Uncover Impacts Of New Weight Loss Drugs On Your Health Transcript

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Introduction and Guest Background

Hi, everyone. Welcome to the Reversing Type 2 diabetes. I'm your host, Dr. Beverly Yates, ND, for this episode. It's my distinct honor, privilege and pleasure to interview the amazing Dr.

Gina Moreno-John Dr. Gina Moreno- John is a fabulous clinician, along with being a faculty member at the University of California at San Francisco, UCSF.

And in addition to seeing her primary care patients, she sees folks who are in the weight management practice. She has a passion for social justice, so she helps to bring anti-racism expertise to UCSF as a school of medicine.

Deans leader. She's also an inaugural DTI director in the Division of General Internal Medicine. Since 2019, she has been working to reduce food insecurity among UCSF patients, which is an important part of controlling weight.

You have to have nutritious, nutrient dense, dense food in order to really be successful in that journey. She started a food bank in her clinic and it's been a game changer and is helping to expand the food programs to other clinics.

And as a mom, a Mexican-American woman, a daughter of immigrants and an activist, she is always hoping to fight social injustice. Dr. Moreno-John, welcome to the summit.

Oh, thank you so much for inviting me, Beverly. I'm excited to do this. I'm glad to have you here. You know, this is such a rich topic area what we're going to talk about.

So everyone listening on this episode, I want you to know, here's the points we're going to cover. We're going to look at the role of obesity as it intersects with type 2 diabetes and type 2 diabetes and why it is so hard for people to lose weight is just a real struggle.

There's no faking that one. Clearly, there's a struggle going on. Why is it important to have new treatments? We're going to also review the new medications like Wegovy and Saxenda and how these new treatments might change our collective health outcomes.

So when we look at peptide therapies, other kinds of therapies, what are the differences here? And then a review of the newer medication ins that are coming in the future.

All right. So let's get started with our first question, which is everyone wants to lose weight or many people do, that's for sure. But why is it so darn hard to do?

Yeah, I saw a statistic once that sort of 90% of people already know that if you want to lose weight, you should eat less and exercise more. And yet, you know, the rates of obesity are tripling since the seventies.

They've tripled and they're still going up, especially for our children. So so this is why we know what to do. But this is why it's hard. So first of all, our weight is dictated by our genetics between 40 and 70%.

And I don't think we talk about that enough. But I really I like to make sure my patients know it's not their fault if there's obesity in their family, etc., if they're having trouble losing weight.

Why Weight Loss Is So Hard

Our height is dictated about 80% by our genetics, but our weight again is dictated about 40 to 70% by genetics. So for a lot of people it's really hard to move their weight or their set point, right, because there are genes in their family keeping them at a certain weight.

And we don't talk about that. We sort of blame the person. There's a lot of stigma, right? Yeah. Another another reason why it's so hard. Our brain has evolved to keep us overweight.

Right. So in the days of, you know, when we had to hunt for our protein and we had to gather our own plant, our food, that's all we did was we extended energy just to get food, right.

So because of that, our brain is really sensitive. Any time we restrict our calories, go on a diet, skip meals, do things like that, our brain, things were starving and it kicks in to slow down our metabolism so we cannot lose weight.

And our brains are really sensitive to that. Our brain is made to keep us overweight, not thin again. And that was, you know, for survival. Right? So these thrifty genes are what they're called.

Like most of them, most of us have them. And they keep us on the heavy side. That's how we're that's how we evolved. Right. I think that the modern world, the Westernized world, is why it's so hard to lose weight.

Most of our jobs are sitting down, right? We have sedentary jobs, work, computers, etc. Most of us have to drive where we go instead of walk and hike right to get to our just for basic transportation.

So the Western lifestyle that is meant to be, you know, easier for us is actually making it harder for us to lose weight. And then there's finances. This is important in worlds where there is cheap food.

Living at or near poverty levels is associated with being overweight. So again, if you don't have adequate money to buy healthy, nutritious food, which is very expensive, right.

That is associated with obesity because what are you doing? You're just buying the foods that you can afford. And usually, as you said, Beverly, those high density calorie foods, French fries and burgers and tacos and things like that, things that keep you full and that are inexpensive, you have to buy those for survival.

So unfortunately, in this country, having lower access to money and that is, you know, a lot of vulnerable groups in this country, unfortunately, that tracks sometimes with people of color, single parents, elders.

Right. Without a lot of money in places with easy, cheap food that leads to obesity. Right. So so that's a big part of why it's so hard to lose weight.

You can afford to buy the foods that would be helpful. So let me just stop there. I'll do one last thing. Diet and exercise. As we said, everyone knows to do that behavior change that is consist.

It is really hard to do for humans, right? We know what we're supposed to do. And I struggle with the same things my patients do. You know, learning to get up at 5 a.m.

so you can exercise every morning. That is hard to do and it's really easy to knock you off that habit. And eating salad every night for dinner with protein and, you know, organics things, you know, again, depending on how busy you are, what your stressors are, what your cultural habits are, what your family does, all of those things just make it hard to change behaviors long term.

And that's why we struggle. So I'll stop there and to say, you know, any questions or anything else about why it's hard to lose weight. I so appreciate you, Gina, for just making that upfront around behavioral change and what our genetic composition is and what it is we are set up to do.

And if we try to change it, man, we are like salmon swimming upstream, right? Absolutely. It's really and it's really hard because the patients who come to us in weight management, sometimes they have lost weight, significant amounts, many times like they've lost 50, they get a bag, they lost 35, they gain it back because that goes back to that.

It's hard given our physiology and our genetics and our Western lifestyle. It's hard to keep up those changes. Right. And unfortunately that yo yo kind of dieting, as we call it, losing, gaining, losing, gaining, that also slows down your metabolism and makes it even harder and harder to lose weight for the next time you want behavior change.

So I just tell my patients not to feel in any way badly about the fact that they're working with a weight challenge. It's not their fault. There's a lot set up against us.

Absolutely. You know, I think the shaming and blaming that goes on around type 2 diabetes, obesity, insulin resistance, other things is really, really spectacularly misguided.

It's mean and it's not effective. It's not working. You know, that old 1950s advice of eat less and move more in today's busy, super stressed under slept world is just a disaster.

Plus all these environmental toxins, all these other things that have changed in the last 40 to 50 years, you look at people's pictures from their family and you see the changes, the rapid changes in just the size of people.

And you go, wow, something's really broken. And so if you could shame and blame our way out of this problem, then it wouldn't be a problem because of the just the amount of stigma that goes on.

And I think the de-stigmatizing is where we need to work and to find effective tools and help people. So I want to give you a shout out as a leader, as a clinician, because you have a food bank as part of your clinic, solving a root cause issue with this often that is completely overlooked, completely.

Completely, completely. I love that you just I love that you just said that. That people feel when it comes to obesity. By the way, doctors use the word obesity just by a calculation of your height and your weight.

We're hopefully not using the word obesity as a way to make people feel badly, etc.. I actually try not to use that word too much with my patients. But, you know, it's again, it's a calculation that doctors use, not a judgment word, but people say that they feel stigma, number one, from their family and number 2, from their doctors.

Those are the top two groups of people who shame patients. So that may or may not be off topic, but it is really important for physicians and clinicians, nurses and providers to understand that patients actually do not feel comfortable in our offices.

And we have to understand also genetics. And you said, you know, poverty and lifestyle and unsafe neighborhoods and no access to food, those are often the things that contribute to weight and we shouldn't shame the person directly.

Absolutely is not helpful at all. So then would you share with us your thoughts about this, that what are the treatments that have been traditionally used in the past?

Because I would love you to build a bridge for us from what's been traditionally used for treatment, and then we can take people to what's coming up. Right. So, you know, diet and exercise.

Of course, as I just said, the things that are really that people know they should be doing but are actually hard to be consistent with, that's been the mainstay for a long, long time.

And for the people who don't have a big genetic component opponent to their weight, that does work at least for as long as they can maintain it. Right.

So for some people, diet and exercise has been the traditional sort of route. A lot of people do this calculation, you know, calories in, calories out.

It's as long as you can do less, calories in, more calories out, less eating more exercise, that should lead to weight loss. Again, it does as long as you can keep that up.

And it only does work for people who don't have a big genetic component to their weight. Right. So that's been the traditional thing to do. I will say that's not bad.

We should we should try to move more. We should try to eat healthy. So I'm not going to say that we shouldn't try to do those things. But if you do recognize are getting as much external support as you can to do those things is wonderful.

Traditional Weight Loss Approaches

So if you want to move more, by the way, we're now telling people, try to move at least 150 minutes a week, Right? That's 530 minute workouts of some sort.

That's the equivalent of 150 minutes. The more you can get external support and not just rely on yourself, the better. So whether that's an exercise partner, a neighbor, you walk with a trainer if you can afford it, and I know not everyone can, a YMCA class that you go to, whatever is external to you use those resources because it's hard to, you know, just rely on yourself.

So that's the traditional stuff. Move more, eat less. For people who are interested, a big study showed that it doesn't matter which healthy diet you use, they all work.

It's just whichever one works best for you. So it doesn't matter if you want to do Weight Watchers or count calories with my fitness panel or you eat the Mediterranean diet, etc.

it doesn't matter which one, whichever one suits your lifestyle, they all work. So finding the right sort of healthy eating style for you, that's good to know, right?

Yeah, that's the basics. Do you want to say anything before I move on to the traditional forms? Beverly Well. One of the things I'm thinking about here, Gina, is I'm loving the fact you're telling people basically to do what works for them, because we are individuals, right?

Even twins or triplets, They're individuals. We're not all the same. So the same thing doesn't work for everyone. You know, sometimes what I've observed clinically is people really do want that one size fits all approach and it doesn't exist.

That's right. That's right. We tell them, actually, you know, at UCSF, at the weight management program, we tell them we're going to try to tailor every bit of advice and support we give you to you and your lifestyle.

And sometimes they do. But what about just give me what I'm supposed to eat? Just, you know, give me the give me the manual. I'm like, no, we got to work through your sleep habits.

You know, you're working hours, You're can we have to talk about all those things? I will say also, I love that you reminded me of things as we talk that people sometimes want to know what to eat.

I will say that in the past, again, doctors have been very Eurocentric, very sort of white centric diet, and we would say eat whole grain bread and that's great.

But what if you have tortillas, right? Or we would say, don't eat white rice, but what if that's the staple of your cultural diet? We would say yams are too high in starch.

But what if sweet potatoes and yams is a staple of your mother country? You know what I mean? So we are doing a better job now, trying not to shame certain foods, too, and say you can't.

These are bad. These are good. All cultures have healthy foods and we're trying to incorporate that. So thank you so much for saying that. That can't be said enough.

I found that often that's where people get stuck and then they aren't able to sustain any kind of healthy change because they feel like their own culture, their own mothers and fathers.

Grandparents wisdom is not welcome in their own health. Right? Right. That's another reason they don't feel that doctors understand them for sure. It's an issue. Thank you for bringing that one forward.

I appreciate you. All right. And exercise has been so and then we have had some medications in the past, but I actually haven't really used them very often.

They have a lot of or they have had a lot of them that we've known have side effects that concern me. So, Centrum, you know, Fenton turned out to be a disaster because they had long term heart and lung symptoms.

To this day, phentermine is still FDA approved, but it can cause high blood pressure and fast heart rate. So for me, those cardiac heart side effects that can lead to heart attack and stroke, I don't use Benjamin.

There are other medications like contrails. So contrib is very interesting. It's an anti addiction and antidepressant combo pill. And that kind of makes a little sense if you have a little less stress and a little less craving.

Right, then potentially that can reduce your eating habits. But again, not that many people lost that much weight with it and given side effects. I haven't thought that was great.

There is also Orlistat that is also FDA approved for weight loss. That is the fat tracker pill. So you take a pill and you don't digest all of the fat you eat.

Again, it's not that effective for weight loss. It hasn't caused that much weight loss. And it has really I don't want to get too graphic here, but if you're not digesting your fat, then your movements and the gas you put out is not not very pleasant, let's say that.

So a lot of people start that one and say like, I don't like the side effects. So I was going to ask you about side effects. I was thinking if you're not if you're not just digesting those fat, this is a recipe for disaster.

Right? Exactly. I wouldn't say I will say that it works for many years ago. Again, I don't I haven't really used these medicines very often. But I did have a patient who it worked for her and she had to wear a pad for the leaky oil edge that she had.

So there was have been it just haven't been medications that have been useful in my opinion. And then, of course, bariatric surgery. So that's been somewhat newer, obviously, in the last 20 years.

But another staple that we've been using, it's a pretty I mean, you know, by the time you're using surgery for weight loss, you know, that's a big decision for a lot of people.

It used to be an open surgery where they kind of cut a long incision in your abdomen to kind of cut parts of your stomach out and things like that. So at least now they do it usually laparoscopically.

They make three small holes. They put in three very small sort of finger sized instruments with a video camera. And they can do a lot of that work of cutting the stomach, etc., from the outside looking through a video camera.

So you heal much more quickly and there are fewer side effects. There's now the gastric sleeve surgery, right? So that's a little less they don't cut the stomach and then reattach it to your intestines.

That's what the old bariatric surgery or still it still exists. But they do cut your stomach down to a long, thin thing instead of a kind of like a grapefruit.

So it's a long, skinny thing, maybe the size of a banana. So you just digest less of the food and you can eat less. So. So surgery has been another traditional thing until the new medicines have come.

So I'll stop there and say that's what we've had for a long time. Okay, So that gives people a picture of where things are and where things have been.

Where is the future leading folks who are looking for options around managing weight and who are looking at these various medical clearly medical kinds of options.

Can you tell us about the new injectable medications? Yeah, that I'm really excited to do this because for me, this has actually so far is it doesn't cause any long term side effects that we don't know about.

This is a game changer, actually. All right. So now actually six Endo was the first one six and is also called Liraglutide. They have two names that was actually FDA approved for weight loss in 2014, but it's a daily injection and it just hasn't quite worked so well as wegovy. Wegovy was just FDA approved two years ago, June of 2021, and that one is only a weekly injection is even better than saxenda so these now we have these two injectables.

They were designed to be diabetes medicines, right? So they lower your sugar levels. That's how they worked. And it turns out that people lost a great deal of weight.

So they begin to research it as weight loss medicines, not just diabetes medicines. And it turns out that they help people lose weight, whether you have diabetes or not.

Right.

Older Medications and Bariatric Surgery

As diabetes medicines, of course, they're amazing because they help you lose weight, which reduces your glucose, which reduces your insulin resistance, which helps you maintain better sugar levels, and then the weight loss drops your sugar levels even further.

So as diabetes medicines, they're great. But even again, without diabetes, they help you lose weight a great a great deal. So I think on this, the wegovy the weekly injectable right.

People are now losing about 15% of their starting weight. That's how doctors measure if something is successful. So say you are £200. If you lose 15% of your weight, that means you lose £30.

Then you get to about 170, just so you know. So on the weekly injectable, the wegovy people are losing a mean amount of about 15% of they're starting to eat.

Maybe £30 out of 200. Some people lose a lot more if they exercise, some people lose a little less. But it's been incredible. And my patients really incredible.

I will say something interesting, just so people know how they work, it's very, very interesting to me. So we go V works at the hormone level in one ways, so we go V helps your body, right?

Use your natural insulin better. So the sugars you have in your body after eating those don't turn into fat. K So just that's how just so you know, if you if you have a lot of sugar in your body after eating and your, your and your cells aren't responding to your natural instant anymore, then all of that sugar is going to turn into fat.

But now with Wegovy, if you eat something, you have some sugar glucose in your in your bloodstream that we go by makes your cells respond to your natural insulin really well so that sugar gets cleared away and it doesn't get cleared to that, but it also reduces your appetite and it also slows down how fast your stomach empties out.

So you have fluid sitting there a little bit longer and you just don't feel hungry. You don't want to eat very quickly afterwards. So it works on the stomach level, the appetite level and also the hormone level.

And that's why it's so effective. But let me stop there, because I know that's a little involved and see if you have any

questions or comments. Yeah. Okay. So it brings a few things to mind.

Hear me talk about gastric emptying or the speed with which food leaves the stomach. Is this still the case? Is this something that is essential? Because it almost sounds to me like maybe it's the case that people are eating foods that will probably leave most people stomach rather quickly.

In other words, simple processed carbohydrates are ultra, ultra processed, highly refined foods, what we would call fast foods, non nutrient dense foods, junk foods, etc..

If someone's eating a healthy diet, do they still benefit from this? And by a healthy diet, I mean, I mean, it's rich with protein, healthy fats, lots of leafy green vegetables, you know, rich in fiber and the slower burning, more complex resistant starch is like beans, peas, legumes.

Yeah, that's a such an outstanding question. So to sort of pick up with Dr. Yates, I keep calling you Beverly because. It's fine. What Beverly, Dr. Yates is saying, you know, you digest foods with a lot of fiber and you said, you know, complicated carbohydrates much more slowly.

So broccoli is going to sit in your stomach a lot longer than pudding, right? Because there's a lot more fiber in it. And so you're asking, so if this slows down, you know, how fast the food lays in your stomach, would you do that anyways because you're eating a lot of fiber and vegetables?

Does it does this work for you still? It does. And I'll explain why. The fact that it slows down how fast your stomach empties, that's not the biggest part of the weight loss outcome for this medicine.

Right. That helps. That's one of the things that helps you lose weight. But the fact that it helps your your insulin and sugar levels get healthier, that's a bigger part of why you lose weight.

So even if you're eating healthy, this will still help you lose weight. All right. Great. Thank you for clarifying, because I know there's a portion of our audience who's here, a reversing type 2 diabetes summit who's done a lot of smart things and who are trying so hard, who eat healthy, they are exercising regularly.

They're doing the standard regular thing. And I just know that the question is kind of hanging in the air. Okay. Another question you might be hanging in the air while we're on this point is when people take these medications and I'm sure it's different by medication, is there a risk of them losing precious, precious muscle mass, as you and I both know how important muscle mass is to metabolism.

Such a good these are such good questions. So whenever you're on any diet at all or, you know, if we don't want to use the word diet because again, we don't want people to restrict too much.

And whenever you're trying to eat a little less right, you have to you have to exercise, including some weight training to keep muscle mass on you. Or if you lose a lot of weight and you're not exercising, you can lose muscle as well as fat, which we don't want you to do.

So what Dr. Yates is referring to here, the more muscle you have on your body, the faster is your metabolism, because muscle burns a lot, a lot of calories just by because it's an active piece of your body.

Right. The less muscle you have on your body. Right. If you have some muscle wasting, you don't have much muscle. The slower your basic metabolism is. Right.

So the more muscles you have on you, the faster your metabolism is, the less likely you're going to gain weight back, the less likely it is you're going to lose strength.

So again, whether it's by Wegovy or whether it's by Weight Watchers or whether it's by myfitnesspal calorie tracking, it doesn't matter if you're losing weight, you will lose muscle mass with your fat if you're not also exercising, including weight training.

Now the interesting thing about wegovy, etc., it does target the fat cells a little more.

New Injectable Weight Loss Medications

So you're going to lose a little less muscle with Wegovy. However, whenever you're losing weight, you want to keep your muscles on you and only lose fat, right?

So you still need to exercise. Right? Thank you for clarifying that. I think sometimes people miss that point about the importance of preserving and building that muscle mass, whether it's for the metabolism or it's to make sure you don't fall as you get older and all the other good reasons we want to keep our muscles around.

Well, let me say this just as a clarification, because I really I think that's a really important point. Right? You don't have to exercise to lose weight.

And a lot of people go on a diet and lose weight without any exercise plan. Right. That's not the safest way to do that because you're losing muscle, but you don't have to exercise to lose weight.

However, to keep that weight off that you lost, you have to be exercising 5 to 7 days a week. So maybe exercise isn't necessary for weight loss, but it's absolutely crucial for weight maintenance.

Right. So if you're exercising 5 to 7 days a week, you know, at least 150 minutes a week, right then during the holidays. So when you go out for a birthday party or when you have relatives over and you're eating out every night, when you have those moments in your life, right.

And you're working out 5 to 7 days a week, you're not going to gain back the weight that you've lost. That's how you keep your weight off when you lose it.

It's the exercise piece that burns just enough on a weekly basis that you're not going to gain it all back. So again, although you don't have to exercise to lose weight and most people don't, right.

You have to exercise to keep the weight off. So that's why exercise is a crucial part of weight maintenance, even though people diet without it, they shouldn't.

Great. Thank you for those distinctions. That's important for folks to know. Okay. So when we're talking about these medications, right, you've talked about Wegovy.

We mentioned saxenda the earlier other ones that are really popular in the news right now, like Mounjaro and Ozempic, also known as the make type. Why is it that so many people are talking about or using these medications?

What makes them just in common knowledge at this moment in time? Yeah, my my. So about six months ago, my daughter was still in college, a senior in college.

And I was telling her, you know, we have these new medication ins that are really helping people lose weight. And she said, Oh, like Ozempic. It's like you're a college student. How do you?

And she said, Oh, everyone's talking about it. On Tik Tok. All the influencers are using it models and actresses. And, you know, again, people who don't need to lose weight, they're all using it now.

Everyone wants to use it because it's a way you can lose weight, you know, And we haven't had anything like this before. So I did not know that. I did not know that it turned out.

You know, these are like popular influencer methods. So I think why people are doing that is because, as I said, you don't have to have diabetes for this to work.

And this works in a way. It works in at least three or four different ways in your body. So it's really effective even if you're not obese. So unfortunately, people who don't need to lose weight have been using it and that has caused huge back order issues.

I don't know if you've heard, but a lot of my patients who have obesity and diabetes and heart issues, cancer and things like that, they can't get the medication because the the drug company obviously can't keep up with the demand, especially because a lot of that demand is among people who don't even need it.

It's I don't know what's going to happen to people who are not obese. And take this. I have no idea of long term what will happen, but it's been really difficult.

I've had people start and stop the medicine. They get it and then it's on backorder. For anyone who's listening. Supposedly Novo Nordisk says there'll be more.

We go in September and they're trying really hard to get that back order. But it's just become a popular, a very popular, I don't know, sort of cultural phenomenon.

I actually learned yesterday there's something called Ozempic base. Yes. Yeah. If you if you don't have that much to lose, but you're a little bit older and you lose a lot of weight quickly, you get a little more wrinkles, there's a little less filler, natural fat filler in your face, and then you get to your body is smaller, but your face looks a little older and oh my gosh.

So this sort of using ozempic and talking about it and we go and all of these meds as a esthetic plan, I really I really I'm not I'm not behind it. Yeah. My patients who need it can get it.

People are worried about wrinkles and things instead of, you know, trying to live a longer life. So anyways, so that's a very interesting cultural phenomenon I learned about through my daughters.

Yeah, you know, it's interesting. We both have kids the same age and so we we are living through a real time experiment. So we are as a culture, you know, I just I don't understand why people who don't have a problem want to tap into a result, a medication and is meant for people who have a life threatening problem.

I don't understand that they treat these things like it's candy. It's just weird. Well, you can get it now sort of online with doctor programs. You don't have to meet the criteria.

And if you have the money to pay for it. So I'll just let the audience know it's about $1,400 a month. That's how much we go. Because if you don't have insurance coverage, that's how much it is.

It's quite expensive and almost no one can pay for that. But if you are rich, if you are famous, if you're an actress or an influencer, etc., and you can afford it, then you just get someone to write the prescription and you don't need to go through insurance. Right.

And I think thinner is better is the unfortunate cultural norm for Beauty's unattainable beauty standards in this country. And that goes back to the stigma and shame of people who are overweight and the beautification of people who are unhealthily underweight.

It's all that's all of a bit of mess. And, you know, that's maybe another conversation. But it is really too bad. That be for the next summit, because you're right.

That's right. This whole thing has gotten really worked. We have a culture now that, you know, wants to make people feel bad for the natural processes of aging and doesn't accept easily the wide variety of completely normal body types and sizes.

Some people are more curvy, some people are more slender, some people are more muscular, you know, etc.. I just I don't know why we want to make each other like we're some sort of freak when it's absolutely a normal

variance in human condition.

I know. Good. Good point. You know, weird, right? But anyway. All right, that is our topic. Okay.

Mounjaro and the Future of Obesity Treatment

So for these new meds that are coming down the pipeline, things that are available now, how can they change everything regarding weight loss? Because we can all appreciate weight loss.

This is a major struggle for a lot of people. Yeah. So first of all, talk about the new mat and then what I think the overall impact will be and the implications for us.

So Mounjaro is Tirzepatide and that a lot of people people are asking me for it already. It is not FDA approved yet for weight loss. It is for diabetes, but not for weight loss.

However, according to the FDA, it's being fast tracked for approval. So I think it will probably be available for weight loss next year. That's my guess. Just letting everyone know.

So Mounjaro the Tirzepatide and other is behind it. They work just like Wegovy and Ozempic and Saxenda they work the same way. So they reduce appetite.

They slow down the emptying of the stomach. They help adjust that insulin glucose resistance that we see plus plus it has an extra mechanism of action.

So it also stops the what we call the obesity hormone. So there's a hormone. I'm not going to tell you if it's a long name. GIP, we'll call it GIP. So GIP is called the obesity hormone.

It helps you eat more and it slows down your metabolism. That's what it does. So this Mounjaro works like Wegovy and Saxenda. Plus it also stops that obesity hormone from working so, so actively in your body.

So it does all the things we goby does plus it reduces how much you eat even further and increases your metabolism and your calorie burn a little more.

So you can imagine a medicine that does everything we go beyond saxenda and ozempic does plus an extra effect. So it's incredible. So that one is in studies, it's helping people lose 20% or more of their body weight.

So again, if you're 200 pounds, then you're losing 40 pounds or more on this medicine where with Wegovy you're losing about 25, 30 pounds or more. So it's just even more effective.

And I know that's why everyone's waiting for it, thinking about it. So that's the new one coming down the pike and why it's even more effective. So the truth is, I think this our obesity rates have been going up because of, you know, lifestyle, all those things we talked about finance, genetics, all these things.

It's been going up. And unfortunately, I've heard that our next generation, our children, are having obesity rates earlier and at higher levels than they ever have.

And I, I haven't done the full research, but I've seen one article that our next generation, our kids, may be less healthy than we are. Usually every generation is healthier than the one before, but it may be that our children are a little less healthy than we are because of obesity rates and other things like that.

So I think with these medications, as long as they show to be safe long term, I think that obesity rates are going to go down. I think that therefore, your diabetes, high blood pressure, high cholesterol, heart disease, strokes, arthritis, cancer, all of these things, we're going to see a drop in these secondary effects of weight related issues.

Right. And I think that over the next several generations, if these medicines become as widespread as they seem

to be, we are going to be actually having healthier children, thank goodness, and our grandchildren will be even healthier.

I think we'll see less bariatric surgery. I think that we'll probably see people living a little longer. If I really think this is quite the game changer and we've never had it, this is a revolution.

We've never had medications, like I said, that can work so well. These medicines are meant to be used long term. They're not meant to be stopped after 12 weeks or one year.

Right. And that's another important part of why these are incredible parts of our treatment plan now. So I actually really think this is going to change generational health.

And like I said, the only caveat, we don't know the effects of these medicines at 20 years and 30 years. We don't know if children can take them safely for 50 years.

That's the one thing I will say, that I you know, that I just withhold that little judgment about the long term effects. And that actually has been used for about 11 years.

It's been FDA approved for about nine, and it's been used in Europe for longer. So we've have wegovy and saxenda, you know, it being used for 5 to 11 years.

And so far, no long term effects, which is very, very helpful. So that's it. That's my only caveat. We have to see if this is safe for children and people can use it for beyond, you know, 20, 30, 40 years. I don't know.

But if it's works that way, I really think this is going to reverse a lot of adverse health outcomes for a lot of people. That would be great. We need more tools in our toolbox and, you know, there's a whole spectrum of opportunity.

There's prescription meds, there are surgical interventions, there are certainly things on the lifestyle side with sleep, nutrition, exercise and strength training, meal timing, stress management.

Stress is just such a such a wild card with all of this, right? So the more tools in the toolbox and more ways that people can reclaim their health because, boy, we are at a moment in time where it's really concerning.

We can't have these rates of type 2 diabetes pre diabetes, obesity struggles with weight and the mental health things that go with it. It's just not sustainable.

We got to got to figure this out. Well, I have never felt more optimist like actually I really and I'm not, you know, saying because I'm a Western physician, everyone should have pills and meds, etc..

But like you said, at least it's an incredible extra tool that we never had before a medication. Now we have medicines for high blood pressure, for diabetes, for high cholesterol.

You know, we have medicines for those things. We've never really had a safe, effective medicine for people who are having trouble losing weight. And now we do.

So I'm I'm very grateful to be seeing this time. Yeah. And my patients who have been working really hard to lose weight are now losing weight more easily.

And they just feel more confident about their ability to be healthy. And I'm really grateful for that. That's wonderful. I think it provides a basic kind of support that people some people absolutely need, whether it quiets food, noise in the mind or whatever it might be, or the sense of just feeling satiated that they know they've had enough.

You know, it's just such a fundamental thing while we figure out all the rest of it. Right. So, Dr. Moreno-John, I thank you so much for being a part of the summit.

This is wonderful to get this information. I know you're absolutely on the front lines and you are a leader in your field and doing some innovative things.

I salute you. I'm glad for you and your work and the impact that it has in community. Thank you. You're very welcome, Beverly. And the same to you, actually. Thank you so much.