Characteristics and Comorbid Conditions Associated with Treatment Discontinuation Among Patients Being Treated for Obesity

Charles Ruestch[1], Purva Parab[1], Courtney Younglove[2], Kathy Belk[3], Gary Schneider[3].
Health Analytics, LLC[1]; Heartland Weight Loss[2]; Lumen Value & Access[3]

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BACKGROUND

- Obesity has multiple drivers that affect treatment outcomes, making sustained weight loss challenging.[1]
- Though many patients with obesity successfully lose weight in response to behavioral and lifestyle changes, half of those patients resume their original weight within 5 years[2].
- Heterogeneity among patients with obesity is apparent in the varied level of patient engagement with treatment and weight loss response to various interventions.[3]

STUDY OBJECTIVE

- Understand the role of patient profiles and behavior in discontinuation of anti-obesity medication (AOM) treatment.

METHODOLOGY

Study Design: Retrospective analysis of obesity data

Study Data: January 19, 2019 - March 15, 2023

Data Source: Heartland Weight Loss, a series of Midwest specialty weight loss clinics

Identification and Selection of Study Participants:

Inclusion Criteria:

- Eligible individuals had >1 obesity encounter

Comorbidities:

- Comorbidities were measured at intake

Obesity Treatment:

- Treatment was tracked for 6 months post-intake
- Treatment discontinuation was defined as > 30 days without medication

Statistical Analysis:

T-test were used to test for statistical differences between groups for continuous variables

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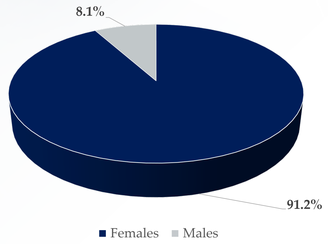
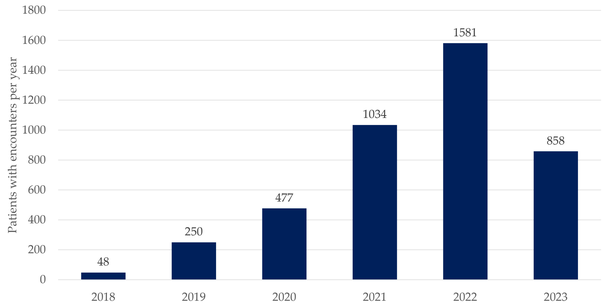
RESULTS

Figure 1. Population of Individuals with History of Care at Heartland Weight Loss



Of the N=888 patients receiving obesity treatment who had 6 months or more follow-up data, most were female (91.2%), with mean age (SD) of 45.6 years (± 11.2 years).

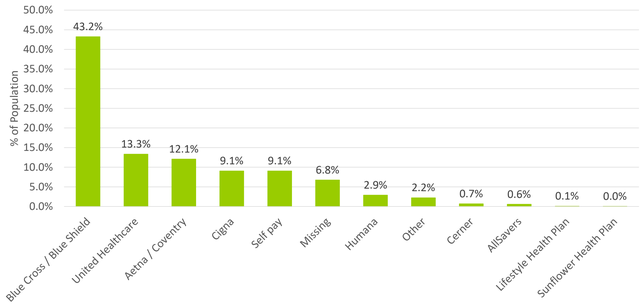
Figure 2. Annual Encounters with an AOM



Encounters increased 116% between 2020 and 2021, then another 52.9% from 2021 through 2022.

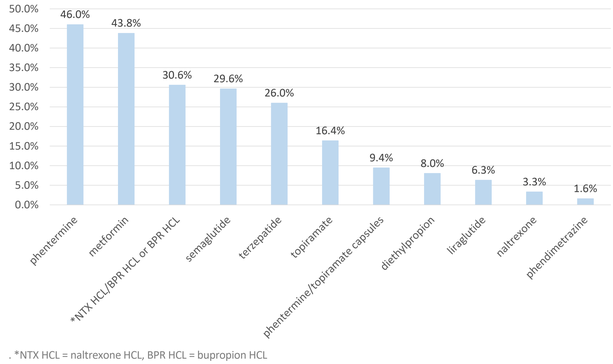
Encounters from January 1, 2023, to March 31, 2023, are >50% of the full year in 2022 and are rapidly increasing.

Figure 3. Distribution of Payers



The most prevalent insurer was Blue Cross/Blue Shield, followed by United Healthcare and Aetna/Coventry.

Figure 4. AOM Treatment Distribution



. *NTX HCL = naltrexone HCL, BPR HCL = bupropion HCL

Of the 888 individuals with 6+ Months of follow up, 635 (71.5%) were prescribed at least 1 AOM out of which, 414 (65.2%) were prescribed multiple AOMs.

The most common were phentermine (46.0%), metformin (43.8%), naltrexone/bupropion or bupropion (30.6%), and semaglutide (29.6%).

Table 1. Treatment Continuity

	Discontinued Treatment			
	Yes (N=219)		No (N=416)	
	Mean	SD	Mean	SD
Outpatient Visits (n)	4.6	3.3	6.2	2.8

Of the 635 AOM initiators, 219 (34.5%) discontinued all AOMs within 6-months of intake.

Those who discontinued treatment had fewer outpatient visits in the 6 months following intake compared to those who continued (4.6 v 6.2; p <0.05).

SUMMARY

- The majority of patients with obesity in this sample were prescribed at least one AOM.
- The most common AOMs prescribed were phentermine, metformin, naltrexone/bupropion, bupropion and semaglutide.
- Approximately 1 in 3 patients discontinued their medication within 6 months of initiation.
- Greater number of outpatient visits was related to treatment continuation suggesting the potential role of engagement in successful treatment of obesity.

CITATIONS

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3. Acosta, A., Camilleri, M., Abu Dayyeh, B., Calderon, G., Gonzalez, D., McRae, A., Rossini, W., Singh, S., Burton, D., Clark, M. M. (2021). Selection of antiobesity medications based on phenotypes enhances weight loss: A pragmatic trial in an obesity clinic. Obesity, 29(4), 662–671. https://doi.org/10.1002/oby.23120]