How Weight Loss Is Not One Size Fits All Transcript

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Introduction to Contrave and Dr. Kyle

And this doctor talks. We're going to be discussing one of the medications for the treatment of obesity called contrib. I've been using conjugate in my clinic for about ten 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 control is and who it's a fit for is Doctor Michael Kyle. Doctor Kyle, thank you for joining me. Great.

Thank you for having me. So Doctor Kyle is the chief medical officer at Cure Pharmaceuticals. He's a physician by training and initially practice 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, Doctor 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, I think first of all, we have to understand that obesity is a chronic, progressive, relapsing disease that, is much more complex than we originally thought.

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, or if you pushed yourself away from the table, you would lose weight.

We're really starting to understand that that's a that it is a disease 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, you know, it really is not a personal choice.

It's not a lifestyle bill.

Obesity as a Chronic Disease

It is 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't it just one size fits all? Well, I think I think it's because there's 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 Doctor Acosta at the Mayo Clinic has done, is that there's different, phenotypes, different underlying causes of, of obesity that need to be, identified or realized and then to be able to tailor that treatment, based on that phenotype.

And so that's where the complexity comes in. What Doctor Acosta found was that there he looked at four main phenotypes, slow burn where your metab metabolic rate is lower than what it, what it, should be in terms of maintaining a healthy weight.

Hungry gut where your stomach, you know, empties the contents very quickly and you feel hungry shortly after eating. There's hungry brain where the the messages that come from your stomach and go to your brain to tell you to stop eating.

There's a disconnect. There is something. Something isn't working right. And then there's the emotional eater phenotype, where there's 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 eat more. And so what Doctor Acosta found was that if you identified or able to identify phenotypes and then, have you sort of for a better than lack of a better analogy at precision medicine, you treat based on the phenotype, you actually got better outcomes in and and weight loss at one year period of time.

Why Weight Loss Treatment Must Be Personalized

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. Right. 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 out what the solution is going to be. So when it comes to control of, the medication that you're helping, explain to us today, how does how does country work and who, you know, does it kind of work for, you know.

What country you need compared to the other, and so anti-obesity medicines on the market. It's a combination of now track sound and the appropriate and and it works in two different areas of the brain, specifically the hypothalamus and then the limbic, reward pathway.

And so the two medications themselves work synergistically to reduce appetite and, and also to, decrease the craving or, you know, the heat, the eating of certain types of food, depending on certain emotional cues, etc., but it also the, the two drugs themselves works 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 I'm familiar with, and that we have, you know, safety data for many years since it was a combination of medications that, were preexisting.

Right? Yeah, both the products have been both on the drugs now traction and be appropriate and have been on the market almost 40 years. And different indications, obviously, for depression, smoking cessation, alcohol, opioid abuse.

But but it's really unique that we have such a tremendous amount of safety data on these two drugs. And now in combination for the last ten years, we've got additional data for that as well.

So when we look at contrary, how is it different from some of our newer injectable GLP one 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 are, which is a controlled substance, works within the brain itself, a little bit different mechanism of action.

And then there are the, increasing medics or GLP ones and GLP GIP combinations that are currently out there that have different receptors throughout the body and affect, especially the emptying of the contents of the stomach and how quickly that 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 Mesolithic areas.

How Contrave Works and Its Safety Background

So, I think that's the uniqueness and the differences between the drugs that are currently available on the market. Obviously, you know, the acknowledgment and recognition of the importance of treating this disease driven by the GLP ones is tremendous.

So when someone takes control of what can they expect? Well, as I said earlier it's and I sound a little bit like a broken record. Obesity is very complex.

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

And so there has to be expectations of what's an appropriate weight loss over what period of time and what's the right, weight loss for that individual patients, for maybe patients who need need to lose a significant amount weight very quickly because of other health issues.

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

So that's the first thing. Just expectations, weight loss. You know, we have data that suggests, significant weight loss and through through a year. And, and then I think the other thing is that every medication will have a side effect, and has an adverse, effect in some way for every patient.

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

So when I have someone start it and they come back to follow up and I ask how they're doing, I always check in with how you know, their nutrition is. And what people will often describe is that, you know, they eat their breakfast and then they're just sort of able to go about their day and then eat their lunch, when in the past they may have been thinking about food, right?

Like, well, what am I going to have for lunch? What 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. I think that's one of the powerful things about medication, is it lets people stick to the plan, right?

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.

Contrave vs. Other Anti-Obesity Medications

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

And every day at the end of her, her workday, she would be driving home and she would have this, uncontrolled craving for sweets. So 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 herself. And what what happened was that when she started contretemps, that sort of went away, she started being able to drive past the convenience store or the, you know, the gas station 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 that, uncontrolled craving was, was significant for her. Yeah. And I think it's just powerful.

And you get to hear people's experiences like that, that we think we're in control of our behavior a lot more than, than we are. And so if you have been trying to make a change in your life and it's not working for whatever reason, there may be a biology behind it, there may be a brain chemistry, and there may be a medication that that can help you with that.

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

And 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 be progressive.

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

What Patients Can Expect on Treatment

That's progressive. Now, it may be related to their weight and maybe other factors that could be modifiable, but you don't stop the medication. 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, that healthy weight.

And you speak with your health care provider and make a plan of how you're going to address, treatment really for the rest of your life. Yeah. I think it's a powerful message because it's the same question I get asked frequently of.

But do I have to take this forever as well? Maybe, right. If you've struggled with your weight your whole life, you've cycled with cravings your whole life, then it would make sense to take this medication for an indefinite period of time.

And so it does go back to also wrapping our head around the fact that it's 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 one drugs having supply issues and lots of challenges with people getting access to those medications is contrary of having any of those same supply issues.

We're not, we're we're very fortunate, that our manufacturing side, currently is able to provide, the supply of

medication that's needed worldwide. We're in 47 plus countries at this point with our product.

And we just recently opened our second manufacturing site in Spain, which, which, doubles our capacity. And so having that approval, having that extra capacity, you know, it it's, it makes us feel very confident that there's no, no issues in terms of supply, that the medication will be available for anyone who needs or wants it.

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

So and then cost for the GLP one medications is another thing we hear about very frequently. As well as, you know, 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, of. Well, we've, you know, obviously expense and cost is a driving factor for, for why, you know, patients stopped the anti-obesity medicines across, you know, all of them.

That's not a, an issue unique just to the GLP ones. 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 company 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 get a prescription from their doctor. They can call our website, and talk to one of the health care providers and get the prescription.

But that's, that's a great, sort of gap fill as we're waiting for, you know, our, our, our government and others insurance companies to start covering obesity.

It's not it's not a federal affordable.

Long-Term Use and Chronic Disease Management

If you anti-obesity medicines are not, effective if you can't afford them and if you can't take them slowly. Speaking of which, who can take control of who's eligible for this medication?

What's a similar, indication across most of the anti-obesity medicines? Obviously having a BMI, which is not a great measure of, of, of obesity or being overweight, but, a BMI of greater than 27 with a comorbid condition of hypertension, diabetes, dyslipidemia, high cholesterol or BMI greater than 30.

Those are the patients that are eligible, to to take control of. Obviously there are some, precautions, because our product contains be appropriate, which is an antidepressant medication.

It contains a box warning that that warns patients about increased potential for suicidal ideation or suicidal thoughts. And then there's also patients who may have had an a head injury or a risk of seizures or uncontrolled hypertension.

Those patients shouldn't be taking our medicine either. But that's, you know, that's, that's important for patients and health care providers to understand the, the know the restrictions in terms of use of our product.

So what advice would you give to, someone who is prescribing for those prescribers who may be listening or, that are, that are wanting to use this medication, what, recommendations or advice would you give to the prescribers for countries?

Yeah, it's, it's 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 I was in medical school, I had more lectures on medical malpractice than on obesity.

And I had one lecture on medical malpractice. So that's improved. But I think 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, is educate yourself as a health care provider, but then feel comfortable the patient is there wanting to talk about this disease, wanting to find a way to, finally, treatment that's appropriate, to find a healthy way to to sort of regain their, their, their quality of life.

And, and, it's important just to start talking with the patient, be open, be honest, be aware of biases. That may, may come in, you know, to our practices, etc..

Supply, Access, and Affordability

But it's, it's all about, just having that conversation and learning to be comfortable because that patient relationship with their health care provider is so critical.

And that's where the trust is built. With the health care providers comfortable with having a conversation about something that's difficult, the patient feels more confident and comfortable and trusting of the health care provider.

I think that's great advice. You know, for for our prescribers out there. And I would say like the flip side is for the patients, the public that are listening as well.

You know, 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 and more prescribers are becoming aware of them. But, you know, you know, some prescribers 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 patient to bring that issue up. If they are wanting some help with weight. Yeah. And we also provide some resources to health care providers.

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

It's a nice resource for them as well. So as we wrap up here, Doctor Kyle, what sort of takeaways would you want people to have from our discussion? Well, I think, I think, the understanding that obesity is complex, progressive, and, and, you know, the importance of understanding that complexity of the disease is so important, having realistic expectations about, you know, your weight loss, sort of journey to get to that healthy weight, maintenance area.

That there are many different options out there. You know, that our FDA approved country was affordable. You know, it is effective. And it's available.

We've 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 think about, that are important for both patients and health providers to, to know and understand.

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

Wonderful. Well, thank you so much. Great. Thank you. Can't rave can cause serious side effects, including

suicidal thoughts or actions. One of the ingredients in control is bupropion, which has caused some people to have suicidal thoughts or actions or unusual changes in behavior.

Who Is Eligible for Contrave

If you already have depression or other mental illnesses, taking bupropion may cause it to get worse, especially within the first few months of treatment.

While taking control of you or your family, members should pay close attention to any changes in mood, behaviors, thoughts, or feelings. Stop taking control and call a health care provider right away.

If you or your family members notice any of the symptoms listed on the screen, especially if they are new, worse, or worrying you. Control is not approved for use in children under the age of 18.

Do not take control if you have uncontrolled high blood pressure. Have or have had seizures. Use other medicines that contain bupropion. Have or have had an eating disorder called anorexia or bulimia.

Are dependent on opioid pain medicines or use medicines to help stop taking opioids or are in opiate withdrawal. Drink a lot of alcohol and abruptly stop drinking or use medicines called sedatives, benzodiazepines or anti-seizure medicines and stop using them all of a sudden are taking or have taken medicines called monoamine oxidase inhibitors in the past 14 days, or are allergic to any of the ingredients in control.

Tell your health care provider about all of your medical conditions, including if you have any of the ones listed on the screen. Tell your health care provider about all prescription and over-the-counter medicines, vitamins, and herbal supplements that you take control of may cause serious side effects, including seizures.

If you have a seizure, stop taking control of and call your health care provider right away. Do not take large amounts of opioids to try to overcome the opioid blocking effects of naltrexone.

This can lead to serious injury, coma, or death. Get emergency medical help right away if you experience any symptoms of opioid overdose.

Advice for Prescribers and Patients

People who take control of must not use any type of opioid or opioid dependance treatments for at least 7 to 10 days before starting control, because it may cause you to suddenly have symptoms of opioid withdrawal, which can be severe.

Tell your health care provider you are taking control of before a medical procedure or surgery. Stop taking control and call your health care provider or go to the nearest hospital emergency room right away.

If you have any symptoms of a severe allergic reaction. Your health care provider should check your blood pressure and heart rate before and while you take control, because it may increase your blood pressure or heart rate.

Stop taking control of and tell your health care provider if you have any symptoms of liver problems. Bupropion can cause some people who were manic or depressed in the past to become manic or depressed again.

Talk with your health care provider to find out if you are at risk for angle closure, glaucoma and need treatment to prevent it because of an increased risk of low blood sugar in people with type two diabetes who take medicines to treat it.

You should check your blood sugar before and while you take control. The most common side effects of control include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

Control is a prescription weight loss medicine that may help some adults with a BMI of 30 or greater, or adults with a BMI of 27 or greater with at least one weight related medical problem.

Lose weight and keep it off control. Should be used with a reduced calorie diet and increased physical activity.

Key Takeaways and Where to Learn More

It is not known if control changes your risk of heart problems or stroke, or of death due to heart problems or stroke. It is not known if control is safe and effective when taken with other prescription, over-the-counter or herbal weight loss products.

Control is not approved to treat depression or other mental illnesses, or to help people quit smoking.