How Weight Loss is Not One Size Fits All Transcript

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Introduction to Contrave and Dr. Kyle

This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. 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 Contrave 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 me. Great. Thank you 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, 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, if you pushed yourself away from the table, you would lose weight.

Obesity as a Chronic Disease

We're really starting to understand 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. 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 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 be 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, where your stomach empties the contents very quickly and you feel hungry shortly after eating. 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'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 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.

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 tried to categorize people similarly. What was the underlying cause? Why were they struggling? Then pick the solution based on that, which is what we usually do in medicine.

For most things, we have to figure out what the problem is before we figure out what the solution is going to be. When it comes to contrave, the medication that you're helping explain to us today, how does contrave work and does it work for?

Well, Contra 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 the eating of certain types of food depending on certain emotional cues, et cetera.

But 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 safety data for many years since it was a combination of medications that were pre-existing.

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

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 10 years, we've got additional data for that as well.

So when we look at Contra, 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 Fentermine, which is a controlled substance, works within the brain itself, a little bit different mechanism of action, and then There are the increase in mimetics or GLP-1s 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 occurs.

And then our product, which again, as I said earlier, is a combination that work centrally in the brain and the hypothalamic and mesolimbic areas.

How Contrave Works in the Brain

So I think that's the uniqueness and the differences between the drugs that are currently available on the market. Obviously, the acknowledgement and recognition of the importance of treating this disease driven by the GLP-1s is

tremendous.

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 person has with one medication versus another is going to be very, very different. But it's important to realize that, you know, a 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 patient.

So maybe patients who need to lose a significant amount of weight very quickly because of other health issues. And then there's other patients that 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 a significant weight loss through a year. 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 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.

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 their nutrition is. And what people will often describe is that 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? 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.

Contrave vs Other Anti-Obesity Medications

When this medication works well for one of my patients, what I'll see is that they are able to 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.

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 very stressful position and every day at the end of her work day she would be driving home and she would have this uncontrolled craving for sweets.

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 happened was that when she started Contrave, that sort of went away. She started being able to drive past the convenience store or 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 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.

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 can help you with that.

Sure. So how long would people expect to take Contrave for? Yeah, 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 that doesn't necessarily mean you have to be on a certain medication for the rest of your life.

What Patients Can Expect on Contrave

You probably won't be because it's going to be 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 of blood pressure, they don't just stop the medication.

That's progressive. Now it may be related to the rate 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 healthy weight.

And you speak with your healthcare 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?

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

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-1 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 very fortunate that our manufacturing site 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 doubles our capacity.

And so having that approval, having that extra capacity, you know, 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. And 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 you know, patients stop the anti-obesity medicines across, you know, all of them.

That's not an issue unique just to the GLP-1s. 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 that 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 healthcare providers and get the prescription. But that's a great sort of gap fill as we're waiting for, you know, 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 you can't take them. Absolutely.

Long-Term Use and Chronic Weight Management

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, high cholesterol, or BMI greater than 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's, It's important for patients and healthcare providers to understand 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 wanting to use this medication?

What recommendations or advice would you give to the prescribers for contrave? Yeah, it's very interesting. Times have changed since when I was in medical school and 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 that health care 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.

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

And it's important just to start talking with the patient. Be open, be honest, 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.

Supply, Access, and Affordability

And that's where the trust is built. If the healthcare provider is comfortable with having a conversation about something that's difficult, the patient feels more confident and comfortable and trusting of the healthcare 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 healthcare team because we have more and more tools and more and more prescribers are becoming aware of them.

But 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 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 to manage that.

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

Contrave is affordable, you know, 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 think about that are important for both patients and health providers to know and understand. 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 much. Great. Thank you. Contrave can cause serious side effects, including suicidal thoughts or actions. One of the ingredients in contrave is bupropion, which has caused some people to have suicidal thoughts or actions or unusual changes in behavior.

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.

Who Can Take Contrave and Safety Considerations

While taking Contrave, you or your family members should pay close attention to any changes in mood, behaviors,

thoughts, or feelings. Stop taking Contrave and call a healthcare 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.

Contrave is not approved for use in children under the age of 18. Do not take contrave 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 Contrave. Tell your healthcare provider about all of your medical conditions, including if you have any of the ones listed on the screen.

Tell your healthcare provider about all prescription and over-the-counter medicines, vitamins, and herbal supplements that you take. Contrave may cause serious side effects, including seizures.

If you have a seizure, stop taking Contrave and call your healthcare 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. People who take contrave must not use any type of opioid or opioid dependence treatments for at least 7 to 10 days before starting contrave because it may cause you to suddenly have symptoms of opioid withdrawal which can be severe.

Tell your healthcare provider you are taking Contrave before a medical procedure or surgery. Stop taking Contrave and call your healthcare provider or go to the nearest hospital emergency room right away if you have any symptoms of a severe allergic reaction.

Advice for Prescribers and Key Takeaways

Your healthcare provider should check your blood pressure and heart rate before and while you take Contrave. because it may increase your blood pressure or heart rate.

Stop taking Contrave and tell your healthcare 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 2 diabetes who take medicines to treat it, You should check your blood sugar before and while you take Contrave.

The most common side effects of Contrave include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea. Contrave 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.

Contrave should be used with a reduced calorie diet and increased physical activity. It is not known if contrave changes your risk of heart problems or stroke or of death due to heart problems or stroke.

It is not known if contrave is safe and effective when taken with other prescription, over-the-counter or herbal weight loss products. Contrave is not approved to treat depression or other mental illnesses or to help people quit smoking.

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.

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