



Defense Health Agency (DHA) Clinical Communities Speaker Series
2025 JUNE CCSS: Evidence-Based Approaches for Advancing Excellence in Primary Care

2025 JUNE CCSS S01: Slimming Down the Options: A Prescriber's Guide to Antiobesity Medications

Resource List

[6851 Rapidly Increasing Use of Anti-Obesity Medications among Veterans in the Veterans Health](#)

[Administration \(VA\)](#) (2024) states that obesity is a prevalent and costly chronic disease that compromises quality of life. Obesity increases risks of cardiometabolic disease, osteoarthritis, and several cancers. Antiobesity medications (AOMs) may fill the treatment gap given the low uptake of bariatric surgery and limited effectiveness of behavioral interventions and are guideline-recommended as part of a comprehensive obesity treatment plan. The outlook for obesity treatment has changed with introduction of the highly effective and in-demand glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and dual GLP-1 + GIP receptor agonists (GIP/GLP-1 RAs). The study examines data from the VA separately for patients on AOMs without and with diagnosed diabetes. The study result shows AOM use is increasing in VA across all AOM classes, particularly among patients without diabetes, indicating growing interest in medical treatment of obesity.

[Utilization of Antiobesity Medications within the Military Health System](#) (2024) reports the prevalence of overweight and obesity among beneficiaries of the Military Health System (MHS) to be 41.6% and 30.5%. This gives rise to significant medical, fiscal, and military readiness costs. Currently, it is not known how the utilization of antiobesity medications (AOMs) within the MHS compares with that in the Veterans Health Administration or the private sector. The study evaluates the utilization of AOMs within the MHS. Data was collected from the MHS Data Repository and the inclusion of all adult TRICARE Prime and Plus beneficiaries ages 18 to 64 years who were prescribed at least one TRICARE-approved AOM during the years 2018 to 2022. When comparing with the US private sector, the MHS significantly underutilizes AOMs, including among active-duty service members, despite coverage of AOMs since 2018.

The US military veteran population is disproportionately affected by obesity, a major public health challenge according to [Weight Management Medications for Chronic use in 37 Veterans Affairs Medical Centers—A Medication use Evaluation](#) (2024). The study evaluates utilization patterns of weight management medications (WMMs) liraglutide, naltrexone/bupropion, orlistat, phentermine, phentermine/topiramate, and semaglutide; weight loss at three, six, twelve, and more than twelve months; safety; and treatment barriers. A medication use evaluation (MUE) was conducted by using electronic health records of outpatient Veterans newly initiated on WMMs at 37 Veterans Affairs (VA) Medical Centers. The study shows that the MUE data allow for better assessment of benefits and risks for Veterans prescribed WMMs.

[Five-year Weight Loss Maintenance with Obesity Pharmacotherapy](#) (2023) reports the prevalence of obesity has increased substantially over the past several decades, affecting 42% of adults in the United States and extending to projections of 50% by 2030. Obesity is a major public health concern linked to health risks such as hypertension, hyperlipidemia, type 2 diabetes mellitus (T2DM), stroke, metabolic syndrome, asthma, and cancer. Antiobesity medications (AOMs) in conjunction with lifestyle changes help augment and sustain weight loss. The study evaluates long-term weight loss outcomes over a 2.5- to 5.5-year period with US Food and Drug Administration (FDA)-approved and off-label AOMs. The study suggests that clinically significant long-term weight loss of 10% or more beyond four years is achievable in clinical practice settings with obesity pharmacotherapy.



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