

Semaglutide 2.4 mg: the latest GLP-1RA approved for obesity

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Overweight and obesity are one of the most relevant health factors; according to the WHO, 39% of people globally are overweight and 13% obese.¹ Body weight loss of 3%–5% has been linked to a reduction in risk factors, whereas those with obesity and chronic illness should lose 5%–15% of their body weight to reduce risks.² Glucose lowering medications, particularly glucagon-like peptide 1 (GLP-1) receptor agonists (GLP-1RAs), might result in considerable weight loss.³ Semaglutide 2.4 mg (brand name Wegovy) was recently authorized by the Food and Drug Administration for chronic weight management. It is indicated in patients with a body mass index (BMI) ≥ 30 kg/m², or a BMI ≥ 27 kg/m² with comorbidities.⁴

The STEP studies were the landmark trials for assessing the safety and effectiveness of semaglutide. The study proved that weight loss in persons with obesity and type 2 diabetes (DM2), as well as on long-term follow-up, is higher with semaglutide versus placebo.⁵ The STEP1 Study showed that participants in the semaglutide group lost a mean of 14.9% of their body weight compared with 2.4% in the placebo group after 68 weeks.⁶ Of note, this study only included overweight or obesity patients. The STEP2 Study included patients with DM2 who were overweight or obese and demonstrated a 9.6% reduction in body weight compared with 3.4% in the placebo group.⁷ The STEP3 Study incorporated lifestyle treatments in overweight and obese participants with comorbidities; those who received semaglutide plus lifestyle interventions lost 16% of their body weight, whereas the placebo group lost 5.7%.⁸ The STEP4 Study allocated all patients with semaglutide up to week 20, later they randomized the group into semaglutide or placebo, noticing that patients in the semaglutide group lost 7.9% of their body weight, whereas patients in the placebo group gained 6.9% of their body weight following randomization.⁹

Wegovy is administered weekly through subcutaneous injection at a dose of 2.4 mg, as several clinical studies have shown that weekly treatment is as consistent as daily administration.⁵ Weight reduction efficiency is dose-dependent, with Wegovy being more effective than Ozempic (semaglutide used for diabetes with a maximum dose of 1.0 mg).¹⁰ The side effects of semaglutide have proven to be no

different or intense than any other GLP-1RAs.^{11 12} In addition, a recent study found that patients treated with semaglutide for obesity or diabetes had a reduced risk at cardiovascular events including cardiovascular death, non-fatal myocardial infarction, or non-fatal strokes.¹⁰

In conclusion, semaglutide 2.4 mg has been shown to be more successful than other GLP-1RAs in terms of weight reduction.^{10 11} When prescribing semaglutide, physicians must evaluate a number of criteria, the most significant of which is the price, since most insurance does not cover these therapies.⁴ Nonetheless, the numerous advantages of semaglutide 2.4 mg makes it a great medication to consider for these populations, as it can enhance their weight reduction maintenance and quality of life, and add some cardiovascular protection.

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