environment filled with highly processed

NOTE Confidence: 0.929106

00:22:12.088 --> 00:22:14.592 food that's available all the time,

NOTE Confidence: 0.929106

00:22:14.592 --> 00:22:16.440 increased stress, lack of sleep,

NOTE Confidence: 0.929106

 $00:22:16.440 \longrightarrow 00:22:17.880$ lack of physical activity.

NOTE Confidence: 0.929106

00:22:17.880 --> 00:22:19.959 Well, this defended fat mass set point

NOTE Confidence: 0.929106

 $00:22:19.959 \longrightarrow 00:22:22.200$ is pushed up on a population level.

NOTE Confidence: 0.929106

 $00{:}22{:}22.200 \dashrightarrow 00{:}22{:}25.518$ We are responding to our environment.

NOTE Confidence: 0.929106

00:22:25.520 --> 00:22:27.319 And so when we think about obesity,

NOTE Confidence: 0.929106

 $00:22:27.320 \longrightarrow 00:22:29.847$ really what obesity is and what it

NOTE Confidence: 0.929106

 $00{:}22{:}29.847 \dashrightarrow 00{:}22{:}31.951$ results from is an inappropriate

NOTE Confidence: 0.929106

 $00:22:31.951 \longrightarrow 00:22:34.771$ dysregulation or or setting of that

00:22:34.771 --> 00:22:37.194 defended fat mass set point and

NOTE Confidence: 0.929106

 $00:22:37.194 \longrightarrow 00:22:39.164$ what obesity treatment then requires

NOTE Confidence: 0.929106

 $00:22:39.164 \longrightarrow 00:22:41.601$ is resetting or re regulation of

NOTE Confidence: 0.929106

00:22:41.601 --> 00:22:43.959 that defended fat mass set point.

NOTE Confidence: 0.929106

 $00:22:43.960 \longrightarrow 00:22:45.952$ And so why is all this important and

NOTE Confidence: 0.929106

 $00{:}22{:}45.952 \dashrightarrow 00{:}22{:}48.221$ why am I talking about it in the

NOTE Confidence: 0.929106

 $00:22:48.221 \longrightarrow 00:22:50.120$ context of anti obesity medications?

NOTE Confidence: 0.929106

 $00:22:50.120 \longrightarrow 00:22:51.920$ That's because any treatment that

NOTE Confidence: 0.929106

 $00:22:51.920 \longrightarrow 00:22:53.360$ we use for obesity,

NOTE Confidence: 0.929106

 $00:22:53.360 \longrightarrow 00:22:55.880$ the goal should be re regulation

NOTE Confidence: 0.929106

 $00{:}22{:}55.880 \dashrightarrow 00{:}22{:}58.040$ of this defended fat mass.

NOTE Confidence: 0.929106

 $00:22:58.040 \longrightarrow 00:22:59.840$ So when we think about anti

NOTE Confidence: 0.929106

 $00:22:59.840 \longrightarrow 00:23:00.440$ obesity medications,

NOTE Confidence: 0.929106

 $00:23:00.440 \longrightarrow 00:23:01.950$ the goal is to decrease

NOTE Confidence: 0.929106

 $00:23:01.950 \longrightarrow 00:23:03.158$ that defended fat mass.

NOTE Confidence: 0.929106

00:23:03.160 --> 00:23:05.484 So you have all of these different

 $00{:}23{:}05.484 \dashrightarrow 00{:}23{:}07.352$ things pushing up the defended

NOTE Confidence: 0.929106

 $00{:}23{:}07.352 \longrightarrow 00{:}23{:}09.968$ fat mass and in our obesogenic

NOTE Confidence: 0.929106

00:23:09.968 --> 00:23:12.463 environment and what we want is

NOTE Confidence: 0.929106

00:23:12.463 --> 00:23:14.388 anti obesity medications to bring

NOTE Confidence: 0.929106

 $00{:}23{:}14.388 \dashrightarrow 00{:}23{:}16.917$ it back down to re regulate it.

NOTE Confidence: 0.929106

 $00:23:16.920 \longrightarrow 00:23:20.084$ Now the question is how can anti

NOTE Confidence: 0.929106

00:23:20.084 --> 00:23:22.079 obesity medications potentially do this?

NOTE Confidence: 0.929106

 $00{:}23{:}22.080 \dashrightarrow 00{:}23{:}24.089$ How can they reset or re regulate

NOTE Confidence: 0.929106

 $00:23:24.089 \longrightarrow 00:23:26.078$ that defended fat mass at that point?

NOTE Confidence: 0.929106

00:23:26.080 --> 00:23:26.412 Well,

NOTE Confidence: 0.929106

 $00:23:26.412 \longrightarrow 00:23:28.736$ it turns out a majority of the

NOTE Confidence: 0.929106

 $00:23:28.736 \longrightarrow 00:23:30.775$ medications that we have work in the

NOTE Confidence: 0.929106

 $00{:}23{:}30.775 \dashrightarrow 00{:}23{:}32.590$ brain and it's not surprising because

NOTE Confidence: 0.929106

 $00:23:32.590 \longrightarrow 00:23:35.213$ the brain is what we think sets or

NOTE Confidence: 0.929106

 $00:23:35.213 \longrightarrow 00:23:37.278$ regulates that defended fat mass.

 $00:23:37.280 \longrightarrow 00:23:38.912$ Now the one medication that's not

NOTE Confidence: 0.929106

 $00:23:38.912 \longrightarrow 00:23:41.183$ on here that is FDA approved for

NOTE Confidence: 0.929106

 $00:23:41.183 \longrightarrow 00:23:42.675$ obesity treatment is Orlistat.

NOTE Confidence: 0.929106

 $00:23:42.680 \longrightarrow 00:23:46.208$ We don't think that Orlistat re

NOTE Confidence: 0.929106

 $00:23:46.208 \longrightarrow 00:23:48.048$ regulates that defended fat mass

NOTE Confidence: 0.929106

 $00:23:48.048 \longrightarrow 00:23:49.152$ at that point.

NOTE Confidence: 0.929106

 $00:23:49.160 \longrightarrow 00:23:51.416$ So let's talk about the brain

NOTE Confidence: 0.929106

 $00:23:51.416 \longrightarrow 00:23:52.920$ again a little bit.

NOTE Confidence: 0.929106

 $00:23:52.920 \longrightarrow 00:23:55.482$ So we talked about the brain and

NOTE Confidence: 0.929106

 $00:23:55.482 \longrightarrow 00:23:58.021$ there are different regions that work

NOTE Confidence: 0.929106

 $00{:}23{:}58.021 \dashrightarrow 00{:}24{:}00.380$ together to control eating behavior.

NOTE Confidence: 0.929106

00:24:00.380 --> 00:24:02.280 So cognitive executive regions,

NOTE Confidence: 0.929106

 $00{:}24{:}02.280 \dashrightarrow 00{:}24{:}03.633$ hed onic and homeostatic.

NOTE Confidence: 0.929106

 $00{:}24{:}03.633 \dashrightarrow 00{:}24{:}06.339$ And again initially it was thought

NOTE Confidence: 0.929106

 $00:24:06.339 \longrightarrow 00:24:08.268$ that the hypothalamus controlled

NOTE Confidence: 0.929106

 $00{:}24{:}08.268 \dashrightarrow 00{:}24{:}11.180$ most of this in terms of being the

 $00:24:11.180 \longrightarrow 00:24:13.160$ hunger center and the satiety center.

NOTE Confidence: 0.929106

 $00:24:13.160 \longrightarrow 00:24:16.912$ And so initially when looking at how

NOTE Confidence: 0.929106

00:24:16.912 --> 00:24:20.368 GLP one receptor agonist may work,

NOTE Confidence: 0.929106

 $00:24:20.368 \longrightarrow 00:24:24.680$ the focus was initially on the hypothalamus.

NOTE Confidence: 0.929106

 $00:24:24.680 \longrightarrow 00:24:27.160$ And if we and again GLP one receptor

NOTE Confidence: 0.929106

 $00:24:27.160 \longrightarrow 00:24:29.575$ agonist just to level set their

NOTE Confidence: 0.929106

00:24:29.575 --> 00:24:30.874 medications like somaglitide,

NOTE Confidence: 0.929106

 $00:24:30.880 \longrightarrow 00:24:31.243$ tirzepatide,

NOTE Confidence: 0.929106

 $00:24:31.243 \longrightarrow 00:24:33.058$ the things that you've been

NOTE Confidence: 0.929106

 $00:24:33.058 \longrightarrow 00:24:35.079$ likely reading about in the news.

NOTE Confidence: 0.929106

 $00{:}24{:}35.080 \dashrightarrow 00{:}24{:}38.640$ So the thought is that GLP one directly

NOTE Confidence: 0.929106

 $00{:}24{:}38.640 \dashrightarrow 00{:}24{:}42.271$ activates pump C CART neurons in the

NOTE Confidence: 0.929106

 $00{:}24{:}42.271 \dashrightarrow 00{:}24{:}44.395$ hypothalamus and indirectly inhibits

NOTE Confidence: 0.49373502

 $00:24:44.400 \longrightarrow 00:24:47.034$ NPYAGRP neurons and collectively this results

NOTE Confidence: 0.49373502

00:24:47.034 --> 00:24:49.599 in signaling that reduces food intake.

 $00:24:49.600 \longrightarrow 00:24:51.680$ Of course, we know now that the story

NOTE Confidence: 0.49373502

 $00{:}24{:}51.680 \dashrightarrow 00{:}24{:}54.051$ is much more complex and there is

NOTE Confidence: 0.49373502

 $00:24:54.051 \longrightarrow 00:24:55.841$ research ongoing actually looking at

NOTE Confidence: 0.49373502

 $00:24:55.906 \longrightarrow 00:24:57.805$ how these medications may impact reward

NOTE Confidence: 0.49373502

 $00:24:57.805 \longrightarrow 00:25:00.244$ and motivation regions of the brain and

NOTE Confidence: 0.49373502

 $00:25:00.244 \longrightarrow 00:25:02.200$ I think this is incredibly interesting.

NOTE Confidence: 0.49373502

 $00:25:02.200 \longrightarrow 00:25:04.210$ We were also interested in looking

NOTE Confidence: 0.49373502

 $00:25:04.210 \longrightarrow 00:25:06.263$ at this and looking at some of

NOTE Confidence: 0.49373502

 $00:25:06.263 \longrightarrow 00:25:08.799$ the the animal studies.

NOTE Confidence: 0.49373502

 $00:25:08.800 \longrightarrow 00:25:10.795$ There has been evidence that for example,

NOTE Confidence: 0.49373502

 $00{:}25{:}10.800 \dashrightarrow 00{:}25{:}13.866$ some maglitide does act in

NOTE Confidence: 0.49373502

 $00:25:13.866 \longrightarrow 00:25:15.918$ the hypothalamus as as well as

NOTE Confidence: 0.49373502

 $00:25:15.918 \longrightarrow 00:25:18.117$ various regions in the hind brain.

NOTE Confidence: 0.49373502

 $00:25:18.120 \longrightarrow 00:25:20.120$ For us, we had an early pilot study,

NOTE Confidence: 0.49373502

 $00:25:20.120 \longrightarrow 00:25:23.466$ it was funded by the ADA and this

NOTE Confidence: 0.49373502

 $00{:}25{:}23.466 \dashrightarrow 00{:}25{:}26.285$ was conducted by a pediatric

 $00:25:26.285 \longrightarrow 00:25:28.510$ endocrinology fellow who's now an

NOTE Confidence: 0.49373502

 $00{:}25{:}28.510 \dashrightarrow 00{:}25{:}30.590$ assistant professor as well as a a

NOTE Confidence: 0.49373502

 $00:25:30.590 \longrightarrow 00:25:33.080$ post grad who is now in medical school.

NOTE Confidence: 0.49373502

00:25:33.080 --> 00:25:35.720 And we did this work with Regita and

NOTE Confidence: 0.49373502

 $00{:}25{:}35.720 \dashrightarrow 00{:}25{:}38.633$ Bob Sherwin where we gave individuals

NOTE Confidence: 0.49373502

 $00:25:38.633 \longrightarrow 00:25:42.198$ laraglatide for about 12 weeks

NOTE Confidence: 0.49373502

 $00:25:42.200 \longrightarrow 00:25:43.680$ and we assessed various things,

NOTE Confidence: 0.49373502

00:25:43.680 --> 00:25:45.740 metabolic function or response,

NOTE Confidence: 0.49373502

 $00:25:45.740 \longrightarrow 00:25:47.800$ neural response and behavior.

NOTE Confidence: 0.49373502

 $00:25:47.800 \longrightarrow 00:25:50.038$ And I'll just highlight very briefly

NOTE Confidence: 0.49373502

 $00:25:50.040 \longrightarrow 00:25:52.574$ some of the some of the findings

NOTE Confidence: 0.49373502

 $00:25:52.574 \longrightarrow 00:25:55.070$ from this pilot that then led to

NOTE Confidence: 0.49373502

 $00{:}25{:}55.070 \dashrightarrow 00{:}25{:}57.520$ an RO one that we currently have.

NOTE Confidence: 0.49373502

 $00:25:57.520 \longrightarrow 00:26:00.621$ So what we looked at was brain

NOTE Confidence: 0.49373502

 $00:26:00.621 \longrightarrow 00:26:03.517$ response again using F MRI and we gave

 $00:26:03.520 \longrightarrow 00:26:05.120$ participants this time these were

NOTE Confidence: 0.49373502

 $00{:}26{:}05.120 \dashrightarrow 00{:}26{:}07.392$ young adults, high fructose corn syrup.

NOTE Confidence: 0.49373502

 $00:26:07.392 \longrightarrow 00:26:09.432$ It was a small sample,

NOTE Confidence: 0.49373502

 $00:26:09.440 \longrightarrow 00:26:11.304$ but what we found and what we looked

NOTE Confidence: 0.49373502

 $00:26:11.304 \longrightarrow 00:26:13.262$ at was basically the neural response

NOTE Confidence: 0.49373502

 $00:26:13.262 \longrightarrow 00:26:15.052$ after three months of treatment

NOTE Confidence: 0.49373502

 $00:26:15.052 \longrightarrow 00:26:16.120$ with loraglitide.

NOTE Confidence: 0.49373502

 $00:26:16.120 \longrightarrow 00:26:18.106$ And so this is the difference

NOTE Confidence: 0.49373502

 $00{:}26{:}18.106 \dashrightarrow 00{:}26{:}19.826$ between during treatment with

NOTE Confidence: 0.49373502

 $00:26:19.826 \longrightarrow 00:26:21.674$ loraglitide versus at baseline.

NOTE Confidence: 0.49373502

 $00:26:21.680 \longrightarrow 00:26:23.138$ And the the difference that we

NOTE Confidence: 0.49373502

00:26:23.138 --> 00:26:24.840 found was in the hypothalamus,

NOTE Confidence: 0.49373502

 $00:26:24.840 \longrightarrow 00:26:26.970$ which is an important relay center

NOTE Confidence: 0.49373502

 $00{:}26{:}26.970 \dashrightarrow 00{:}26{:}28.035$ in the brain.

NOTE Confidence: 0.49373502

00:26:28.040 --> 00:26:28.289 Again,

NOTE Confidence: 0.49373502

 $00{:}26{:}28.289 \dashrightarrow 00{:}26{:}30.281$ this was a small sample but at least

 $00:26:30.281 \longrightarrow 00:26:32.847$ it gave us a clue that there were some

NOTE Confidence: 0.49373502

 $00{:}26{:}32.847 \dashrightarrow 00{:}26{:}34.879$ differences that were ongoing in the brain.

NOTE Confidence: 0.49373502

 $00{:}26{:}34.880 \dashrightarrow 00{:}26{:}36.998$ We also adapted the food snack

NOTE Confidence: 0.49373502

00:26:36.998 --> 00:26:39.170 task which was developed by Regita

NOTE Confidence: 0.49373502

 $00{:}26{:}39.170 \dashrightarrow 00{:}26{:}41.592$ and we adapted it because we were

NOTE Confidence: 0.49373502

 $00:26:41.592 \longrightarrow 00:26:43.408$ interested in looking at sweet

NOTE Confidence: 0.49373502

 $00:26:43.408 \longrightarrow 00:26:45.153$ taste preference at the time.

NOTE Confidence: 0.49373502

 $00:26:45.160 \longrightarrow 00:26:46.845$ There was some indication that

NOTE Confidence: 0.49373502

00:26:46.845 --> 00:26:48.193 potentially GLP one receptor

NOTE Confidence: 0.49373502

 $00{:}26{:}48.193 \dashrightarrow 00{:}26{:}49.823$ agonist may impact this and that

NOTE Confidence: 0.49373502

 $00:26:49.823 \longrightarrow 00:26:51.360$ was based on some animal work.

NOTE Confidence: 0.49373502

 $00:26:51.360 \longrightarrow 00:26:52.260$ So we plate,

NOTE Confidence: 0.49373502

 $00{:}26{:}52.260 \dashrightarrow 00{:}26{:}54.360$ we replaced some of the foods with

NOTE Confidence: 0.49373502

00:26:54.427 --> 00:26:56.595 you can see some 3 sweet foods and

NOTE Confidence: 0.49373502

 $00:26:56.600 \longrightarrow 00:26:59.678$ three foods that are carbohydrate and

 $00:26:59.678 \longrightarrow 00:27:02.560$ potentially containing fat but not sweet.

NOTE Confidence: 0.49373502

 $00:27:02.560 \longrightarrow 00:27:04.685$ We videotaped participants and they

NOTE Confidence: 0.49373502

 $00:27:04.685 \longrightarrow 00:27:07.232$ had the opportunity for 30 minutes

NOTE Confidence: 0.49373502

 $00:27:07.232 \longrightarrow 00:27:09.675$ and then we measured the food that

NOTE Confidence: 0.49373502

 $00:27:09.675 \longrightarrow 00:27:11.956$ they ate and how much they ate.

NOTE Confidence: 0.49373502

 $00:27:11.960 \longrightarrow 00:27:15.288$ And what you'll see on these graphs are

NOTE Confidence: 0.49373502

 $00{:}27{:}15.288 \dashrightarrow 00{:}27{:}17.758$ lean individuals are depicted in blue.

NOTE Confidence: 0.49373502

00:27:17.760 --> 00:27:21.090 Yellow are participants with obesity

NOTE Confidence: 0.49373502

 $00{:}27{:}21.090 \dashrightarrow 00{:}27{:}23.754$ before receiving any laraglatide,

NOTE Confidence: 0.49373502

 $00:27:23.760 \longrightarrow 00:27:26.020$ then orange are participants

NOTE Confidence: 0.49373502

 $00{:}27{:}26.020 \dashrightarrow 00{:}27{:}28.280$ during treatment with lar aglatide.

NOTE Confidence: 0.49373502

 $00:27:28.280 \longrightarrow 00:27:30.114$ And then the green is the change,

NOTE Confidence: 0.49373502

 $00:27:30.120 \longrightarrow 00:27:32.375$ the difference between pre and

NOTE Confidence: 0.49373502

 $00:27:32.375 \longrightarrow 00:27:33.277$ post treatment.

NOTE Confidence: 0.49373502

00:27:33.280 --> 00:27:35.668 So first, in terms of caloric consumption,

NOTE Confidence: 0.49373502

 $00:27:35.668 \longrightarrow 00:27:38.384$ what you can see is that individuals

 $00:27:38.384 \longrightarrow 00:27:41.080$ with obesity did eat more than

NOTE Confidence: 0.49373502

00:27:41.080 --> 00:27:43.000 lean individuals at baseline,

NOTE Confidence: 0.49373502

 $00:27:43.000 \longrightarrow 00:27:44.728$ which is not surprising.

NOTE Confidence: 0.49373502

00:27:44.728 --> 00:27:45.160 Again,

NOTE Confidence: 0.49373502

00:27:45.160 --> 00:27:46.960 they're trying to defend this

NOTE Confidence: 0.49373502

 $00:27:46.960 \longrightarrow 00:27:49.191$ higher defended fat mass and so

NOTE Confidence: 0.49373502

00:27:49.191 --> 00:27:50.655 they're consuming more calories

NOTE Confidence: 0.49373502

 $00:27:50.655 \longrightarrow 00:27:52.485$ to defend that amount of

NOTE Confidence: 0.9534879

 $00:27:52.552 \longrightarrow 00:27:54.402$ fat. Then during treatment they are less

NOTE Confidence: 0.9534879

 $00:27:54.402 \longrightarrow 00:27:56.919$ and it was not statistically significant.

NOTE Confidence: 0.9534879

 $00:27:56.920 \longrightarrow 00:27:58.565$ Again, this may be because of power

NOTE Confidence: 0.9534879

 $00:27:58.565 \longrightarrow 00:28:00.549$ and this is a consistent theme that

NOTE Confidence: 0.9534879

 $00:28:00.549 \longrightarrow 00:28:02.079$ you'll see with these findings.

NOTE Confidence: 0.9534879

 $00:28:02.080 \longrightarrow 00:28:04.016$ And here you can just see the change

NOTE Confidence: 0.9534879

00:28:04.016 --> 00:28:05.800 in terms of how much people eat.

 $00:28:05.800 \longrightarrow 00:28:07.396$ Then we looked at the observed

NOTE Confidence: 0.9534879

 $00:28:07.396 \longrightarrow 00:28:08.194$ sweet food intake.

NOTE Confidence: 0.9534879

 $00:28:08.200 \longrightarrow 00:28:10.516$ That's what I was interested in.

NOTE Confidence: 0.9534879

 $00:28:10.520 \longrightarrow 00:28:13.040$ And again, you can see that individuals

NOTE Confidence: 0.9534879

00:28:13.040 --> 00:28:15.168 with obesity depicted here in yellow

NOTE Confidence: 0.9534879

00:28:15.168 --> 00:28:17.280 did consume more sweet foods than

NOTE Confidence: 0.9534879

 $00:28:17.343 \longrightarrow 00:28:19.317$ those who were lean at baseline.

NOTE Confidence: 0.9534879

00:28:19.320 --> 00:28:21.385 And then with treatment again we saw

NOTE Confidence: 0.9534879

 $00:28:21.385 \longrightarrow 00:28:23.858$ a trend for decreased and sweet food

NOTE Confidence: 0.9534879

00:28:23.858 --> 00:28:25.744 intake but but not statistically

NOTE Confidence: 0.9534879

 $00:28:25.744 \longrightarrow 00:28:28.000$ significant and you can see the

NOTE Confidence: 0.9534879

 $00:28:28.073 \longrightarrow 00:28:30.318$ difference here depicted in green.

NOTE Confidence: 0.9534879

00:28:30.320 --> 00:28:31.625 Now this LED,

NOTE Confidence: 0.9534879

 $00:28:31.625 \longrightarrow 00:28:34.670$ this was sufficient pilot data to lead

NOTE Confidence: 0.9534879

 $00:28:34.756 \longrightarrow 00:28:37.325$ to an RO one that I have the privilege

NOTE Confidence: 0.9534879

 $00:28:37.325 \longrightarrow 00:28:41.031$ of of conducting with Regita as as Co PIS.

00:28:41.031 --> 00:28:43.250 And here is some of our wonderful

NOTE Confidence: 0.9534879

 $00:28:43.325 \longrightarrow 00:28:45.747$ team who is actually doing all the

NOTE Confidence: 0.9534879

00:28:45.747 --> 00:28:48.386 work and some of our junior faculty

NOTE Confidence: 0.9534879

 $00:28:48.386 \longrightarrow 00:28:50.678$ who are now progressing on into

NOTE Confidence: 0.9534879

 $00:28:50.680 \longrightarrow 00:28:52.436$ further ladder track positions.

NOTE Confidence: 0.9534879

 $00:28:52.436 \longrightarrow 00:28:55.545$ And this RO one we're looking at

NOTE Confidence: 0.9534879

00:28:55.545 --> 00:28:58.317 Somagnetide and the effects of food cues,

NOTE Confidence: 0.9534879

 $00:28:58.320 \longrightarrow 00:29:00.295$ stress and motivation for highly

NOTE Confidence: 0.9534879

00:29:00.295 --> 00:29:01.875 palatable food and weight.

NOTE Confidence: 0.9534879

 $00:29:01.880 \longrightarrow 00:29:04.208$ And what we're doing is we're

NOTE Confidence: 0.9534879

 $00{:}29{:}04.208 \dashrightarrow 00{:}29{:}06.228$ randomizing individuals with obesity to

NOTE Confidence: 0.9534879

 $00{:}29{:}06.228 \dashrightarrow 00{:}29{:}08.238$ receive either place bo or Somagnetide.

NOTE Confidence: 0.9534879

 $00:29:08.240 \longrightarrow 00:29:10.459$ They received that for 12 weeks and

NOTE Confidence: 0.9534879

00:29:10.459 --> 00:29:12.758 then we actually also look at a one

NOTE Confidence: 0.9534879

00:29:12.758 --> 00:29:14.484 month follow up off the medication

 $00:29:14.484 \longrightarrow 00:29:15.996$ to see what happens.

NOTE Confidence: 0.9534879

00:29:16.000 --> 00:29:17.392 We're looking at weight,

NOTE Confidence: 0.9534879

00:29:17.392 --> 00:29:19.480 but we're actually what we're really

NOTE Confidence: 0.9534879

 $00:29:19.539 \longrightarrow 00:29:21.134$ interested in are the metabolic

NOTE Confidence: 0.9534879

 $00:29:21.134 \longrightarrow 00:29:23.169$ responses as well as how individuals

NOTE Confidence: 0.9534879

00:29:23.169 --> 00:29:25.049 may be consuming food differently

NOTE Confidence: 0.9534879

00:29:25.049 --> 00:29:27.045 and we're using this validated

NOTE Confidence: 0.9534879

00:29:27.045 --> 00:29:29.955 food snack test to assess this.

NOTE Confidence: 0.9534879

 $00{:}29{:}29.960 \dashrightarrow 00{:}29{:}32.354$ And so we are in year four.

NOTE Confidence: 0.9534879

 $00:29:32.360 \longrightarrow 00:29:35.660$ So anticipate those results fairly

NOTE Confidence: 0.9534879

 $00{:}29{:}35.660 \dashrightarrow 00{:}29{:}38.184$ soon and hopefully next time

NOTE Confidence: 0.9534879

00:29:38.184 --> 00:29:40.480 I I present to all of you,

NOTE Confidence: 0.9534879

 $00:29:40.480 \longrightarrow 00:29:43.438$ we'll have some data on that.

NOTE Confidence: 0.9534879

 $00:29:43.440 \longrightarrow 00:29:44.120$ Now additionally,

NOTE Confidence: 0.9534879

 $00:29:44.120 \longrightarrow 00:29:46.500$ let's focus in briefly again on the

NOTE Confidence: 0.9534879

 $00:29:46.500 \longrightarrow 00:29:48.349$ hedonic salience regions of the brain

 $00{:}29{:}48.349 \dashrightarrow 00{:}29{:}50.524$ and I think there will be a lot

NOTE Confidence: 0.9534879

 $00:29:50.524 \longrightarrow 00:29:51.994$ more work with GLP ones specifically

NOTE Confidence: 0.9534879

 $00:29:51.994 \longrightarrow 00:29:54.118$ on these regions of the brain.

NOTE Confidence: 0.9534879

00:29:54.120 --> 00:29:56.316 But up till now, what has been looked at?

NOTE Confidence: 0.9534879

 $00:29:56.320 \longrightarrow 00:29:57.514$ Well, of course,

NOTE Confidence: 0.9534879

 $00{:}29{:}57.514 \dashrightarrow 00{:}29{:}59.504$ dopaminergic pathways that are so

NOTE Confidence: 0.9534879

 $00:29:59.504 \longrightarrow 00:30:01.656$ important for reward and motivation

NOTE Confidence: 0.9534879

 $00{:}30{:}01.656 \dashrightarrow 00{:}30{:}03.796$ as well as seroton ergic pathways.

NOTE Confidence: 0.9534879

 $00:30:03.800 \longrightarrow 00:30:06.170$ Now there are medications that have

NOTE Confidence: 0.9534879

 $00:30:06.170 \dashrightarrow 00:30:07.750$ targeted these different pathways

NOTE Confidence: 0.9534879

 $00:30:07.814 \longrightarrow 00:30:08.558$ in the brain.

NOTE Confidence: 0.9534879

00:30:08.560 --> 00:30:11.080 Lorcasterin is no longer on the market,

NOTE Confidence: 0.9534879

00:30:11.080 --> 00:30:13.920 but it targeted serotonergic pathways,

NOTE Confidence: 0.9534879

00:30:13.920 --> 00:30:14.439 bupropion,

NOTE Confidence: 0.9534879

00:30:14.439 --> 00:30:16.515 phentermine and then naltrexone

 $00:30:16.515 \longrightarrow 00:30:18.591$ and topiramate target different

NOTE Confidence: 0.9534879

00:30:18.591 --> 00:30:19.959 types of pathways.

NOTE Confidence: 0.9534879

 $00:30:19.960 \longrightarrow 00:30:21.808$ And it's just to say again that

NOTE Confidence: 0.9534879

 $00{:}30{:}21.808 {\:{\mbox{--}}\!>\:} 00{:}30{:}22.943$ these medications target these

NOTE Confidence: 0.9534879

 $00:30:22.943 \longrightarrow 00:30:24.398$ different regions of the brain.

NOTE Confidence: 0.9534879

 $00:30:24.400 \longrightarrow 00:30:26.370$ And there are investigators like

NOTE Confidence: 0.9534879

 $00{:}30{:}26.370 \dashrightarrow 00{:}30{:}28.340$ Carlos Grillo and Valentina Ivisage

NOTE Confidence: 0.9534879

 $00:30:28.403 \longrightarrow 00:30:30.245$ who have also had the privilege

NOTE Confidence: 0.9534879

 $00{:}30{:}30{:}30{:}32{:}000$ of working on various studies,

NOTE Confidence: 0.9534879

 $00:30:32.000 \longrightarrow 00:30:33.878$ both in terms of looking at

NOTE Confidence: 0.9534879

 $00{:}30{:}33.878 \dashrightarrow 00{:}30{:}35.572$ naltrex one bupropion in the setting

NOTE Confidence: 0.9534879

 $00:30:35.572 \longrightarrow 00:30:37.076$ of binge eating disorder,

NOTE Confidence: 0.9534879

 $00:30:37.080 \longrightarrow 00:30:40.846$ as well As for loss of control

NOTE Confidence: 0.9534879

 $00{:}30{:}40.846 \dashrightarrow 00{:}30{:}43.320$ eating following bariatric surgery.

NOTE Confidence: 0.9534879

 $00:30:43.320 \longrightarrow 00:30:45.160$ And now what about cognitive

NOTE Confidence: 0.9534879

 $00:30:45.160 \longrightarrow 00:30:47.000$ executive regions of the brain?

 $00:30:47.000 \longrightarrow 00:30:48.071$ For so long,

NOTE Confidence: 0.9534879

 $00{:}30{:}48.071 \dashrightarrow 00{:}30{:}50.570$ it was thought that patients could control

NOTE Confidence: 0.9534879

 $00:30:50.643 \longrightarrow 00:30:52.918$ every morsel of food that they eat.

NOTE Confidence: 0.9534879

 $00:30:52.920 \longrightarrow 00:30:54.438$ For the rest of their lives,

NOTE Confidence: 0.83755195

 $00:30:54.440 \longrightarrow 00:30:56.340$ they could simply impart

NOTE Confidence: 0.83755195

 $00:30:56.340 \longrightarrow 00:30:58.240$ executive function and decision

NOTE Confidence: 0.83755195

 $00:30:58.240 \longrightarrow 00:30:59.776$ making to make these decisions.

NOTE Confidence: 0.83755195

00:30:59.776 --> 00:31:02.021 But of course we know as as we've

NOTE Confidence: 0.83755195

00:31:02.021 --> 00:31:03.839 just talked about that the striatum,

NOTE Confidence: 0.83755195

 $00:31:03.840 \longrightarrow 00:31:04.546$ the hypothalamus,

NOTE Confidence: 0.83755195

 $00:31:04.546 \longrightarrow 00:31:07.017$ all of these brain regions work in

NOTE Confidence: 0.83755195

 $00:31:07.017 \longrightarrow 00:31:08.933$ concert and biology is really pushing

NOTE Confidence: 0.83755195

 $00{:}31{:}08.933 \dashrightarrow 00{:}31{:}11.149$ us and making it very difficult for

NOTE Confidence: 0.83755195

 $00:31:11.149 \longrightarrow 00:31:13.438$ us to make those types of decisions.

NOTE Confidence: 0.83755195

 $00:31:13.440 \longrightarrow 00:31:15.547$ It's almost as if we were asking

 $00:31:15.547 \longrightarrow 00:31:17.929$ our patients to hold their breath

NOTE Confidence: 0.83755195

 $00{:}31{:}17.929 \dashrightarrow 00{:}31{:}20.050$ indefinitely in the same way we're

NOTE Confidence: 0.83755195

 $00:31:20.050 \longrightarrow 00:31:22.116$ asking them to to decide on every

NOTE Confidence: 0.83755195

 $00:31:22.116 \longrightarrow 00:31:24.084$ morsel food that they eat for the

NOTE Confidence: 0.83755195

 $00:31:24.084 \longrightarrow 00:31:26.128$ rest of their life when their biology

NOTE Confidence: 0.83755195

 $00:31:26.128 \longrightarrow 00:31:28.112$ is telling them that they are

NOTE Confidence: 0.83755195

 $00:31:28.112 \longrightarrow 00:31:29.792$ incredibly hungry or craving foods.

NOTE Confidence: 0.83755195

00:31:29.800 --> 00:31:30.586 And of course,

NOTE Confidence: 0.83755195

 $00{:}31{:}30.586 \dashrightarrow 00{:}31{:}31.372$ there's many interventions

NOTE Confidence: 0.83755195

 $00:31:31.372 \longrightarrow 00:31:32.880$ that can be used for this,

NOTE Confidence: 0.83755195

 $00:31:32.880 \longrightarrow 00:31:35.400$ but it does make it very difficult.

NOTE Confidence: 0.83755195

 $00:31:35.400 \longrightarrow 00:31:37.416$ So all of these regions of

NOTE Confidence: 0.83755195

 $00:31:37.416 \longrightarrow 00:31:38.760$ the brain work together.

NOTE Confidence: 0.83755195

 $00:31:38.760 \longrightarrow 00:31:42.090$ They impact food intake as

NOTE Confidence: 0.83755195

 $00:31:42.090 \longrightarrow 00:31:44.754$ well as energy homeostasis.

NOTE Confidence: 0.83755195 00:31:44.760 --> 00:31:45.072 OK.

00:31:45.072 --> 00:31:46.944 So we've talked a lot about

NOTE Confidence: 0.83755195

 $00:31:46.944 \longrightarrow 00:31:47.880$ this first barrier,

NOTE Confidence: 0.83755195

00:31:47.880 --> 00:31:49.914 and that's what I really wanted to focus on,

NOTE Confidence: 0.83755195

 $00:31:49.920 \longrightarrow 00:31:52.456$ But let's touch on a couple of others

NOTE Confidence: 0.83755195

 $00:31:52.456 \longrightarrow 00:31:54.678$ and then return to our patient.

NOTE Confidence: 0.83755195

 $00:31:54.680 \longrightarrow 00:31:57.333$ So the next barrier is this fear

NOTE Confidence: 0.83755195

00:31:57.333 --> 00:31:59.479 of causing dangerous side effects.

NOTE Confidence: 0.83755195

 $00{:}31{:}59.480 \dashrightarrow 00{:}32{:}01.376$ This has been something that's come

NOTE Confidence: 0.83755195

 $00:32:01.376 \longrightarrow 00:32:03.484$ about from the fact that these

NOTE Confidence: 0.83755195

 $00:32:03.484 \longrightarrow 00:32:05.439$ medications that were approved for

NOTE Confidence: 0.83755195

 $00:32:05.439 \dashrightarrow 00:32:07.880$ obesity treatment have had a sordid history.

NOTE Confidence: 0.83755195

00:32:07.880 --> 00:32:10.876 And of course many of you I'm

NOTE Confidence: 0.83755195

 $00{:}32{:}10.876 \dashrightarrow 00{:}32{:}12.160$ sure remember Romanaband,

NOTE Confidence: 0.83755195

 $00:32:12.160 \longrightarrow 00:32:14.400$ but if we look at the second

NOTE Confidence: 0.83755195

00:32:14.400 --> 00:32:16.168 generation medication, so for example,

00:32:16.168 --> 00:32:17.383 phentermine, topiramate, naltrexone,

NOTE Confidence: 0.83755195

00:32:17.383 --> 00:32:17.846 bupropion,

NOTE Confidence: 0.83755195

 $00:32:17.846 \longrightarrow 00:32:20.161$ the components of these medications

NOTE Confidence: 0.83755195

 $00:32:20.161 \longrightarrow 00:32:22.503$ have been used for different

NOTE Confidence: 0.83755195

 $00:32:22.503 \longrightarrow 00:32:24.279$ indications over many years.

NOTE Confidence: 0.83755195

 $00:32:24.280 \longrightarrow 00:32:26.352$ So it's not to say that they

NOTE Confidence: 0.83755195

 $00{:}32{:}26.352 \longrightarrow 00{:}32{:}27.886$ were specifically looked at for

NOTE Confidence: 0.83755195

 $00:32:27.886 \longrightarrow 00:32:28.759$ safety and obesity,

NOTE Confidence: 0.83755195

 $00:32:28.760 \longrightarrow 00:32:30.979$ but we at least have more information

NOTE Confidence: 0.83755195

 $00:32:30.979 \longrightarrow 00:32:33.517$ about them in different contexts now.

NOTE Confidence: 0.83755195

 $00{:}32{:}33.517 \dashrightarrow 00{:}32{:}34.708$ Loraglitide and Somaglitide,

NOTE Confidence: 0.83755195

 $00:32:34.708 \longrightarrow 00:32:37.090$ which are both FDA approved for

NOTE Confidence: 0.83755195

 $00:32:37.160 \longrightarrow 00:32:39.680$ obesity treatment belong to a class

NOTE Confidence: 0.83755195

 $00:32:39.680 \longrightarrow 00:32:41.160$ of medications called Glucagon

NOTE Confidence: 0.83755195

00:32:41.160 --> 00:32:42.999 like peptide receptor agonist,

NOTE Confidence: 0.83755195

 $00:32:43.000 \longrightarrow 00:32:44.806$ and they've been used for the treatment

 $00:32:44.806 \longrightarrow 00:32:47.319$ of type 2 diabetes for nearly two decades.

NOTE Confidence: 0.83755195

 $00:32:47.320 \longrightarrow 00:32:47.950$ So again,

NOTE Confidence: 0.83755195

 $00{:}32{:}47.950 \dashrightarrow 00{:}32{:}50.155$ we have more safety data on these

NOTE Confidence: 0.83755195

 $00:32:50.160 \longrightarrow 00:32:50.507$ medications.

NOTE Confidence: 0.83755195

 $00:32:50.507 \longrightarrow 00:32:52.589$ Now there are common side effects

NOTE Confidence: 0.83755195

 $00:32:52.589 \longrightarrow 00:32:54.157$ of these medications and we

NOTE Confidence: 0.83755195

 $00:32:54.157 \longrightarrow 00:32:55.555$ hear about this all the time.

NOTE Confidence: 0.83755195

00:32:55.560 --> 00:32:57.108 I don't think there's any medicine

NOTE Confidence: 0.83755195

 $00:32:57.108 \longrightarrow 00:32:58.472$ for any disease that doesn't

NOTE Confidence: 0.83755195

 $00:32:58.472 \longrightarrow 00:32:59.596$ have any side effects,

NOTE Confidence: 0.83755195

 $00:32:59.600 \dashrightarrow 00:33:02.342$ but certainly these are important to

NOTE Confidence: 0.83755195

 $00:33:02.342 \dashrightarrow 00:33:04.800$ consider as we counsel our patients.

NOTE Confidence: 0.83755195

 $00:33:04.800 \longrightarrow 00:33:06.690$ So most of them are gastrointestinal

NOTE Confidence: 0.83755195

 $00:33:06.690 \longrightarrow 00:33:08.781$ side effects, but for example,

NOTE Confidence: 0.83755195

 $00:33:08.781 \longrightarrow 00:33:11.703$ topiramate can have mental fogginess or

 $00:33:11.703 \longrightarrow 00:33:14.320$ paresthesias that we have to look out for.

NOTE Confidence: 0.83755195

 $00:33:14.320 \dashrightarrow 00:33:17.400$ Naltrexone of course can lead to nausea.

NOTE Confidence: 0.83755195

 $00{:}33{:}17.400 \dashrightarrow 00{:}33{:}19.712$ So there are other side effects that we

NOTE Confidence: 0.83755195

 $00:33:19.712 \longrightarrow 00:33:22.515$ have to counsel our patients about as well.

NOTE Confidence: 0.83755195

00:33:22.520 --> 00:33:24.880 Now just focusing in on the GI side

NOTE Confidence: 0.83755195

 $00:33:24.880 \longrightarrow 00:33:27.039$ effects because these come up quite a bit.

NOTE Confidence: 0.83755195

 $00:33:27.040 \longrightarrow 00:33:28.558$ Let's look at nausea and diarrhoea.

NOTE Confidence: 0.83755195

 $00:33:28.560 \longrightarrow 00:33:30.696$ These are the most commonly reported

NOTE Confidence: 0.83755195

 $00{:}33{:}30.696 \dashrightarrow 00{:}33{:}32.800$ with the newer medications especially.

NOTE Confidence: 0.83755195

 $00:33:32.800 \longrightarrow 00:33:35.560$ So this is depicting the observation

NOTE Confidence: 0.83755195

 $00:33:35.560 \longrightarrow 00:33:38.160$ or the time during a trial.

NOTE Confidence: 0.83755195

 $00:33:38.160 \longrightarrow 00:33:39.714$ It was a trial which was appetite.

NOTE Confidence: 0.83755195

 $00:33:39.720 \longrightarrow 00:33:41.239$ And what you can see with nausea

NOTE Confidence: 0.83755195

 $00:33:41.239 \longrightarrow 00:33:42.678$ is that in the placebo group

NOTE Confidence: 0.83755195

 $00:33:42.678 \longrightarrow 00:33:44.154$ at the start of the trial,

NOTE Confidence: 0.83755195

 $00:33:44.160 \longrightarrow 00:33:45.240$ more participants reported

 $00:33:45.240 \longrightarrow 00:33:47.760$ nausea and it that was also the

NOTE Confidence: 0.3997720592

 $00:33:47.824 \longrightarrow 00:33:49.499$ case with the 10 milligram

NOTE Confidence: 0.3997720592

 $00:33:49.499 \longrightarrow 00:33:51.174$ dose of tirzepatide and the

NOTE Confidence: 0.3997720592

 $00:33:51.239 \longrightarrow 00:33:53.039$ incidence of this was higher.

NOTE Confidence: 0.3997720592

 $00:33:53.040 \dashrightarrow 00:33:55.704$ But you can see that after the dose

NOTE Confidence: 0.3997720592

 $00:33:55.704 \longrightarrow 00:33:57.400$ escalation phase this decreased.

NOTE Confidence: 0.3997720592

 $00:33:57.400 \longrightarrow 00:34:00.046$ You can see the same trend for

NOTE Confidence: 0.3997720592

 $00:34:00.046 \longrightarrow 00:34:02.544$ diarrhea with both placebo as well

NOTE Confidence: 0.3997720592

 $00{:}34{:}02.544 \dashrightarrow 00{:}34{:}05.112$ as with tirz epatide that over time

NOTE Confidence: 0.3997720592

 $00:34:05.120 \longrightarrow 00:34:07.676$ these side effects began to decrease.

NOTE Confidence: 0.3997720592

 $00:34:07.680 \longrightarrow 00:34:09.672$ And so we learned from these

NOTE Confidence: 0.3997720592

00:34:09.672 --> 00:34:11.000 trials that most gastro,

NOTE Confidence: 0.3997720592

 $00:34:11.000 \longrightarrow 00:34:12.995$ most of the side effects with these

NOTE Confidence: 0.3997720592

 $00:34:12.995 \longrightarrow 00:34:14.760$ newer medications are gastrointestinal,

NOTE Confidence: 0.3997720592

 $00:34:14.760 \longrightarrow 00:34:17.352$ they are transient and primarily occurred

 $00:34:17.352 \longrightarrow 00:34:20.200$ during the dose escalation phase and are

NOTE Confidence: 0.3997720592

 $00:34:20.200 \longrightarrow 00:34:22.312$ mostly mild to moderate in severity.

NOTE Confidence: 0.3997720592

 $00:34:22.320 \longrightarrow 00:34:24.000$ Now overall for the medications,

NOTE Confidence: 0.3997720592

00:34:24.000 --> 00:34:26.919 what are some important things to discuss?

NOTE Confidence: 0.3997720592

 $00:34:26.920 \longrightarrow 00:34:28.864$ Well, first it's important to share

NOTE Confidence: 0.3997720592

 $00:34:28.864 \longrightarrow 00:34:30.676$ with our patients that there aren't

NOTE Confidence: 0.3997720592

 $00:34:30.676 \longrightarrow 00:34:31.966$ really medications for any disease

NOTE Confidence: 0.3997720592

 $00{:}34{:}31.966 \dashrightarrow 00{:}34{:}33.320$ that don't have side effects.

NOTE Confidence: 0.3997720592

 $00:34:33.320 \longrightarrow 00:34:35.588$ So let's talk about the side effects

NOTE Confidence: 0.3997720592

 $00:34:35.588 \longrightarrow 00:34:37.919$ before the patient starts the medication,

NOTE Confidence: 0.3997720592

 $00:34:37.920 \longrightarrow 00:34:39.516$ so that they're aware and they know

NOTE Confidence: 0.3997720592

 $00:34:39.516 \longrightarrow 00:34:41.737$ what to look out for and they tell you

NOTE Confidence: 0.3997720592

 $00:34:41.737 \longrightarrow 00:34:43.399$ when they experience these side effects.

NOTE Confidence: 0.3997720592

 $00:34:43.400 \longrightarrow 00:34:45.824$ So some common themes that we can do

NOTE Confidence: 0.3997720592

 $00:34:45.824 \longrightarrow 00:34:47.681$ as providers to help our patients

NOTE Confidence: 0.3997720592

 $00:34:47.681 \longrightarrow 00:34:49.907$ is to always start with the lowest

00:34:49.907 --> 00:34:52.205 starting dose of any medication to

NOTE Confidence: 0.3997720592

 $00:34:52.205 \longrightarrow 00:34:54.182$ monitor our patients for side effects

NOTE Confidence: 0.3997720592

 $00:34:54.182 \longrightarrow 00:34:56.100$ and invite them to share those side

NOTE Confidence: 0.3997720592

00:34:56.155 --> 00:34:58.226 effects with us when they have them or

NOTE Confidence: 0.3997720592

 $00:34:58.226 \longrightarrow 00:35:00.034$ if they have them and to up titrate

NOTE Confidence: 0.3997720592

 $00:35:00.034 \longrightarrow 00:35:02.359$ the dose only is tolerated by the patient.

NOTE Confidence: 0.3997720592

00:35:02.360 --> 00:35:03.800 So if a patient's having nausea,

NOTE Confidence: 0.3997720592

 $00:35:03.800 \longrightarrow 00:35:06.565$ we wouldn't go up until that nausea

NOTE Confidence: 0.3997720592

 $00:35:06.565 \longrightarrow 00:35:08.100$ dissipates because we don't want

NOTE Confidence: 0.3997720592

 $00:35:08.100 \longrightarrow 00:35:09.240$ them to have vomiting.

NOTE Confidence: 0.3997720592

 $00:35:09.240 \longrightarrow 00:35:11.216$ And to borrow a phrase that all of

NOTE Confidence: 0.3997720592

 $00:35:11.216 \longrightarrow 00:35:13.508$ you I'm sure are very familiar with

NOTE Confidence: 0.3997720592

00:35:13.508 --> 00:35:15.243 for for other treatments within

NOTE Confidence: 0.3997720592

 $00{:}35{:}15.306 \dashrightarrow 00{:}35{:}16.718$ the mental health space,

NOTE Confidence: 0.3997720592

 $00:35:16.720 \longrightarrow 00:35:19.168$ our goal is to start low and go

 $00:35:19.168 \longrightarrow 00:35:21.237$ slow and that is the theme.

NOTE Confidence: 0.3997720592

 $00:35:21.240 \longrightarrow 00:35:24.078$ And specifically with the newer medications

NOTE Confidence: 0.3997720592

 $00:35:24.080 \longrightarrow 00:35:26.120$ and the gastrointestinal side effects,

NOTE Confidence: 0.3997720592

 $00:35:26.120 \longrightarrow 00:35:27.608$ this slow dose escalation as I

NOTE Confidence: 0.3997720592

00:35:27.608 --> 00:35:29.258 showed you in the previous slide

NOTE Confidence: 0.3997720592

 $00:35:29.258 \longrightarrow 00:35:31.076$ that we learned from the trials,

NOTE Confidence: 0.3997720592

 $00{:}35{:}31.080 \dashrightarrow 00{:}35{:}33.330$ Our patients can also implement

NOTE Confidence: 0.3997720592

 $00:35:33.330 \longrightarrow 00:35:35.580$ various mitigation strategies such as

NOTE Confidence: 0.3997720592

00:35:35.645 --> 00:35:37.714 eating smaller amounts at mealtimes,

NOTE Confidence: 0.3997720592

 $00:35:37.714 \longrightarrow 00:35:39.616$ stopping to eat when they're full

NOTE Confidence: 0.3997720592

 $00:35:39.616 \longrightarrow 00:35:41.833$ and noting which foods may exacerbate

NOTE Confidence: 0.3997720592

 $00:35:41.833 \longrightarrow 00:35:42.597$ their symptoms.

NOTE Confidence: 0.3997720592

 $00:35:42.600 \longrightarrow 00:35:46.240$ And most commonly these are high fat foods.

NOTE Confidence: 0.3997720592

 $00{:}35{:}46.240 {\:{\circ}{\circ}{\circ}}>00{:}35{:}49.516$ And again the goal is start low and go,

NOTE Confidence: 0.3997720592

 $00:35:49.520 \longrightarrow 00:35:51.440$ go slow and don't go up.

NOTE Confidence: 0.3997720592

 $00:35:51.440 \longrightarrow 00:35:53.300$ If your patient is having significant

 $00:35:53.300 \longrightarrow 00:35:53.920$ side effects,

NOTE Confidence: 0.3997720592

 $00{:}35{:}53.920 \dashrightarrow 00{:}35{:}57.480$ wait a few months and then go up on the dose.

NOTE Confidence: 0.3997720592

 $00:35:57.480 \longrightarrow 00:35:59.565$ Now there's another challenge which

NOTE Confidence: 0.3997720592

 $00:35:59.565 \longrightarrow 00:36:02.151$ is this perception that anti obesity

NOTE Confidence: 0.3997720592

 $00:36:02.151 \longrightarrow 00:36:04.331$ medications are not effective and

NOTE Confidence: 0.3997720592

 $00:36:04.331 \longrightarrow 00:36:06.075$ this is rapidly changing.

NOTE Confidence: 0.3997720592

 $00:36:06.080 \longrightarrow 00:36:08.456$ So previously we would say well

NOTE Confidence: 0.3997720592

 $00:36:08.456 \longrightarrow 00:36:10.837$ with one medication and you may

NOTE Confidence: 0.3997720592

 $00{:}36{:}10.837 \dashrightarrow 00{:}36{:}13.422$ lose somewhere between 5 and 10% if

NOTE Confidence: 0.3997720592

 $00:36:13.422 \longrightarrow 00:36:15.954$ you are have a good response.

NOTE Confidence: 0.3997720592

00:36:15.960 --> 00:36:18.193 Now if we obviously if we combine

NOTE Confidence: 0.3997720592

 $00{:}36{:}18.193 \dashrightarrow 00{:}36{:}20.088$ these medications as I showed you

NOTE Confidence: 0.3997720592

 $00{:}36{:}20.088 \dashrightarrow 00{:}36{:}21.828$ with the first patient this could

NOTE Confidence: 0.3997720592

 $00:36:21.828 \longrightarrow 00:36:24.064$ be more but really Smeglitide was

NOTE Confidence: 0.3997720592

 $00:36:24.064 \longrightarrow 00:36:25.896$ the first medication that changed

 $00:36:25.896 \longrightarrow 00:36:27.984$ this landscape and helped us to

NOTE Confidence: 0.3997720592

 $00{:}36{:}27.984 \dashrightarrow 00{:}36{:}30.239$ leap from the past to the future.

NOTE Confidence: 0.3997720592

 $00:36:30.240 \longrightarrow 00:36:32.389$ And we are currently at this watershed

NOTE Confidence: 0.3997720592

 $00:36:32.389 \longrightarrow 00:36:34.495$ that's brought on by the recent

NOTE Confidence: 0.3997720592

 $00:36:34.495 \longrightarrow 00:36:35.999$ introduction of these medications.

NOTE Confidence: 0.3997720592

 $00:36:36.000 \longrightarrow 00:36:38.364$ So here are the medications that

NOTE Confidence: 0.3997720592

 $00:36:38.364 \longrightarrow 00:36:39.940$ that were that are

NOTE Confidence: 0.4603952

00:36:40.019 --> 00:36:42.446 currently FDA approved and here are

NOTE Confidence: 0.4603952

 $00:36:42.446 \longrightarrow 00:36:44.140$ some of the medications that are in

NOTE Confidence: 0.4603952

00:36:44.193 --> 00:36:46.008 development and leading the charge

NOTE Confidence: 0.4603952

 $00{:}36{:}46.008 \operatorname{{\mathsf{-->}}} 00{:}36{:}47.460$ are nutrient stimulated hormone

NOTE Confidence: 0.4603952

 $00:36:47.460 \longrightarrow 00:36:49.038$ based therapies and I'll share a

NOTE Confidence: 0.4603952

 $00:36:49.038 \longrightarrow 00:36:51.022$ few of the new ones with you today.

NOTE Confidence: 0.4603952

 $00:36:51.022 \longrightarrow 00:36:52.392$ There's others that I don't

NOTE Confidence: 0.4603952

 $00:36:52.392 \longrightarrow 00:36:53.520$ have time to get to.

NOTE Confidence: 0.4603952

 $00:36:53.520 \longrightarrow 00:36:55.745$ So active and receptor inhibitors

 $00:36:55.745 \longrightarrow 00:36:58.471$ that actually can help maintain muscle

NOTE Confidence: 0.4603952

 $00:36:58.471 \longrightarrow 00:37:00.636$ mass while decreasing fat mass.

NOTE Confidence: 0.4603952

 $00:37:00.640 \longrightarrow 00:37:02.824$ There's also an MC4 agonist for

NOTE Confidence: 0.4603952

 $00:37:02.824 \longrightarrow 00:37:05.191$ monogenic obesity and there are many

NOTE Confidence: 0.4603952

 $00:37:05.191 \longrightarrow 00:37:06.879$ other mechanisms being explored.

NOTE Confidence: 0.4603952

00:37:06.880 --> 00:37:08.740 So let's focus in on nutrient

NOTE Confidence: 0.4603952

 $00:37:08.740 \longrightarrow 00:37:10.764$ stimulated hormones. What are these?

NOTE Confidence: 0.4603952

 $00:37:10.764 \dashrightarrow 00:37:13.771$ Well, GLP One is the nutrient stimulated

NOTE Confidence: 0.4603952

00:37:13.771 --> 00:37:16.033 hormone that we're most familiar with,

NOTE Confidence: 0.4603952

 $00:37:16.040 \longrightarrow 00:37:18.070$ used for the treatment of type 2

NOTE Confidence: 0.4603952

 $00{:}37{:}18.070 \dashrightarrow 00{:}37{:}20.079$ diabetes as a receptor agonist.

NOTE Confidence: 0.4603952

 $00:37:20.080 \longrightarrow 00:37:21.598$ But what are these in general?

NOTE Confidence: 0.4603952

 $00{:}37{:}21.600 \dashrightarrow 00{:}37{:}23.820$ Well, these hormones are any hormone

NOTE Confidence: 0.4603952

 $00:37:23.820 \longrightarrow 00:37:25.915$ that is stimulated when we eat

NOTE Confidence: 0.4603952

 $00:37:25.915 \longrightarrow 00:37:27.819$ food and they signal to our brain

00:37:27.819 --> 00:37:30.337 and to various tissues in our body

NOTE Confidence: 0.4603952

 $00{:}37{:}30.337 \dashrightarrow 00{:}37{:}32.316$ about energy homeostasis and that

NOTE Confidence: 0.4603952

00:37:32.316 --> 00:37:35.412 includes food intake as well as

NOTE Confidence: 0.4603952

 $00:37:35.412 \longrightarrow 00:37:36.960$ potentially energy expenditure.

NOTE Confidence: 0.4603952

 $00:37:36.960 \longrightarrow 00:37:38.600$ So starting with GLP one,

NOTE Confidence: 0.4603952

 $00:37:38.600 \longrightarrow 00:37:40.406$ we saw that there was weight reduction

NOTE Confidence: 0.4603952

 $00:37:40.406 \longrightarrow 00:37:42.238$ in our patients with type 2 diabetes.

NOTE Confidence: 0.4603952

00:37:42.240 --> 00:37:45.340 But now we know that pairing GLP

NOTE Confidence: 0.4603952

 $00:37:45.340 \longrightarrow 00:37:47.190$ one with other nutrients stimulated

NOTE Confidence: 0.4603952

 $00:37:47.190 \longrightarrow 00:37:48.880$ hormones such as Glucagon,

NOTE Confidence: 0.4603952

00:37:48.880 --> 00:37:51.414 Amylin or *** and dual agonist or

NOTE Confidence: 0.4603952

 $00:37:51.414 \longrightarrow 00:37:53.412$ triple agonist can actually increase

NOTE Confidence: 0.4603952

 $00:37:53.412 \longrightarrow 00:37:56.338$ the amount of weight reduction that can

NOTE Confidence: 0.4603952

 $00:37:56.338 \longrightarrow 00:37:59.757$ be attained as well as other health benefits.

NOTE Confidence: 0.4603952

00:37:59.760 --> 00:38:02.880 And so this slide I update almost daily.

NOTE Confidence: 0.4603952

 $00:38:02.880 \longrightarrow 00:38:04.448$ It is just a snapshot of some

 $00:38:04.448 \longrightarrow 00:38:05.535$ of the nutrient stimulated

NOTE Confidence: 0.4603952

 $00:38:05.535 \longrightarrow 00:38:07.360$ hormones that are in development.

NOTE Confidence: 0.4603952

 $00:38:07.360 \longrightarrow 00:38:09.624$ These are just the ones in phase two

NOTE Confidence: 0.4603952

 $00:38:09.624 \longrightarrow 00:38:11.886$ and three double this and that's how

NOTE Confidence: 0.4603952

00:38:11.886 --> 00:38:14.200 many are in development in phase one.

NOTE Confidence: 0.4603952

00:38:14.200 --> 00:38:16.965 And the ones that are outlined and

NOTE Confidence: 0.4603952

 $00:38:16.965 \longrightarrow 00:38:19.226$ that I just highlighted here are the

NOTE Confidence: 0.4603952

 $00{:}38{:}19.226 \dashrightarrow 00{:}38{:}21.527$ ones in phase three and I'll share

NOTE Confidence: 0.4603952

 $00{:}38{:}21.527 \dashrightarrow 00{:}38{:}23.519$ with you very briefly about these.

NOTE Confidence: 0.4603952

 $00:38:23.520 \longrightarrow 00:38:25.536$ So some maglitide was the first one

NOTE Confidence: 0.4603952

 $00{:}38{:}25.536 \dashrightarrow 00{:}38{:}28.349$ that is a long acting GLP and receptor

NOTE Confidence: 0.4603952

 $00:38:28.349 \longrightarrow 00:38:30.234$ agonist that was FDA approved.

NOTE Confidence: 0.4603952

 $00:38:30.240 \longrightarrow 00:38:32.334$ It is once weekly and injectable

NOTE Confidence: 0.4603952

 $00:38:32.334 \longrightarrow 00:38:34.231$ and it demonstrated an average

NOTE Confidence: 0.4603952

 $00:38:34.231 \longrightarrow 00:38:36.726$ weight reduction of 16.9% at 68

 $00:38:36.726 \longrightarrow 00:38:39.138$ weeks and that's an average weight

NOTE Confidence: 0.4603952

00:38:39.138 --> 00:38:40.996 reduction of £34 in this trial.

NOTE Confidence: 0.4603952

 $00{:}38{:}40.996 \dashrightarrow 00{:}38{:}42.850$ It was also demonstrated that there

NOTE Confidence: 0.4603952

 $00:38:42.915 \longrightarrow 00:38:44.665$ were improvements in cardio metabolic

NOTE Confidence: 0.4603952

 $00:38:44.665 \longrightarrow 00:38:47.136$ measures and one of the questions was

NOTE Confidence: 0.4603952

00:38:47.136 --> 00:38:49.460 well do does improvement in these lab

NOTE Confidence: 0.4603952

 $00:38:49.460 \longrightarrow 00:38:51.560$ values and these these risk factors,

NOTE Confidence: 0.4603952

 $00:38:51.560 \longrightarrow 00:38:53.630$ does it actually improve outcome And

NOTE Confidence: 0.4603952

 $00{:}38{:}53.630 \dashrightarrow 00{:}38{:}56.075$ now we're at the cusp of knowing

NOTE Confidence: 0.4603952

 $00:38:56.075 \longrightarrow 00:38:58.067$ the answer to that the select

NOTE Confidence: 0.4603952

 $00{:}38{:}58.067 \dashrightarrow 00{:}39{:}00.338$ trial which we were a site for here

NOTE Confidence: 0.4603952

 $00:39:00.338 \longrightarrow 00:39:03.280$ as well with the help of YCCI.

NOTE Confidence: 0.4603952

 $00{:}39{:}03.280 \dashrightarrow 00{:}39{:}07.692$ This trial resulted in a 20% reduction

NOTE Confidence: 0.4603952

 $00{:}39{:}07.692 \dashrightarrow 00{:}39{:}09.876$ in major cardiovascular events.

NOTE Confidence: 0.4603952

 $00:39:09.880 \longrightarrow 00:39:12.250$ So receiving some agletite as compared

NOTE Confidence: 0.4603952

 $00:39:12.250 \longrightarrow 00:39:14.852$ to place be did improve and and

 $00:39:14.852 \longrightarrow 00:39:17.117$ decrease the the cardiovascular events

NOTE Confidence: 0.4603952

 $00{:}39{:}17.117 \dashrightarrow 00{:}39{:}19.799$ that our patients are experiencing.

NOTE Confidence: 0.4603952

 $00:39:19.800 \longrightarrow 00:39:22.460$ Now these are just top line results

NOTE Confidence: 0.4603952

 $00:39:22.460 \longrightarrow 00:39:24.875$ and will be the results will be the

NOTE Confidence: 0.4603952

 $00:39:24.875 \dashrightarrow 00:39:26.794$ full results will be presented at the

NOTE Confidence: 0.4603952

 $00:39:26.794 \longrightarrow 00:39:28.279$ American Heart Association next week.

NOTE Confidence: 0.4603952

 $00:39:28.280 \longrightarrow 00:39:31.240$ So stay tuned for that.

NOTE Confidence: 0.4603952

 $00:39:31.240 \longrightarrow 00:39:33.880$ Now Tirzepatide is the next molecule

NOTE Confidence: 0.4603952

 $00{:}39{:}33.880 \dashrightarrow 00{:}39{:}36.612$ that that is farthest along in terms

NOTE Confidence: 0.4603952

00:39:36.612 --> 00:39:39.098 of phase three and coming next it

NOTE Confidence: 0.4603952

 $00{:}39{:}39.098 \dashrightarrow 00{:}39{:}41.084$ is a GIPGL P1 receptor agonist.

NOTE Confidence: 0.4603952

00:39:41.084 --> 00:39:43.190 It is one molecule targeting both

NOTE Confidence: 0.7956563

 $00:39:43.251 \longrightarrow 00:39:45.795$ receptors and it is also a once weekly

NOTE Confidence: 0.7956563

 $00:39:45.795 \longrightarrow 00:39:47.872$ injectable and we were fortunate to conduct

NOTE Confidence: 0.7956563

 $00:39:47.872 \longrightarrow 00:39:50.433$ this trial and I was the lead author

 $00:39:50.433 \longrightarrow 00:39:52.431$ on this study that Regita mentioned.

NOTE Confidence: 0.7956563

 $00:39:52.440 \longrightarrow 00:39:54.575$ This treatment with tirzepatide with

NOTE Confidence: 0.7956563

 $00:39:54.575 \longrightarrow 00:39:57.575$ the highest dose resulted in an average

NOTE Confidence: 0.7956563

 $00:39:57.575 \longrightarrow 00:40:00.505$ weight reduction of 22.5% at 72 weeks and

NOTE Confidence: 0.7956563

 $00:40:00.505 \longrightarrow 00:40:02.801$ this translated to an average absolute

NOTE Confidence: 0.7956563

 $00:40:02.801 \longrightarrow 00:40:06.520$ weight reduction of £52 at that time point.

NOTE Confidence: 0.7956563

 $00:40:06.520 \longrightarrow 00:40:08.120$ Additionally, on this dose,

NOTE Confidence: 0.7956563

00:40:08.120 --> 00:40:10.280 nearly 40\% of participants lost at

NOTE Confidence: 0.7956563

 $00:40:10.280 \longrightarrow 00:40:12.320$ least 1/4 of their body weight.

NOTE Confidence: 0.7956563

00:40:12.320 --> 00:40:14.553 So that's somebody starting the trial at

NOTE Confidence: 0.7956563

 $00:40:14.553 \longrightarrow 00:40:17.614$ a weight of 200 losing down to 150 pounds.

NOTE Confidence: 0.7956563

 $00:40:17.614 \longrightarrow 00:40:19.949$ Tirzepatide also resulted in improvements

NOTE Confidence: 0.7956563

 $00{:}40{:}19.949 \dashrightarrow 00{:}40{:}22.125$ in cardio metabolic measures as

NOTE Confidence: 0.7956563

 $00:40:22.125 \longrightarrow 00:40:24.237$ we had seen with some agglutide.

NOTE Confidence: 0.7956563

 $00:40:24.240 \longrightarrow 00:40:25.904$ Now where is tirzepatide?

NOTE Confidence: 0.7956563

 $00:40:25.904 \longrightarrow 00:40:28.400$ Well the phase three trials are

 $00:40:28.477 \longrightarrow 00:40:30.957$ are moving forward and completing.

NOTE Confidence: 0.7956563

 $00:40:30.960 \longrightarrow 00:40:32.857$ There is an extension of the surmount

NOTE Confidence: 0.7956563

 $00:40:32.857 \longrightarrow 00:40:33.399$ one trial.

NOTE Confidence: 0.7956563

00:40:33.400 --> 00:40:34.196 Surmount 2,

NOTE Confidence: 0.7956563

 $00:40:34.196 \longrightarrow 00:40:36.584$ which was participants with diabetes also

NOTE Confidence: 0.7956563

 $00{:}40{:}36.584 \dashrightarrow 00{:}40{:}39.160$ resulted in significant weight reduction

NOTE Confidence: 0.7956563

 $00:40:39.160 \longrightarrow 00:40:42.275$ as well as a hemoglobin A1C reduction.

NOTE Confidence: 0.7956563

 $00:40:42.280 \longrightarrow 00:40:44.588$ Tirzepatide after intensive lifestyle

NOTE Confidence: 0.7956563

 $00:40:44.588 \longrightarrow 00:40:46.896$ intervention also resulted in

NOTE Confidence: 0.7956563

 $00:40:46.896 \longrightarrow 00:40:49.199$ significant weight reduction as did

NOTE Confidence: 0.7956563

 $00{:}40{:}49.200 \dashrightarrow 00{:}40{:}51.440$ longer duration of tirzepatide use,

NOTE Confidence: 0.7956563

 $00:40:51.440 \longrightarrow 00:40:54.450$ which resulted in 26% total body

NOTE Confidence: 0.7956563

 $00:40:54.450 \longrightarrow 00:40:56.200$ weight reduction at 88 weeks.

NOTE Confidence: 0.7956563

00:40:56.200 --> 00:40:58.384 There's also a cardiovascular

NOTE Confidence: 0.7956563

 $00:40:58.384 \longrightarrow 00:41:00.650$ outcomes trial looking at both

 $00:41:00.650 \longrightarrow 00:41:02.600$ heart and renal outcomes ongoing.

NOTE Confidence: 0.7956563

 $00{:}41{:}02.600 \dashrightarrow 00{:}41{:}04.350$ And tirze patide is currently under

NOTE Confidence: 0.7956563

 $00:41:04.350 \longrightarrow 00:41:06.100$ FDA review for chronic weight

NOTE Confidence: 0.7956563

00:41:06.155 --> 00:41:07.959 management and obesity treatment.

NOTE Confidence: 0.7956563

 $00:41:07.960 \longrightarrow 00:41:09.500$ It's already FDA approved for

NOTE Confidence: 0.7956563

 $00:41:09.500 \longrightarrow 00:41:11.432$ type 2 and the obesity indication

NOTE Confidence: 0.7956563

00:41:11.432 --> 00:41:13.072 we should know very soon,

NOTE Confidence: 0.7956563

 $00:41:13.080 \longrightarrow 00:41:16.279$ so stay tuned for that as well.

NOTE Confidence: 0.7956563

 $00:41:16.280 \longrightarrow 00:41:18.562$ Now the next one that is in

NOTE Confidence: 0.7956563

00:41:18.562 --> 00:41:20.519 the works is CAGRI SEMA.

NOTE Confidence: 0.7956563

 $00:41:20.520 \longrightarrow 00:41:22.064$ It is a combination.

NOTE Confidence: 0.7956563

00:41:22.064 --> 00:41:24.960 It's an Amylin analog with a GLP

NOTE Confidence: 0.7956563

 $00:41:24.960 \longrightarrow 00:41:26.439$ one receptor agonist.

NOTE Confidence: 0.7956563

 $00:41:26.440 \longrightarrow 00:41:29.205$ So this is 2 molecules both once

NOTE Confidence: 0.7956563

 $00:41:29.205 \longrightarrow 00:41:31.120$ weekly that are used in combination

NOTE Confidence: 0.7956563

 $00:41:31.120 \longrightarrow 00:41:32.640$ to see if there's synergistic

 $00:41:32.701 \longrightarrow 00:41:34.117$ effect on weight reduction.

NOTE Confidence: 0.7956563

 $00{:}41{:}34.120 \dashrightarrow 00{:}41{:}35.604$ And what you can see in this

NOTE Confidence: 0.7956563

 $00:41:35.604 \longrightarrow 00:41:37.304$ trial is when you compare some

NOTE Confidence: 0.7956563

 $00:41:37.304 \longrightarrow 00:41:38.994$ maglitide to the combination of

NOTE Confidence: 0.7956563

 $00:41:38.994 \longrightarrow 00:41:40.479$ cagrillantide with some maglitide,

NOTE Confidence: 0.7956563

 $00:41:40.480 \longrightarrow 00:41:42.475$ you achieve greater weight reduction

NOTE Confidence: 0.7956563

 $00:41:42.475 \longrightarrow 00:41:44.920$ with the combination at 20 weeks.

NOTE Confidence: 0.7956563

 $00:41:44.920 \longrightarrow 00:41:48.046$ What you can see is a 17.1% reduction

NOTE Confidence: 0.7956563

 $00:41:48.046 \longrightarrow 00:41:49.984$ with this combination and you can

NOTE Confidence: 0.7956563

 $00:41:49.984 \longrightarrow 00:41:52.805$ see as depicted by the red arrow that

NOTE Confidence: 0.7956563

 $00{:}41{:}52.805 \dashrightarrow 00{:}41{:}54.680$ participants were still losing weight.

NOTE Confidence: 0.7956563

00:41:54.680 --> 00:41:56.105 Now what happens when you

NOTE Confidence: 0.7956563

 $00:41:56.105 \longrightarrow 00:41:56.960$ stop the medication?

NOTE Confidence: 0.7956563

 $00:41:56.960 \longrightarrow 00:41:58.640$ Well, as any chronic disease,

NOTE Confidence: 0.7956563

 $00:41:58.640 \longrightarrow 00:42:00.200$ when you stop the medication,

 $00:42:00.200 \longrightarrow 00:42:02.360$ the weight is regained and that's

NOTE Confidence: 0.7956563

 $00:42:02.360 \longrightarrow 00:42:04.784$ because the defended fat mass set point

NOTE Confidence: 0.7956563

 $00:42:04.784 \longrightarrow 00:42:07.440$ goes back up and we're going to come

NOTE Confidence: 0.7956563

 $00{:}42{:}07.517 \dashrightarrow 00{:}42{:}10.478$ back to that with our patient at the end.

NOTE Confidence: 0.7956563

 $00:42:10.480 \longrightarrow 00:42:13.045$ Now the next one or the next few that

NOTE Confidence: 0.7956563

00:42:13.045 --> 00:42:15.639 are in development are Glucagon GLP,

NOTE Confidence: 0.7956563

 $00:42:15.640 \longrightarrow 00:42:17.344$ one receptor agonist,

NOTE Confidence: 0.7956563

 $00:42:17.344 \longrightarrow 00:42:21.026$ cervutatide is the farthest along here in

NOTE Confidence: 0.7956563

 $00{:}42{:}21.026 \dashrightarrow 00{:}42{:}23.154$ a phase two trial that was just presented.

NOTE Confidence: 0.7956563

00:42:23.160 --> 00:42:25.530 This resulted in an average weight

NOTE Confidence: 0.7956563

 $00:42:25.530 \longrightarrow 00:42:27.924$ reduction of 18.7% at 46 weeks.

NOTE Confidence: 0.7956563

 $00:42:27.924 \longrightarrow 00:42:31.763$ The next one after that is a triple

NOTE Confidence: 0.7956563

 $00:42:31.763 \longrightarrow 00:42:34.439$ hormone receptor agonist retatrutide

NOTE Confidence: 0.7956563

 $00:42:34.440 \longrightarrow 00:42:36.906$ and this is a combination of GIPGL

NOTE Confidence: 0.7956563

 $00:42:36.906 \longrightarrow 00:42:39.236$ P1 and Glucagon receptor agonism.

NOTE Confidence: 0.7956563

 $00:42:39.240 \longrightarrow 00:42:42.948$ And we also just published on this and

 $00:42:42.948 \longrightarrow 00:42:45.360$ I was the lead on this trial as well.

NOTE Confidence: 0.7956563

 $00:42:45.360 \longrightarrow 00:42:46.668$ And at 48 weeks,

NOTE Confidence: 0.7956563

 $00:42:46.668 \longrightarrow 00:42:49.092$ what we found in this phase two

NOTE Confidence: 0.7956563

 $00:42:49.092 \longrightarrow 00:42:51.240$ trial was placebo lost 2.1% of

NOTE Confidence: 0.7956563

00:42:51.240 --> 00:42:52.440 their total body weight,

NOTE Confidence: 0.7956563

 $00:42:52.440 \longrightarrow 00:42:54.365$ whereas with the highest dose

NOTE Confidence: 0.7956563

 $00:42:54.365 \longrightarrow 00:42:56.290$ of retatruitide on average the

NOTE Confidence: 0.31840372

 $00:42:56.356 \longrightarrow 00:42:57.905$ weight reduction was 24.2%.

NOTE Confidence: 0.31840372

 $00:42:57.905 \longrightarrow 00:43:00.025$ So nearly 1/4 of the body weight was

NOTE Confidence: 0.31840372

 $00{:}43{:}00.025 \dashrightarrow 00{:}43{:}02.176$ lost at just eleven months and you

NOTE Confidence: 0.31840372

 $00{:}43{:}02.176 \dashrightarrow 00{:}43{:}04.047$ can see that participants were still

NOTE Confidence: 0.31840372

 $00:43:04.047 \longrightarrow 00:43:05.835$ actively losing weight at the time

NOTE Confidence: 0.31840372

 $00{:}43{:}05.835 \dashrightarrow 00{:}43{:}08.296$ that the study drug was discontinued.

NOTE Confidence: 0.31840372

 $00:43:08.296 \longrightarrow 00:43:10.616$ This translated to an absolute

NOTE Confidence: 0.31840372

00:43:10.616 --> 00:43:13.040 weight reduction of £58 during

 $00:43:13.040 \longrightarrow 00:43:15.640$ the course of this trial.

NOTE Confidence: 0.31840372

00:43:15.640 --> 00:43:16.210 Now additionally,

NOTE Confidence: 0.31840372

00:43:16.210 --> 00:43:17.920 when we think about weight reduction,

NOTE Confidence: 0.31840372

 $00:43:17.920 \longrightarrow 00:43:20.440$ we look at weight reduction targets 5%

NOTE Confidence: 0.31840372

 $00:43:20.440 \longrightarrow 00:43:22.720$ has traditionally been focused in on.

NOTE Confidence: 0.31840372

 $00:43:22.720 \longrightarrow 00:43:25.042$ This is something that can certainly

NOTE Confidence: 0.31840372

 $00:43:25.042 \longrightarrow 00:43:27.400$ be attained with lifestyle intervention

NOTE Confidence: 0.31840372

 $00:43:27.400 \longrightarrow 00:43:29.997$ as well as with the older generation

NOTE Confidence: 0.31840372

 $00{:}43{:}29.997 \dashrightarrow 00{:}43{:}32.555$ of medications and the FDA uses it now

NOTE Confidence: 0.31840372

00:43:32.555 --> 00:43:35.040 with the two highest doses of retatrutide,

NOTE Confidence: 0.31840372

 $00:43:35.040 \longrightarrow 00:43:37.416$ we found that 100% of participants

NOTE Confidence: 0.31840372

 $00:43:37.416 \longrightarrow 00:43:39.804$ lost at least 5% of their body weight.

NOTE Confidence: 0.31840372

00:43:39.804 --> 00:43:41.758 I don't know if I'll ever be able to

NOTE Confidence: 0.31840372

 $00{:}43{:}41.758 \dashrightarrow 00{:}43{:}43.156$ say this in a scientific presentation.

NOTE Confidence: 0.31840372

 $00:43:43.160 \longrightarrow 00:43:45.120$ Again, this was a phase two trial.

NOTE Confidence: 0.31840372

 $00:43:45.120 \longrightarrow 00:43:47.031$ So we'll have to wait the results

 $00:43:47.031 \longrightarrow 00:43:48.983$ of the phase three trial that we

NOTE Confidence: 0.31840372

 $00{:}43{:}48.983 \dashrightarrow 00{:}43{:}50.561$ are now moving forward with.

NOTE Confidence: 0.31840372

00:43:50.561 --> 00:43:52.643 Now looking at higher body weight

NOTE Confidence: 0.31840372

00:43:52.643 --> 00:43:54.338 reduction targets, I'll just follow.

NOTE Confidence: 0.31840372

 $00{:}43{:}54.338 \dashrightarrow 00{:}43{:}56.680$ I'll just focus in on the highest dose,

NOTE Confidence: 0.31840372

 $00:43:56.680 \longrightarrow 00:43:57.764$ the 12 milligram dose.

NOTE Confidence: 0.31840372

00:43:57.764 --> 00:44:00.114 We found that 9 out of 10 participants

NOTE Confidence: 0.31840372

00:44:00.114 --> 00:44:02.720 lost at least 10% of their body weight,

NOTE Confidence: 0.31840372

 $00:44:02.720 \longrightarrow 00:44:05.248$ nearly 2/3 lost more than 20% of their

NOTE Confidence: 0.31840372

 $00{:}44{:}05.248 {\:\dashrightarrow\:} 00{:}44{:}07.376$ body weight and a quarter of participants

NOTE Confidence: 0.31840372

 $00{:}44{:}07.376 \dashrightarrow 00{:}44{:}09.878$ lost at least 30% of their body weight.

NOTE Confidence: 0.31840372

 $00:44:09.880 \longrightarrow 00:44:11.880$ So really significant weight reductions.

NOTE Confidence: 0.31840372

 $00:44:11.880 \longrightarrow 00:44:12.710$ And again,

NOTE Confidence: 0.31840372

 $00{:}44{:}12.710 --> 00{:}44{:}15.486$ this is just at 11 months now.

NOTE Confidence: 0.31840372

00:44:15.486 --> 00:44:17.202 I just want to highlight that

 $00:44:17.202 \longrightarrow 00:44:18.680$ with any obesity treatment,

NOTE Confidence: 0.31840372

 $00:44:18.680 \longrightarrow 00:44:21.518$ there is a variability in response.

NOTE Confidence: 0.31840372

 $00:44:21.520 \longrightarrow 00:44:23.398$ So these are different doses of

NOTE Confidence: 0.31840372

00:44:23.398 --> 00:44:25.372 retatrutite and what you can see

NOTE Confidence: 0.31840372

 $00:44:25.372 \longrightarrow 00:44:27.022$ is individual participants and how

NOTE Confidence: 0.31840372

 $00{:}44{:}27.022 \dashrightarrow 00{:}44{:}29.080$ much weight they lost in the trial.

NOTE Confidence: 0.31840372

 $00:44:29.080 \longrightarrow 00:44:31.048$ And what you can see is that most

NOTE Confidence: 0.31840372

00:44:31.048 --> 00:44:32.360 participants lost a lot of weight,

NOTE Confidence: 0.31840372

 $00:44:32.360 \longrightarrow 00:44:33.908$ but there are differences in terms

NOTE Confidence: 0.31840372

 $00:44:33.908 \longrightarrow 00:44:35.480$ of how much weight they lost.

NOTE Confidence: 0.31840372

 $00:44:35.480 \longrightarrow 00:44:37.112$ And we don't have great predictors

NOTE Confidence: 0.31840372

 $00:44:37.112 \longrightarrow 00:44:38.919$ to know how people will respond.

NOTE Confidence: 0.31840372

 $00:44:38.920 \longrightarrow 00:44:41.590$ So there is great variability in

NOTE Confidence: 0.31840372

 $00{:}44{:}41.590 \dashrightarrow 00{:}44{:}44.812$ terms of response and this is true

NOTE Confidence: 0.31840372

 $00:44:44.812 \longrightarrow 00:44:47.077$ with any treatment for obesity.

NOTE Confidence: 0.31840372

 $00:44:47.080 \longrightarrow 00:44:49.054$ Now all the medications I've talked about

 $00:44:49.054 \longrightarrow 00:44:51.160$ till now are once weekly injectable.

NOTE Confidence: 0.31840372

00:44:51.160 --> 00:44:53.086 What about oral GLP one receptor

NOTE Confidence: 0.31840372

 $00:44:53.086 \longrightarrow 00:44:54.921$ agonist or oral nutrient stimulated

NOTE Confidence: 0.31840372

 $00:44:54.921 \longrightarrow 00:44:56.400$ hormone based therapies.

NOTE Confidence: 0.31840372

 $00:44:56.400 \longrightarrow 00:44:58.892$ So there is an oral formulation of

NOTE Confidence: 0.31840372

 $00:44:58.892 \longrightarrow 00:45:01.039$ some maglitide and at higher doses

NOTE Confidence: 0.31840372

 $00:45:01.040 \longrightarrow 00:45:02.756$ that are not yet FDA approved.

NOTE Confidence: 0.31840372

 $00:45:02.760 \longrightarrow 00:45:05.184$ The trial demonstrated that the average

NOTE Confidence: 0.31840372

00:45:05.184 --> 00:45:07.756 weight reduction was 17.4% at 68 weeks,

NOTE Confidence: 0.31840372

00:45:07.756 --> 00:45:10.720 so on par with the weekly injectable.

NOTE Confidence: 0.31840372

 $00:45:10.720 \longrightarrow 00:45:12.610$ There's also small molecules that

NOTE Confidence: 0.31840372

 $00:45:12.610 \longrightarrow 00:45:14.868$ are under investigation that are GLP

NOTE Confidence: 0.31840372

 $00{:}45{:}14.868 \dashrightarrow 00{:}45{:}16.722$ 1 receptor agonist and the farthest

NOTE Confidence: 0.31840372

 $00:45:16.722 \longrightarrow 00:45:18.793$ one along here is orphorglipron and

NOTE Confidence: 0.31840372

00:45:18.793 --> 00:45:20.959 it resulted in an average weight

 $00:45:20.959 \longrightarrow 00:45:22.805$ reduction of 14 percent,

NOTE Confidence: 0.31840372

 $00{:}45{:}22.805 \dashrightarrow 00{:}45{:}25.280$ 14.7% at just 36 weeks.

NOTE Confidence: 0.31840372

 $00{:}45{:}25.280 \to 00{:}45{:}27.424$ So we'll have to wait for the phase

NOTE Confidence: 0.31840372

 $00:45:27.424 \longrightarrow 00:45:29.359$ three trials of these agents as well.

NOTE Confidence: 0.31840372

 $00:45:29.360 \longrightarrow 00:45:31.598$ Now there's also a monthly formulation

NOTE Confidence: 0.31840372

 $00{:}45{:}31.598 \dashrightarrow 00{:}45{:}34.085$ of a *** receptor antagonist and

NOTE Confidence: 0.31840372

00:45:34.085 --> 00:45:36.360 a GLP 1 receptor agonist.

NOTE Confidence: 0.31840372

 $00:45:36.360 \longrightarrow 00:45:38.472$ So if if taking something once

NOTE Confidence: 0.31840372

 $00:45:38.472 \longrightarrow 00:45:40.360$ a week is too much,

NOTE Confidence: 0.31840372

 $00:45:40.360 \longrightarrow 00:45:42.970$ there may potentially also be a

NOTE Confidence: 0.31840372

 $00:45:42.970 \longrightarrow 00:45:45.160$ once monthly formulation at some

NOTE Confidence: 0.31840372

 $00:45:45.160 \longrightarrow 00:45:46.920$ point in the future.

NOTE Confidence: 0.31840372

00:45:46.920 --> 00:45:48.756 So I hope I've shown you

NOTE Confidence: 0.31840372

 $00:45:48.756 \longrightarrow 00:45:49.980$ with these medications that

NOTE Confidence: 0.91629124

 $00:45:50.040 \longrightarrow 00:45:51.150$ substantial weight reduction

NOTE Confidence: 0.91629124

 $00{:}45{:}51.150 \dashrightarrow 00{:}45{:}53.370$ is possible and we are filling

 $00:45:53.370 \longrightarrow 00:45:55.280$ the treatment gap and beyond.

NOTE Confidence: 0.91629124

 $00:45:55.280 \longrightarrow 00:45:57.872$ So we have current pharmacotherapy and

NOTE Confidence: 0.91629124

 $00:45:57.872 \longrightarrow 00:46:00.015$ intensive lifestyle that could achieve

NOTE Confidence: 0.91629124

 $00:46:00.015 \longrightarrow 00:46:02.479$ this weight reduction of five to 10%.

NOTE Confidence: 0.91629124

 $00:46:02.480 \longrightarrow 00:46:04.300$ We have bariatric surgery that

NOTE Confidence: 0.91629124

00:46:04.300 --> 00:46:06.120 could achieve a lot more,

NOTE Confidence: 0.91629124

00:46:06.120 --> 00:46:07.758 but now we're filling the treatment gap.

NOTE Confidence: 0.91629124

 $00:46:07.760 \longrightarrow 00:46:09.076$ And I only had time to highlight

NOTE Confidence: 0.91629124

 $00:46:09.076 \longrightarrow 00:46:10.200$ a few of the agents,

NOTE Confidence: 0.91629124

 $00:46:10.200 \longrightarrow 00:46:12.080$ but there are so many more in development

NOTE Confidence: 0.91629124

 $00:46:12.080 \longrightarrow 00:46:13.879$ and so many different mechanisms.

NOTE Confidence: 0.91629124

 $00{:}46{:}13.880 \longrightarrow 00{:}46{:}17.016$ And all of these can be paired with

NOTE Confidence: 0.91629124

 $00{:}46{:}17.016 \dashrightarrow 00{:}46{:}18.588$ other the rapies using combination

NOTE Confidence: 0.91629124

 $00:46:18.588 \longrightarrow 00:46:21.240$ therapy to really help our our patients

NOTE Confidence: 0.91629124

 $00:46:21.240 \longrightarrow 00:46:23.280$ achieve the goals that they need.

00:46:23.280 --> 00:46:25.779 So I'm going to just highlight that

NOTE Confidence: 0.91629124

00:46:25.779 --> 00:46:28.755 all of this work we're going to try and

NOTE Confidence: 0.91629124

 $00:46:28.755 \longrightarrow 00:46:31.279$ continue at the Yale Obesity Research Center,

NOTE Confidence: 0.91629124

 $00:46:31.280 \longrightarrow 00:46:33.485$ which is a new center that I've

NOTE Confidence: 0.91629124

 $00:46:33.485 \longrightarrow 00:46:35.760$ been asked to create and direct.

NOTE Confidence: 0.91629124

 $00:46:35.760 \longrightarrow 00:46:37.783$ And the focus of the center is

NOTE Confidence: 0.91629124

 $00:46:37.783 \longrightarrow 00:46:39.481$ on the investigation of novel

NOTE Confidence: 0.91629124

 $00:46:39.481 \longrightarrow 00:46:40.636$ anti obesity medications.

NOTE Confidence: 0.91629124

 $00:46:40.640 \longrightarrow 00:46:43.384$ The focus is also on clinical obesity

NOTE Confidence: 0.91629124

 $00:46:43.384 \longrightarrow 00:46:45.820$ research where we're going to be looking

NOTE Confidence: 0.91629124

 $00{:}46{:}45.820 \dashrightarrow 00{:}46{:}49.000$ at the clinical Physiology of obesity,

NOTE Confidence: 0.91629124

 $00{:}46{:}49.000 \dashrightarrow 00{:}46{:}50.208$ conducting these clinical trials,

NOTE Confidence: 0.91629124

 $00:46:50.208 \longrightarrow 00:46:52.840$ many of which I've shown you and there we

NOTE Confidence: 0.91629124

 $00{:}46{:}52.840 \dashrightarrow 00{:}46{:}54.924$ have many that are ongoing and starting up

NOTE Confidence: 0.91629124

 $00:46:54.924 \longrightarrow 00:46:56.716$ as well as looking at patient outcomes.

NOTE Confidence: 0.91629124

 $00:46:56.720 \longrightarrow 00:46:58.960$ And this will of course take collaboration.

 $00:46:58.960 \longrightarrow 00:47:00.664$ We want to mentor the next

NOTE Confidence: 0.91629124

 $00{:}47{:}00.664 \dashrightarrow 00{:}47{:}01.516$ generation of physicians,

NOTE Confidence: 0.91629124

 $00:47:01.520 \longrightarrow 00:47:03.800$ scientists and investigators and we

NOTE Confidence: 0.91629124

 $00:47:03.800 \longrightarrow 00:47:06.562$ want to educate academic leaders and

NOTE Confidence: 0.91629124

 $00{:}47{:}06.562 \dashrightarrow 00{:}47{:}09.439$ integrate all of this into clinical practice.

NOTE Confidence: 0.91629124

 $00{:}47{:}09.440 \dashrightarrow 00{:}47{:}12.136$ Now I'm going to come back to our

NOTE Confidence: 0.91629124

00:47:12.136 --> 00:47:14.058 patient to kind of sum everything up

NOTE Confidence: 0.91629124

 $00{:}47{:}14.058 \dashrightarrow 00{:}47{:}16.146$ and and really highlight some of

NOTE Confidence: 0.91629124

 $00{:}47{:}16.146 \dashrightarrow 00{:}47{:}18.096$ the points that we've talked about

NOTE Confidence: 0.91629124

 $00:47:18.096 \longrightarrow 00:47:20.158$ about treating obesity as a disease.

NOTE Confidence: 0.91629124

00:47:20.160 --> 00:47:20.716 And again,

NOTE Confidence: 0.91629124

 $00:47:20.716 \longrightarrow 00:47:22.662$ the highlight here is we treat these

NOTE Confidence: 0.91629124

 $00{:}47{:}22.662 \dashrightarrow 00{:}47{:}24.360$ other diseases with medications.

NOTE Confidence: 0.91629124

 $00:47:24.360 \longrightarrow 00:47:26.325$ And let's ask ourselves three

NOTE Confidence: 0.91629124

 $00:47:26.325 \longrightarrow 00:47:28.290$ questions and then ask ourselves

 $00:47:28.354 \longrightarrow 00:47:30.319$ the same questions for obesity.

NOTE Confidence: 0.91629124

 $00{:}47{:}30.320 \dashrightarrow 00{:}47{:}31.902$ So when we care for this patient

NOTE Confidence: 0.91629124

 $00:47:31.902 \longrightarrow 00:47:32.354$ with obesity,

NOTE Confidence: 0.91629124

 $00:47:32.360 \longrightarrow 00:47:35.216$ do we find it unusual that he requires

NOTE Confidence: 0.91629124

 $00:47:35.216 \longrightarrow 00:47:37.040$ several medications for his diabetes?

NOTE Confidence: 0.91629124

 $00:47:37.040 \longrightarrow 00:47:39.420$ Do we think that the anti hyperglycemic

NOTE Confidence: 0.91629124

 $00:47:39.420 \longrightarrow 00:47:41.066$ medications are not effective if

NOTE Confidence: 0.91629124

 $00:47:41.066 \longrightarrow 00:47:43.040$ his A1C is not less than seven?

NOTE Confidence: 0.91629124

00:47:43.040 --> 00:47:44.993 And now that his blood pressure is at goal,

NOTE Confidence: 0.91629124

00:47:45.000 --> 00:47:48.012 would we stop his anti hypertensive

NOTE Confidence: 0.91629124

 $00:47:48.012 \longrightarrow 00:47:48.514$ medications?

NOTE Confidence: 0.91629124

 $00:47:48.520 \longrightarrow 00:47:51.463$ And of course the answer to all of these

NOTE Confidence: 0.91629124

 $00:47:51.463 \longrightarrow 00:47:53.520$ questions is very easy for all of us.

NOTE Confidence: 0.91629124

 $00:47:53.520 \longrightarrow 00:47:55.508$ We would answer no to each one

NOTE Confidence: 0.91629124

 $00:47:55.508 \longrightarrow 00:47:56.360$ of these questions.

NOTE Confidence: 0.91629124

 $00{:}47{:}56.360 \dashrightarrow 00{:}47{:}58.430$ And now let's ask ourselves these

 $00:47:58.430 \longrightarrow 00:48:00.236$ questions for obesity in the

NOTE Confidence: 0.91629124

 $00:48:00.236 \longrightarrow 00:48:02.051$ context of overcoming the barriers

NOTE Confidence: 0.91629124

 $00:48:02.051 \longrightarrow 00:48:04.159$ to treating obesity as a disease,

NOTE Confidence: 0.91629124

 $00:48:04.160 \longrightarrow 00:48:05.996$ as a disease that is heterogeneous,

NOTE Confidence: 0.91629124

 $00{:}48{:}06.000 \longrightarrow 00{:}48{:}08.555$ that is chronic and that is complex.

NOTE Confidence: 0.91629124

 $00:48:08.560 \longrightarrow 00:48:09.538$ So first heterogeneous.

NOTE Confidence: 0.91629124

 $00:48:09.538 \longrightarrow 00:48:11.820$ The question here is do we think

NOTE Confidence: 0.91629124

 $00{:}48{:}11.886 \dashrightarrow 00{:}48{:}13.666$ that his anti hypoglycemic medication

NOTE Confidence: 0.91629124

00:48:13.666 --> 00:48:16.290 is not effective if his A1C is not

NOTE Confidence: 0.91629124

 $00:48:16.290 \longrightarrow 00:48:17.076$ less than seven?

NOTE Confidence: 0.91629124

 $00:48:17.080 \longrightarrow 00:48:18.560$ And the parallel question is,

NOTE Confidence: 0.91629124

 $00:48:18.560 \longrightarrow 00:48:20.674$ do we think that his anti obesity

NOTE Confidence: 0.91629124

 $00{:}48{:}20.674 \dashrightarrow 00{:}48{:}22.186$ medication is not effective if

NOTE Confidence: 0.91629124

 $00:48:22.186 \longrightarrow 00:48:24.076$ his BMI is not less than 25?

NOTE Confidence: 0.91629124

 $00:48:24.080 \longrightarrow 00:48:25.880$ And of course BMI is not a great measure.

 $00:48:25.880 \longrightarrow 00:48:28.440$ We're just using it as a surrogate here

NOTE Confidence: 0.91629124

 $00{:}48{:}28.440 \longrightarrow 00{:}48{:}30.440$ and of course the answer would be no.

NOTE Confidence: 0.91629124

 $00:48:30.440 \longrightarrow 00:48:31.760$ But let's look at this.

NOTE Confidence: 0.91629124

 $00:48:31.760 \longrightarrow 00:48:33.800$ So the average efficacy of

NOTE Confidence: 0.91629124

 $00:48:33.800 \longrightarrow 00:48:35.840$ medications to treat diabetes also

NOTE Confidence: 0.953123

00:48:35.907 --> 00:48:37.911 has variability just like

NOTE Confidence: 0.953123

 $00:48:37.911 \longrightarrow 00:48:39.915$ medications for obesity treatment.

NOTE Confidence: 0.953123

00:48:39.920 --> 00:48:42.440 And so because there's great variability

NOTE Confidence: 0.953123

 $00:48:42.440 \longrightarrow 00:48:44.513$ in response to any medication,

NOTE Confidence: 0.953123

 $00:48:44.513 \longrightarrow 00:48:46.979$ we may need to use different

NOTE Confidence: 0.953123

 $00{:}48{:}46.979 \dashrightarrow 00{:}48{:}48.940$ medications and try and determine

NOTE Confidence: 0.953123

 $00{:}48{:}48.940 \longrightarrow 00{:}48{:}51.154$ what a patient will respond to.

NOTE Confidence: 0.953123

 $00:48:51.160 \longrightarrow 00:48:53.554$ So if we start a patient on any medication,

NOTE Confidence: 0.953123

 $00:48:53.560 \longrightarrow 00:48:55.408$ they may lose a little bit of weight

NOTE Confidence: 0.953123

 $00:48:55.408 \longrightarrow 00:48:57.240$ or they may lose a lot of weight,

NOTE Confidence: 0.953123

 $00:48:57.240 \longrightarrow 00:48:59.256$ but we can use this and incorporate

 $00:48:59.256 \longrightarrow 00:49:01.119$ this into our treatment plans.

NOTE Confidence: 0.953123

 $00:49:01.120 \longrightarrow 00:49:02.680$ So as with the first patient,

NOTE Confidence: 0.953123

 $00:49:02.680 \longrightarrow 00:49:05.116$ you saw that I used several medications.

NOTE Confidence: 0.953123

00:49:05.120 --> 00:49:07.940 And if a patient loses 5\% with one medicine,

NOTE Confidence: 0.953123

 $00:49:07.940 \longrightarrow 00:49:08.840$ 10 with another,

NOTE Confidence: 0.953123

 $00:49:08.840 \longrightarrow 00:49:09.977$ five with another,

NOTE Confidence: 0.953123

 $00:49:09.977 \longrightarrow 00:49:12.251$ they may potentially have an added

NOTE Confidence: 0.953123

00:49:12.251 --> 00:49:14.338 benefit or total body weight reduction

NOTE Confidence: 0.953123

 $00:49:14.338 \longrightarrow 00:49:16.545$ of 20% or there may be synergy

NOTE Confidence: 0.953123

 $00{:}49{:}16.545 \dashrightarrow 00{:}49{:}18.418$ with some of the medications and

NOTE Confidence: 0.953123

 $00:49:18.418 \longrightarrow 00:49:20.588$ they may lose more than 20% or the

NOTE Confidence: 0.953123

 $00:49:20.588 \longrightarrow 00:49:22.058$ medications may not be synergistic

NOTE Confidence: 0.953123

 $00:49:22.058 \longrightarrow 00:49:24.039$ and they may lose less than 20%.

NOTE Confidence: 0.953123

 $00:49:24.040 \longrightarrow 00:49:26.560$ But we don't know until we try.

NOTE Confidence: 0.953123

 $00:49:26.560 \longrightarrow 00:49:28.478$ The take home here is there's wide

00:49:28.478 --> 00:49:29.969 variability in terms of responses

NOTE Confidence: 0.953123

 $00:49:29.969 \longrightarrow 00:49:31.205$ to these medications because

NOTE Confidence: 0.953123

 $00:49:31.205 \longrightarrow 00:49:33.040$ there's not one type of obesity,

NOTE Confidence: 0.953123

00:49:33.040 --> 00:49:34.678 there's many different types of obesity.

NOTE Confidence: 0.953123

 $00:49:34.680 \longrightarrow 00:49:36.871$ We just haven't had a way to

NOTE Confidence: 0.953123

 $00:49:36.871 \longrightarrow 00:49:38.879$ figure out what those are yet.

NOTE Confidence: 0.953123

 $00:49:38.880 \longrightarrow 00:49:42.200$ The next concept is that obesity is complex.

NOTE Confidence: 0.953123

00:49:42.200 --> 00:49:44.296 And the question here is do we find

NOTE Confidence: 0.953123

00:49:44.296 --> 00:49:46.624 it unusual that this the patient may

NOTE Confidence: 0.953123

00:49:46.624 --> 00:49:48.364 require several medications for his

NOTE Confidence: 0.953123

 $00{:}49{:}48.424 \dashrightarrow 00{:}49{:}50.475$ obesity as he does for his diabetes.

NOTE Confidence: 0.953123

 $00:49:50.480 \longrightarrow 00:49:52.840$ And so if we look at a patient with diabetes,

NOTE Confidence: 0.953123

 $00:49:52.840 \longrightarrow 00:49:55.000$ we then they come in with

NOTE Confidence: 0.953123

 $00:49:55.000 \longrightarrow 00:49:56.440$ an elevated hemoglobin A1C.

NOTE Confidence: 0.953123

 $00:49:56.440 \longrightarrow 00:49:59.156$ We may start them on one medication,

NOTE Confidence: 0.953123

 $00:49:59.160 \longrightarrow 00:50:01.758$ then there are hemoglobin A1C decreases,

 $00:50:01.760 \longrightarrow 00:50:03.158$ but it's not yet at goal.

NOTE Confidence: 0.953123

 $00:50:03.160 \longrightarrow 00:50:05.140$ So we started different medication and

NOTE Confidence: 0.953123

00:50:05.140 --> 00:50:06.802 perhaps the patient doesn't respond

NOTE Confidence: 0.953123

 $00:50:06.802 \longrightarrow 00:50:08.518$ or maybe they have side effects.

NOTE Confidence: 0.953123

 $00:50:08.520 \longrightarrow 00:50:09.996$ So we stop that medicine and

NOTE Confidence: 0.953123

 $00:50:09.996 \longrightarrow 00:50:11.640$ we start a third medication.

NOTE Confidence: 0.953123

00:50:11.640 --> 00:50:13.360 And now the patient's A1C

NOTE Confidence: 0.953123

 $00:50:13.360 \longrightarrow 00:50:15.080$ decreased and is at goal.

NOTE Confidence: 0.953123

 $00:50:15.080 \longrightarrow 00:50:17.852$ But what we've done here is we've tried 3

NOTE Confidence: 0.953123

 $00:50:17.852 \longrightarrow 00:50:19.778$ medications and continued to just in the

NOTE Confidence: 0.953123

 $00:50:19.778 \longrightarrow 00:50:21.680$ same way in a patient who has obesity,

NOTE Confidence: 0.953123

 $00:50:21.680 \longrightarrow 00:50:23.320$ we may try one medicine,

NOTE Confidence: 0.953123

 $00:50:23.320 \longrightarrow 00:50:24.360$ then a second medication.

NOTE Confidence: 0.953123

 $00{:}50{:}24.360 \to 00{:}50{:}25.660$ If the patient has side

NOTE Confidence: 0.953123

 $00:50:25.660 \longrightarrow 00:50:26.838$ effects or doesn't respond,

 $00:50:26.840 \longrightarrow 00:50:29.342$ we try 1/3 and we keep on going and

NOTE Confidence: 0.953123

 $00:50:29.342 \longrightarrow 00:50:30.980$ adding these medications sequentially

NOTE Confidence: 0.953123

 $00:50:30.980 \longrightarrow 00:50:33.990$ to see how the patient may respond

NOTE Confidence: 0.953123

 $00:50:34.064 \longrightarrow 00:50:35.919$ until they reach their goal.

NOTE Confidence: 0.953123

 $00:50:35.920 \longrightarrow 00:50:38.300$ So obesity is complex as so many

NOTE Confidence: 0.953123

 $00:50:38.300 \longrightarrow 00:50:39.960$ other complex chronic diseases.

NOTE Confidence: 0.953123

 $00:50:39.960 \longrightarrow 00:50:43.278$ So combination therapy is often needed.

NOTE Confidence: 0.953123

00:50:43.280 --> 00:50:45.560 Now what about chronicity of disease?

NOTE Confidence: 0.953123

 $00:50:45.560 \longrightarrow 00:50:46.760$ So the question here is,

NOTE Confidence: 0.953123

00:50:46.760 --> 00:50:49.352 when this patient's BMI or weight is at goal,

NOTE Confidence: 0.953123

 $00:50:49.360 \longrightarrow 00:50:52.118$ would we stop his anti obesity medication?

NOTE Confidence: 0.953123

 $00:50:52.120 \longrightarrow 00:50:54.433$ In the same way would we stop a medication

NOTE Confidence: 0.953123

 $00:50:54.433 \longrightarrow 00:50:56.880$ for a patient who has high blood pressure?

NOTE Confidence: 0.953123

 $00:50:56.880 \longrightarrow 00:50:58.758$ So here's our patient with hypertension.

NOTE Confidence: 0.953123

00:50:58.760 --> 00:51:01.476 We start a medication and what happens?

NOTE Confidence: 0.953123

00:51:01.480 --> 00:51:02.784 The blood pressure decreases.

 $00:51:02.784 \longrightarrow 00:51:04.088$ But what happens when

NOTE Confidence: 0.953123

 $00:51:04.088 \longrightarrow 00:51:05.680$ we stop that medication?

NOTE Confidence: 0.953123

00:51:05.680 --> 00:51:05.946 Well,

NOTE Confidence: 0.953123

 $00:51:05.946 \longrightarrow 00:51:07.276$ when the medication is stopped,

NOTE Confidence: 0.953123

 $00:51:07.280 \longrightarrow 00:51:09.045$ the blood pressure increases and

NOTE Confidence: 0.953123

 $00:51:09.045 \longrightarrow 00:51:11.276$ we're not surprised we stop the

NOTE Confidence: 0.953123

 $00:51:11.276 \longrightarrow 00:51:12.876$ treatment for chronic disease.

NOTE Confidence: 0.953123

 $00:51:12.880 \longrightarrow 00:51:15.076$ And so when we have a patient with obesity,

NOTE Confidence: 0.953123

 $00:51:15.080 \longrightarrow 00:51:17.750$ when we started treatment and

NOTE Confidence: 0.953123

 $00{:}51{:}17.750 \dashrightarrow 00{:}51{:}19.886$ the medication decreases that

NOTE Confidence: 0.953123

 $00{:}51{:}19.886 \dashrightarrow 00{:}51{:}21.918$ patients defended fat mass.

NOTE Confidence: 0.33406872

 $00:51:21.920 \longrightarrow 00:51:24.195$ What happens when we stop that medication?

NOTE Confidence: 0.33406872

 $00{:}51{:}24.200 \dashrightarrow 00{:}51{:}26.223$ Well, the defended fat mass goes back

NOTE Confidence: 0.33406872

 $00:51:26.223 \longrightarrow 00:51:28.950$ up and the weight is regained and this

NOTE Confidence: 0.33406872

 $00:51:28.950 \longrightarrow 00:51:31.435$ has now been shown in clinical trials.

 $00:51:31.440 \longrightarrow 00:51:33.816$ So in the step one extension with some

NOTE Confidence: 0.33406872

 $00:51:33.816 \longrightarrow 00:51:36.472$ Maglatide, what was done was after a

NOTE Confidence: 0.33406872

 $00:51:36.472 \longrightarrow 00:51:39.000$ year of some maglatide and you can see

NOTE Confidence: 0.33406872

 $00:51:39.000 \longrightarrow 00:51:40.440$ here depicted in the blue squares,

NOTE Confidence: 0.33406872

 $00:51:40.440 \longrightarrow 00:51:41.960$ participants lost weight when

NOTE Confidence: 0.33406872

 $00:51:41.960 \longrightarrow 00:51:43.480$ the medication was stopped.

NOTE Confidence: 0.33406872

00:51:43.480 --> 00:51:45.896 After a year, what happened is that patients

NOTE Confidence: 0.33406872

00:51:45.896 --> 00:51:48.157 began to regain the weight and again,

NOTE Confidence: 0.33406872

 $00{:}51{:}48.160 \dashrightarrow 00{:}51{:}49.820$ we shouldn't be surprised because

NOTE Confidence: 0.33406872

 $00:51:49.820 \longrightarrow 00:51:51.480$ that defended fat mass set

NOTE Confidence: 0.33406872

 $00{:}51{:}51.538 \dashrightarrow 00{:}51{:}53.200$ point continued to go back up.

NOTE Confidence: 0.33406872

 $00:51:53.200 \longrightarrow 00:51:54.754$ Now there is a difference here of

NOTE Confidence: 0.33406872

 $00:51:54.754 \longrightarrow 00:51:56.480$ about 5% and there's a question of,

NOTE Confidence: 0.33406872

 $00:51:56.480 \longrightarrow 00:51:58.112$ well, what if we had continued

NOTE Confidence: 0.33406872

 $00:51:58.112 \longrightarrow 00:51:59.200$ to follow these patients,

NOTE Confidence: 0.33406872

 $00:51:59.200 \longrightarrow 00:52:01.685$ would they have regained the weight or

 $00:52:01.685 \longrightarrow 00:52:03.642$ potentially would they have been able to

NOTE Confidence: 0.33406872

 $00:52:03.642 \longrightarrow 00:52:05.680$ maintain some of that weight reduction?

NOTE Confidence: 0.33406872

 $00:52:05.680 \longrightarrow 00:52:08.008$ There's also a question of did

NOTE Confidence: 0.33406872

 $00:52:08.008 \longrightarrow 00:52:09.848$ patients regain mostly fat rather

NOTE Confidence: 0.33406872

 $00:52:09.848 \longrightarrow 00:52:11.000$ than lean muscle mass?

NOTE Confidence: 0.33406872

 $00:52:11.000 \longrightarrow 00:52:13.016$ And we don't have the answers

NOTE Confidence: 0.33406872

 $00.52:13.016 \longrightarrow 00.52:14.360$ to those questions yet.

NOTE Confidence: 0.33406872

 $00{:}52{:}14.360 \longrightarrow 00{:}52{:}16.432$ What we do know is there's no cure

NOTE Confidence: 0.33406872

 $00:52:16.432 \longrightarrow 00:52:18.764$ for obesity yet, and so chronic,

NOTE Confidence: 0.33406872

 $00:52:18.764 \longrightarrow 00:52:20.796$ lifelong treatment is needed.

NOTE Confidence: 0.33406872

00:52:20.800 --> 00:52:23.159 OK, So what happened with our patient?

NOTE Confidence: 0.33406872

00:52:23.160 --> 00:52:25.038 So just to remind you again,

NOTE Confidence: 0.33406872

 $00:52:25.040 \longrightarrow 00:52:26.504$ he had tried all these different

NOTE Confidence: 0.33406872

 $00:52:26.504 \longrightarrow 00:52:28.240$ things over the course of his lifetime.

NOTE Confidence: 0.33406872

 $00:52:28.240 \longrightarrow 00:52:29.598$ And when we came to see me,

 $00:52:29.600 \longrightarrow 00:52:33.155$ his BMI was 47 and his A1C was 8.5.

NOTE Confidence: 0.33406872

 $00:52:33.160 \longrightarrow 00:52:34.400$ So what did we do?

NOTE Confidence: 0.33406872

 $00:52:34.400 \longrightarrow 00:52:34.761$ Well,

NOTE Confidence: 0.33406872

 $00:52:34.761 \longrightarrow 00:52:36.927$ we we started the lifestyle interventions

NOTE Confidence: 0.33406872

 $00:52:36.927 \longrightarrow 00:52:39.676$ that had worked for him so well in the past.

NOTE Confidence: 0.33406872

 $00:52:39.680 \longrightarrow 00:52:41.560$ We then added several medications.

NOTE Confidence: 0.33406872

 $00{:}52{:}41.560 \dashrightarrow 00{:}52{:}43.270$ We added Laraglatide for his

NOTE Confidence: 0.33406872

 $00:52:43.270 \longrightarrow 00:52:44.638$ weight and his diabetes,

NOTE Confidence: 0.33406872

 $00:52:44.640 \longrightarrow 00:52:46.999$ an SGLT 2 inhibitor for his diabetes,

NOTE Confidence: 0.33406872

 $00:52:47.000 \longrightarrow 00:52:49.400$ which helped his weight plateau.

NOTE Confidence: 0.33406872

 $00:52:49.400 \longrightarrow 00:52:51.840$ Then we added a higher dose of Laraglatide.

NOTE Confidence: 0.33406872

 $00:52:51.840 \longrightarrow 00:52:54.040$ We then added naltrexone bupropion.

NOTE Confidence: 0.33406872

00:52:54.040 --> 00:52:54.360 Unfortunately,

NOTE Confidence: 0.33406872

 $00:52:54.360 \longrightarrow 00:52:55.960$ he did develop side effects.

NOTE Confidence: 0.33406872

 $00:52:55.960 \longrightarrow 00:52:57.124$ He developed Constipation.

NOTE Confidence: 0.33406872

00:52:57.124 --> 00:52:59.840 One of his providers recommended prune juice,

 $00:52:59.840 \longrightarrow 00:53:02.450$ which unfortunately did not resolve his

NOTE Confidence: 0.33406872

 $00:53:02.450 \dashrightarrow 00:53:04.720$ Constipation and instead increased his A1C.

NOTE Confidence: 0.33406872

00:53:04.720 --> 00:53:06.870 He appropriately discontinued the naltrexone

NOTE Confidence: 0.33406872

 $00:53:06.870 \longrightarrow 00:53:09.727$ bupropion and instead at that point we

NOTE Confidence: 0.33406872

 $00:53:09.727 \longrightarrow 00:53:11.647$ had some agglutide available on the

NOTE Confidence: 0.33406872

 $00{:}53{:}11.647 \dashrightarrow 00{:}53{:}13.920$ market and we were able to start that.

NOTE Confidence: 0.33406872

 $00:53:13.920 \longrightarrow 00:53:15.584$ And what you can see is during the

NOTE Confidence: 0.33406872

 $00:53:15.584 \longrightarrow 00:53:17.000$ course of these several years,

NOTE Confidence: 0.33406872

 $00:53:17.000 \longrightarrow 00:53:19.328$ he lost over 85 pounds with a total

NOTE Confidence: 0.33406872

00:53:19.328 --> 00:53:21.880 body weight reduction of 27% and

NOTE Confidence: 0.33406872

 $00:53:21.880 \longrightarrow 00:53:24.200$ he normalized his A1C.

NOTE Confidence: 0.33406872

 $00:53:24.200 \longrightarrow 00:53:26.540$ We continued three of his previous

NOTE Confidence: 0.33406872

 $00:53:26.540 \longrightarrow 00:53:28.560$ medications and discontinued three others.

NOTE Confidence: 0.33406872

00:53:28.560 --> 00:53:30.735 And overall he's feeling much

NOTE Confidence: 0.33406872

 $00:53:30.735 \longrightarrow 00:53:32.475$ healthier and much better.

 $00:53:32.480 \longrightarrow 00:53:33.218$ Now overall though,

NOTE Confidence: 0.33406872

 $00{:}53{:}33.218 \dashrightarrow 00{:}53{:}35.249$ what we have to keep in mind is

NOTE Confidence: 0.33406872

 $00:53:35.249 \longrightarrow 00:53:36.785$ that the focus of obesity treatment

NOTE Confidence: 0.33406872

 $00:53:36.785 \longrightarrow 00:53:38.480$ is not just weight reduction,

NOTE Confidence: 0.33406872

 $00:53:38.480 \longrightarrow 00:53:40.460$ it is optimizing health where

NOTE Confidence: 0.33406872

 $00:53:40.460 \longrightarrow 00:53:42.440$ we're treating obesity and we're

NOTE Confidence: 0.33406872

 $00:53:42.507 \longrightarrow 00:53:44.679$ treating the patient at the focus.

NOTE Confidence: 0.33406872

00:53:44.680 --> 00:53:46.120 And I'm going to breeze through

NOTE Confidence: 0.33406872

 $00:53:46.120 \longrightarrow 00:53:46.840$ the next slide,

NOTE Confidence: 0.33406872

00:53:46.840 --> 00:53:48.196 but I actually think it's really,

NOTE Confidence: 0.33406872

 $00:53:48.200 \longrightarrow 00:53:50.356$ really important and this is that we

NOTE Confidence: 0.33406872

 $00{:}53{:}50.356 {\:{\circ}{\circ}{\circ}}>00{:}53{:}52.516$ need to support our patients through

NOTE Confidence: 0.33406872

 $00:53:52.516 \longrightarrow 00:53:54.476$ their weight and health journey.

NOTE Confidence: 0.33406872

 $00:53:54.480 \longrightarrow 00:53:56.136$ So we have our patient at the center

NOTE Confidence: 0.33406872

 $00:53:56.136 \longrightarrow 00:53:58.156$ here and there are many things to consider.

NOTE Confidence: 0.33406872 00:53:58.160 --> 00:53:58.478 One,

 $00:53:58.478 \longrightarrow 00:54:00.704$ we need to target the neuro metabolic

NOTE Confidence: 0.33406872

 $00{:}54{:}00.704 \dashrightarrow 00{:}54{:}02.581$ Physiology of obesity that we talked

NOTE Confidence: 0.33406872

 $00:54:02.581 \longrightarrow 00:54:05.039$ about at the beginning of the talk today.

NOTE Confidence: 0.5442748

 $00:54:05.040 \longrightarrow 00:54:06.882$ We need to consider the heterogeneity

NOTE Confidence: 0.5442748

00:54:06.882 --> 00:54:08.777 of obesity and that not everybody

NOTE Confidence: 0.5442748

 $00:54:08.777 \longrightarrow 00:54:10.595$ will respond to the same thing.

NOTE Confidence: 0.5442748

 $00:54:10.600 \longrightarrow 00:54:12.375$ We need to consider factors

NOTE Confidence: 0.5442748

 $00:54:12.375 \longrightarrow 00:54:13.440$ in treatment selection,

NOTE Confidence: 0.5442748

00:54:13.440 --> 00:54:15.799 so whether that's the severity of obesity,

NOTE Confidence: 0.5442748

 $00{:}54{:}15.800 \dashrightarrow 00{:}54{:}17.272$ other obesity condition related

NOTE Confidence: 0.5442748

00:54:17.272 --> 00:54:19.112 conditions a patient may have,

NOTE Confidence: 0.5442748

 $00:54:19.120 \longrightarrow 00:54:21.505$ their overall health including mental

NOTE Confidence: 0.5442748

 $00{:}54{:}21.505 \dashrightarrow 00{:}54{:}23.890$ and metabolic health and various

NOTE Confidence: 0.5442748

 $00:54:23.962 \longrightarrow 00:54:26.277$ treatment targets we can consider.

NOTE Confidence: 0.5442748

 $00:54:26.280 \longrightarrow 00:54:28.638$ We need to individualize combination therapy,

00:54:28.640 --> 00:54:30.628 what's right for that patient who's sitting

NOTE Confidence: 0.5442748

 $00{:}54{:}30.628 \dashrightarrow 00{:}54{:}32.556$ there in front of you in the office.

NOTE Confidence: 0.5442748

 $00:54:32.560 \longrightarrow 00:54:34.558$ We also need to optimize health.

NOTE Confidence: 0.5442748

 $00:54:34.560 \longrightarrow 00:54:37.152$ There's no medicine that helps us to make

NOTE Confidence: 0.5442748

 $00:54:37.152 \longrightarrow 00:54:39.479$ healthier food choices or to exercise more.

NOTE Confidence: 0.5442748

 $00:54:39.480 \longrightarrow 00:54:41.118$ When one of you develops that,

NOTE Confidence: 0.5442748

 $00:54:41.120 \longrightarrow 00:54:42.532$ please let me know.

NOTE Confidence: 0.5442748

00:54:42.532 --> 00:54:44.906 Until then, we really need to focus on how

NOTE Confidence: 0.5442748

 $00:54:44.906 \longrightarrow 00:54:47.317$ can we help our patients optimize health.

NOTE Confidence: 0.5442748

00:54:47.320 --> 00:54:49.648 Maximize nutritious food intake,

NOTE Confidence: 0.5442748

00:54:49.648 --> 00:54:51.394 prioritize protein intake,

NOTE Confidence: 0.5442748

 $00:54:51.400 \longrightarrow 00:54:53.080$ especially during the weight reduction

NOTE Confidence: 0.5442748

 $00:54:53.080 \longrightarrow 00:54:54.760$ phase when they're eating less,

NOTE Confidence: 0.5442748

 $00{:}54{:}54.760 \dashrightarrow 00{:}54{:}57.800$ maximize physical activity, reduce stress,

NOTE Confidence: 0.5442748

 $00:54:57.800 \longrightarrow 00:55:00.280$ improve sleep quality and duration.

NOTE Confidence: 0.5442748

 $00:55:00.280 \longrightarrow 00:55:01.930$ We need to consider the rate

 $00:55:01.930 \longrightarrow 00:55:02.755$ of weight reduction,

NOTE Confidence: 0.5442748

 $00{:}55{:}02.760 \dashrightarrow 00{:}55{:}04.560$ Make sure our patients aren't

NOTE Confidence: 0.5442748

 $00:55:04.560 \longrightarrow 00:55:05.640$ losing too quickly.

NOTE Confidence: 0.5442748

 $00:55:05.640 \longrightarrow 00:55:06.848$ Consider the quality of

NOTE Confidence: 0.5442748

 $00:55:06.848 \longrightarrow 00:55:07.754$ that weight reduction,

NOTE Confidence: 0.5442748

 $00{:}55{:}07.760 \dashrightarrow 00{:}55{:}10.358$ so losing more fat than muscle.

NOTE Confidence: 0.5442748

 $00:55:10.360 \longrightarrow 00:55:13.034$ We also need to consider potential downsides,

NOTE Confidence: 0.5442748

00:55:13.040 --> 00:55:14.752 bone loss, vitamin deficiencies,

NOTE Confidence: 0.5442748

00:55:14.752 --> 00:55:16.036 muscle loss function,

NOTE Confidence: 0.5442748

 $00:55:16.040 \longrightarrow 00:55:16.400$ etcetera.

NOTE Confidence: 0.5442748

 $00:55:16.400 \longrightarrow 00:55:18.200$ We can achieve these degrees

NOTE Confidence: 0.5442748

 $00:55:18.200 \longrightarrow 00:55:19.640$ of weight loss now,

NOTE Confidence: 0.5442748

 $00:55:19.640 \longrightarrow 00:55:21.296$ but but all of these other

NOTE Confidence: 0.5442748

 $00{:}55{:}21.296 \longrightarrow 00{:}55{:}23.160$ things have to be considered.

NOTE Confidence: 0.5442748

 $00:55:23.160 \longrightarrow 00:55:25.518$ We also have to consider the bias and stigma,

 $00:55:25.520 \longrightarrow 00:55:27.845$ the psychosocial and the psychological

NOTE Confidence: 0.5442748

00:55:27.845 --> 00:55:29.240 implications of obesity.

NOTE Confidence: 0.5442748

 $00:55:29.240 \longrightarrow 00:55:31.388$ Treatment and access and

NOTE Confidence: 0.5442748

 $00:55:31.388 \longrightarrow 00:55:32.999$ affordability is key.

NOTE Confidence: 0.5442748

 $00:55:33.000 \longrightarrow 00:55:36.038$ Half of Americans are impacted by obesity,

NOTE Confidence: 0.5442748

 $00.55:36.040 \longrightarrow 00.55:39.340 1/4$ of the world population by the year 2035.

NOTE Confidence: 0.5442748

 $00:55:39.340 \longrightarrow 00:55:41.040$ So this is really important

NOTE Confidence: 0.5442748

 $00:55:41.040 \longrightarrow 00:55:42.400$ to consider as well.

NOTE Confidence: 0.5442748

 $00:55:42.400 \longrightarrow 00:55:45.760$ And I'll end with this patient quote.

NOTE Confidence: 0.5442748

00:55:45.760 --> 00:55:48.399 And I really believe that our patients

NOTE Confidence: 0.5442748

 $00{:}55{:}48.399 \dashrightarrow 00{:}55{:}50.878$ and our participants teach us everything.

NOTE Confidence: 0.5442748

 $00:55:50.880 \longrightarrow 00:55:52.920$ They give us clues to everything.

NOTE Confidence: 0.5442748

 $00:55:52.920 \longrightarrow 00:55:55.307$ And this patient was one who was

NOTE Confidence: 0.5442748

00:55:55.307 --> 00:55:57.162 in the surmount 1 tirzepatide

NOTE Confidence: 0.5442748

 $00:55:57.162 \longrightarrow 00:55:59.352$ trial and she lost nearly £100.

NOTE Confidence: 0.5442748

 $00:55:59.352 \longrightarrow 00:56:02.040$ She lost over 90 pounds in the trial

 $00:56:02.040 \longrightarrow 00:56:03.996$ and she taught me about Physiology.

NOTE Confidence: 0.5442748

 $00:56:04.000 \longrightarrow 00:56:05.512$ And this is what she said to me

NOTE Confidence: 0.5442748

 $00:56:05.512 \longrightarrow 00:56:06.838$ during the course of the trial.

NOTE Confidence: 0.5442748

 $00:56:06.840 \longrightarrow 00:56:08.716$ And let me just set the stage

NOTE Confidence: 0.5442748

 $00:56:08.720 \longrightarrow 00:56:10.244$ before the trial.

NOTE Confidence: 0.5442748

 $00:56:10.244 \longrightarrow 00:56:12.276$ She at healthy food,

NOTE Confidence: 0.5442748

 $00:56:12.280 \longrightarrow 00:56:13.376$ she exercised,

NOTE Confidence: 0.5442748

 $00{:}56{:}13.376 \dashrightarrow 00{:}56{:}16.936$ she went to PTA meetings after the trial

NOTE Confidence: 0.5442748

00:56:16.936 --> 00:56:19.160 and during the trial she ate healthy food,

NOTE Confidence: 0.5442748

 $00:56:19.160 \longrightarrow 00:56:19.844$ she exercised,

NOTE Confidence: 0.5442748

 $00:56:19.844 \longrightarrow 00:56:21.554$ she went to PTA meetings,

NOTE Confidence: 0.5442748

 $00:56:21.560 \longrightarrow 00:56:23.600$ She did everything the same.

NOTE Confidence: 0.5442748

 $00:56:23.600 \longrightarrow 00:56:26.439$ The one thing that changed was that

NOTE Confidence: 0.5442748

00:56:26.439 --> 00:56:28.034 she received something during the

NOTE Confidence: 0.5442748

 $00:56:28.034 \longrightarrow 00:56:30.439$ trial and we think it was tirzepatide.

 $00:56:30.440 \longrightarrow 00:56:32.664$ And what she said to me is it's

NOTE Confidence: 0.5442748

 $00:56:32.664 \longrightarrow 00:56:34.512$ just as easy to lose weight as

NOTE Confidence: 0.5442748

00:56:34.512 --> 00:56:36.278 it ever was to gain weight.

NOTE Confidence: 0.5442748

 $00:56:36.280 \longrightarrow 00:56:38.485$ So all the things she had been

NOTE Confidence: 0.5442748

 $00:56:38.485 \longrightarrow 00:56:40.713$ trying for all those years now

NOTE Confidence: 0.5442748

00:56:40.713 --> 00:56:42.878 in the setting of tirzepatide,

NOTE Confidence: 0.5442748

 $00:56:42.880 \longrightarrow 00:56:45.078$ she was able to lose that weight.

NOTE Confidence: 0.5442748

 $00:56:45.080 \longrightarrow 00:56:47.110$ So thank you so much for your

NOTE Confidence: 0.5442748

 $00:56:47.110 \longrightarrow 00:56:48.640$ attention and the invitation to speak.

NOTE Confidence: 0.5442748

00:56:48.640 --> 00:56:49.054 And I'm,

NOTE Confidence: 0.5442748

 $00:56:49.054 \longrightarrow 00:56:51.240$ I would be very happy to take your questions.

NOTE Confidence: 0.5442748

 $00:56:51.240 \longrightarrow 00:56:52.040$ Thank you so much.