How Weight Loss is Not One Size Fits All Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to obesity and medical conversations

When I was in medical school, I had more lectures on medical malpractice than on obesity. And I'd one lecture on Medical Malpractices. So that's improved.

But I think that health care providers in general, there's a discomfort. There's an uneasiness in talking about, and I think the first thing you need to do is educate yourself as a health care provider, but then feel comfortable.

The patient is there whining to talk about this disease, whine to find a way to finally a treatment that's appropriate. This is Doctor Talks. In this Doctor Talks, we're going to be discussing one of the medications for the treatment of obesity called Contrave.

I've been using Contrav in my clinic for about 10 years and have had a lot of patient success with it. And joining me to discuss how weight loss is not a one-size-fits-all approach and what Contrave is and who it's a fit for is Dr.

Michael Kyle. Dr Kyle, thank you for joining. Great, thanks for having me. So Dr. Kyle is the Chief Medical Officer at Curex Pharmaceuticals. He's a physician by training and initially practiced medicine in Chicago before transitioning to clinical research.

he's worked in segments of the healthcare industry from medical practice to Clinical Research, which has given him a unique perspective on how to help people live longer and healthier lives.

So Dr. Kyle, let's start with, I think the biggest question people have, which is why do some people need the support of a medication in order to lose weight?

Well, first of all, we have to understand that obesity is a chronic progressive relapsing disease that is much more complex than we originally thought.

Why obesity needs medication support

It wasn't until around 2012, 2013, where obesity was really identified as a disease process, not just a weakness of character or if you just got up and moved more, if it pushed yourself away from the table, you would lose weight.

We're really starting to understand that it is a diseased process that is very complex and we need to treat it. Yeah. And I think that's, you know, something that hopefully people have heard highlighted in this summit that, it really is not a personal choice.

It's not. A lifestyle. it is in very much a disease and very proud that the AMA declared it such in 2013. So then when it comes to treating obesity or helping people lose weight, why isn't there just like one solution?

Why isn' it just one size fits all? Well, I think it's because the underlying etiology or cause of obesity is multifactorial. If you compare it to other chronic progressive diseases, say for example, diabetes.

Diabetes is relatively simple. Anyone who comes in as a type two diabetic, newly diagnosed, they're put on metformin and everyone responds very nicely.

But what we found, especially looking at some of the work that Dr. Acosta at the Mayo Clinic has done, is that there's different phenotypes, different underlying causes of obesity that need to be identified or realized, and then to able to tailor that treatment based on that phenotype.

And so that's where the complexity comes in. What Dr. Acosta found was that he looked at four main phenotypes.

Slow burn, where your metabolic rate is lower than what it should be in terms of maintaining a healthy weight.

Hungry gut, empties the contents very quickly and you feel hungry shortly after eating.

Obesity phenotypes and personalized treatment

There's hungry brain where the messages that come from your stomach and go to your brain to tell you to stop eating, there's a disconnect there. Something isn't working right.

And then there is the emotional eater phenotype where there a trigger or emotional cues that cause a person to eat. Even when they're not hungry or they don't need food or energy, something triggers them to more.

So what Dr. Acosta found was that If you identified or were able to identify phenotypes and then have you sort of, for lack of a better analogy, precision medicine, you treat based on the phenotype, You actually got better outcomes and weight loss at one year period of time.

Yeah, I loved his work. He does it in this very research intensive way, right? Where people get tested all day long to determine which category they're in.

Before I saw his, work I felt like I was doing this just with my patient interview, having them describe to me their relationship with their weight and what happens when they eat, how they felt.

But I always kind of tried to categorize people similarly, where what was the underlying cause? Why were they struggling? And then pick the solution based on that, which is what we usually do in medicine, right?

For most things, we have to figure out what the problem is before we figure what this solution is going to be. So when it comes to contrave, the medication that you're helping explain to us today, how does contrav work and who, you know, does it kind Well, Contrave is unique compared to the other anti-obesity medicines on the market.

It's a combination of naltrexone and bupropion and it works in two different areas of the brain, specifically the hypothalamus and then the mesolimbic reward pathway.

And so the two medications themselves work synergistically to reduce appetite and also to decrease the craving or you know the heat the eating of certain types of food depending on certain emotional cues etc.

So it's really unique that it works in those two different areas but it also that the two drugs themselves work synergistically to really be effective.

Yeah, and I think that's what was initially interesting to me when this medication came out. I was like, oh, these are two medications that I already know about and already am familiar with and that we have, you know, safety data for many years since it was a combination of medications, that were pre-existing.

Right. Yeah, both the products have been, the drugs, naltrexone and bupropion have both been on the market almost 40 years. Different indications, obviously, for depression, smoking cessation, alcohol, opioid abuse.

But it's really unique that we have such a tremendous amount of safety data on these two drugs.

How Contrave works in the brain

And now in combination for the last 10 years, we've got additional data for that as well. So when we look at Contre, how is it different from some of our newer injectable GLP-1 medications?

Sure. So if you look at the landscape currently of all the different anti-obesity medicines, there's really three classes that I like to talk about. One is the drugs that contain phentermine, which is a control substance, works within the brain itself, a little bit different mechanism of action.

And then there are the incretin mimetics or GLP-1s and GLp-GIP combinations that are currently out there that have different receptors throughout the body in effect, especially the emptying of the contents of stomach and how quickly that occurs.

And then our product, which again, as I said earlier, is a combination that works centrally in the brain and the hypothalamic and mesolimbic areas. So, I think that's the uniqueness and the differences between the drugs that are currently available on the market.

Obviously, you know, the acknowledgement and recognition of the importance of treating this disease driven by the GLP-1s is tremendous. But we have a very unique mechanism of action that I will think will be very beneficial for many patients.

So when someone takes Contrave, what can they expect? Well, as I said earlier, and I sound a little bit like a broken record, obesity is very complex.

And the response of one person that one has with one medication versus another is going to be very, very different. But it's important to realize that a person who's living with obesity didn't get to that point overnight.

And so there has to the expectations of what's an appropriate weight loss over what period of time and what the right weight-loss for that individual patient.

So there may be patients who need to lose a significant amount weight very quickly because of other health issues.

Contrave versus GLP-1 and other weight-loss drugs

And then there's other patients that it's important for them to be able to lose weight that's appropriate for themselves so they can have a sustained long-term maintenance of a healthy weight.

So that is the first thing, just expectations, weight loss. We have data that suggests significant weight losses through a year. I think the other thing is that every medication will have side effects and has an adverse effect in some way for every patient.

Understanding that that is common with all medications, nausea is a very common side effect for many of the anti-obesity medications that are out there.

And for the most part, if that's understood and clearly communicated by the healthcare professional and they can work with the patient to try and see how to manage those side effects and adverse reactions, I think that it's important as well.

Yeah. So, you know, I think what I've seen with Contrave is that it really is helpful for those people with cravings and a lot of thoughts about food during the day.

When I have someone start it and they come back to follow up and I ask how they're doing, always check in with. how you know their nutrition is and what people will often describe is that you they eat their breakfast and then they're just sort of able to go about their day and eat lunch when in the past they may have been thinking about food right like what am I gonna have for lunch well should I bring my lunch or you know, I could also go to that restaurant next door and they have all this space being taken up in their brain by these thoughts of food, then it makes it hard for them to stick to the nutrition plan we came up with.

So when this medication works well for one of my patients, what I'll see is that they are able to you know, stick to the nutrition plan they had in mind because they're no longer thinking about food so much.

They don't have all those cravings that are driving it. And I think that's one of the powerful things about medication is it lets people stick the plan, right?

What patients can expect from Contrave

We always layer these medications with lifestyle. We want to promote healthy eating, balanced eating movement, of course. But then the medication actually allows people who it works for to follow that plan.

And now they can actually feel successful and eat the way that they were intending to. Yeah. I recall a very interesting conversation I had with a patient who was in a stressful position.

Every day at the end of her work day, she would be driving home and she uncontrolled craving for sweets or I forget exactly which food it was and she almost couldn't stop herself from pulling into the convenience store or gas station and buying that food that she craved and eating it on the way home.

She couldn t stop her self and what happened was that when she started contrave that sort of went away. she start being able to drive past the convenient store, or the gas and didn't have to stop on the way home, even though she was still very stressed, her job didn t change, that ability to help sort of control that uncontrolled craving was significant for her.

Yeah. And I think it's just powerful when you get to hear people's experiences like that, that we think we're in control of our behavior a lot more than we are.

So if you have been trying to make a change in your life and it is not working for whatever reason, there may be a biology behind it. There may a brain chemistry and there maybe a medication that can help you with that.

Sure. So how long would people expect to take Contrave for? Yeah, you know, that's a question we get asked a lot. And I think you have to go back and realize when you're dealing with a progressive chronic relapsing disease, treatment is for the rest of your life.

And that doesn't necessarily mean you have to be on a certain medication for the rest of your life. You probably won't be because it's going to progressive.

But if you think about a patient who has diabetes, type 2 diabetes or hypertension, When they achieve healthy levels of blood glucose or healthy, levels, uh, blood pressure, they don't just stop the medication.

Uh, that's progressive. Now it may be related to the rate and maybe other factors that could be modifiable, but you don' And in fact, many of those patients, as the disease progresses, they have to add other medications on or change their medicines as well.

So I think the answer is chronic progressive relapsing disease. Treatment is lifelong. You stay on the medication as long as it's helping you and you're able to maintain that healthy weight.

Long-term treatment and staying on therapy

And you speak with your health care provider and make a plan of how you are going to address treatment really for the rest of your life. Yeah, I think it's a powerful message because it is the same question I get asked frequently of, but do I have to take this forever?

Well, maybe, right? If you've struggled with your weight your whole life, you struggled cravings your life then it would make sense to this medication for an indefinite period of time.

And so it does go back to also wrapping our head around the fact that it not our fault if we're struggling with weight. It really is. multifactorial, there's lots of things contributing to it.

And when you find the thing that helps you lose weight and treat obesity, that you probably are going to have to stick with that thing. Right. Yes. Agreed.

We hear about the other medications, the injectable medication, GLP-1 drugs, having supply issues and lots challenges with people getting access to those medications.

Is contrary of having any of those same supply We're not, we're very fortunate that our manufacturing site currently is able to provide the supply of medication that's needed worldwide.

We are in 47 plus countries at this point with our product. And we just recently opened our second manufacturing in Spain, which doubles our capacity.

So having that approval, having the extra capacity, It makes us feel very confident that there's no issues in terms of supply, that the medication will be available for anyone who needs or wants it.

Great news there. That's exciting. And congrats on the second facility. Yeah, thank you. It's expandable, so we can put another machine in and add a significant increase in supply if we need that as well.

And then cost for the GLP-1 medications is another thing we hear about very frequently, as well as coverage if someone has insurance that it's just too expensive for many people to be able to get those medications.

What can people expect in terms of contrave? Well, obviously, expense and cost is a driving factor for why patients stop the anti-obesity medicines across all of them.

That's not an issue unique just to the GLP-1s.

Supply, access, and affordability

But we've worked very hard as a company to try and make sure that there's access to patients for our medication through supply, but then also making sure it's affordable.

And before I joined the company, the companies put together a program called Cure Access. where patients can get their medications for $99 a month and delivered to their home from our specialty pharmacy.

And so they can a prescription from their doctor. They can call our website and talk to one of the healthcare providers and get the prescription. But that's a great sort of gap fill as we're waiting for our government and others, insurance companies to start covering obesity.

It's not affordable if you Anti-obesity medicines are not effective if you can't afford them and if can take them. Absolutely. Speaking of which, who can Take Contrave?

Who's eligible for this medication? Well, it's a similar indication across most of the anti-obesity medicines. Obviously having a BMI, which is not a great measure of obesity or being overweight, but a BMI of greater than 27 with a comorbid condition of hypertension, diabetes, dyslipidemia or high cholesterol, or Bmi greater 30. Those are the patients that are eligible to take Contrave.

obviously there are some precautions. Because our product contains bupropion, which is an antidepressant medication, it contains a box warning that warns patients about increased potential for suicidal ideation or suicidal thoughts.

And then there's also patients who may have had a head injury or risk of seizures or uncontrolled hypertension. Those patients shouldn't be taking our medicine either.

But that's, you know, that it's important for patients and healthcare providers to understand the restrictions in terms of use of our products. So what advice would you give to someone who is prescribing for those prescribers who may be listening or that are wanting to use this medication?

What recommendations or advice did you get to the prescibers for Contrave? Yeah, it's very interesting. Times

have changed since when I was in medical school and was, I, was practicing.

I always laugh and joke that when was I in Medical School, had more lectures on medical malpractice than on obesity and I had one lecture on Medical Malpractices.

So that's improved. But I think that healthcare providers in general, there's a discomfort. There's an uneasiness in talking about obesity with patients.

And I think the first thing you need to do is educate yourself as a healthcare provider, but then feel comfortable.

Who can take Contrave and prescribing guidance

The patient is there wanting to talk about this disease, wanting a way to find the treatment that's appropriate, to sort of regain their quality of life.

It's important just to start talking with the patient. Be open, be honest, and be aware of biases that may come in to our practices, et cetera. But it's all about just having that conversation and learning to be comfortable.

Because that patient relationship with their healthcare provider is so critical. And that's where the trust is built. If the healthcare providers are comfortable with having a conversation about something that is difficult, the patient feels more confident and comfortable and trusting of the healthcare provider.

I think that's great advice, you know, for our prescribers out there. And I'd say like the flip side is for the patients, the public that are listening as well, your physician may be worried about offending you or making you uncomfortable, especially if they don't have these conversations every day.

So also on the patient side, don't be afraid to bring your questions or concerns about weight to your health care team, because we have more and more tools and, more prescribers are becoming aware of them.

But, you know, some prescribing that have not been trained as well may still feel a little uncomfortable bringing up weight and don t want to offend their patients.

And so unfortunately, sometimes it still is up to the patients to, bring that issue up if they are wanting some help with weight. Yeah, and we also provide some resources to healthcare providers.

You can go on our website, ContreHCP.com. And it provides sort of a guide for health providers of how to talk with patients about obesity and how manage that.

It's a nice resource for them as well. So as we wrap up here, Dr. Kyle, what sort takeaways would you want people to have from our discussion? Well, I think the understanding that obesity is complex, progressive, and the importance of understanding the complexity of the disease is so important.

Having realistic expectations about your weight loss journey to get to that healthy weight maintenance area, that there are many different options out there that are FDA approved.

Contrave is affordable. It is effective and it's available. We've done lots of work to ensure that we have that. our medications available for patients globally.

And so I think that those are the things that I can think about that are important for both patients and health providers to know and understand.

Key takeaways and where to learn more

Thanks so much, Dr. Kyle. If people want more information, where can they go? They can go to contrave.com, and there's a lot of information there, including discussions from patients who have had success with Contrave as well.

Wonderful. Well, thank you so Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks dot com.

Stay connected, stay healthy, and join us next time on DoctorTalks, real talks from real doctors on the issues that matter to you most.