

Early Outcomes of Medical Weight Management

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Background: The prevalence of obesity in Essex County is almost 30% per the NJDOH. This study aims to evaluate outcomes of an academic weight management program in an under-resourced community.

Methods: This study included a retrospective chart review of 115 patients who had a BMI >30 and at least three visits to the obesity medicine clinic. Exclusion criteria included any non-medical management such as gastric bypass surgeries. Qualifying patients' charts were reviewed for number of visits, initial and recent vitals, labs (HbA1c and lipid panel), therapies offered, and demographic information (age and sex).

Results: Overall, 56% of patients achieved weight loss (24% of patients had 1-5% weight loss, 16% had 5-10% weight loss and 10% had greater than 10% weight loss). A total of 26% of patients had weight loss greater than 5%, which is a successful target for medical weight loss. Number of visits was positively correlated with weight loss ($r=0.16$). There was a significant difference in average HbA1c at initial and latest visit, 6.8 to 6.3 with $p<0.05$. There was no significant difference in BP or lipid panel average values from initial to most recent visit. All patients were treated with lifestyle management. 41.6% were on an anti-obesity medication to aid with weight loss. Patients taking GLP-1 receptor agonists had significantly higher average weight loss (9% weight loss) than those taking other medications and those not taking them ($p<0.05$).

Conclusion: About 26% of patients had successful weight loss (>5% initial body weight). Patients on medications for weight loss achieved greater weight loss. More needs to be done to improve outcomes with lifestyle management alone and to initiate medication therapy to all patients who may fit criteria and may benefit.