



# Gestion du patient sous traitement médicamenteux de l'obésité.

H.U.B

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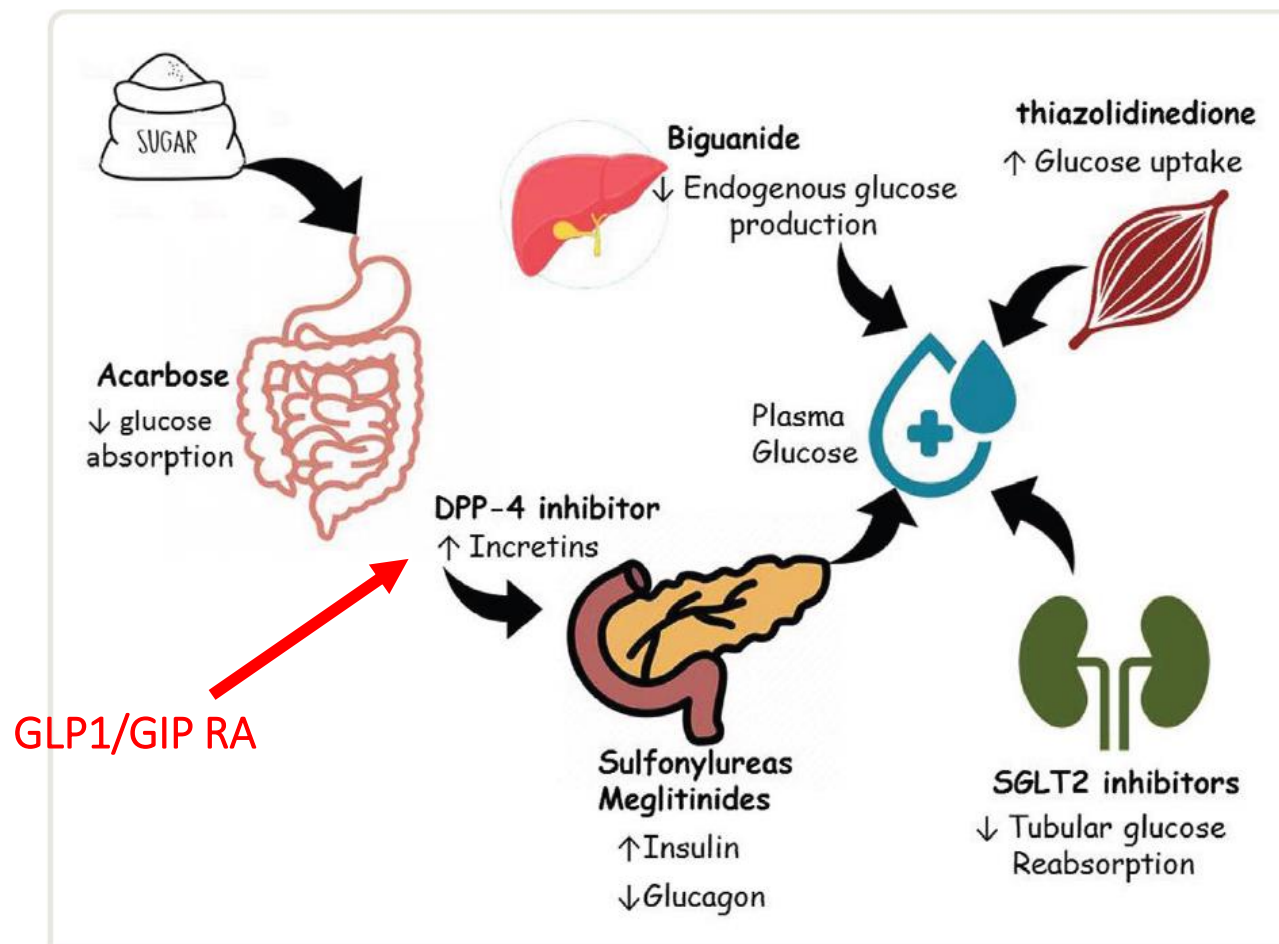


Prof Jean-Charles Preiser

# Perioperative Management of Oral Glucose-lowering Drugs in the Patient with Type 2 Diabetes

Jean-Charles Preiser, M.D., Ph.D., Bruna Provenzano, M.D., Wasineeart Mongkolpun, M.D., Katarina Halenarova, M.D., Miriam Cnop, M.D., Ph.D.

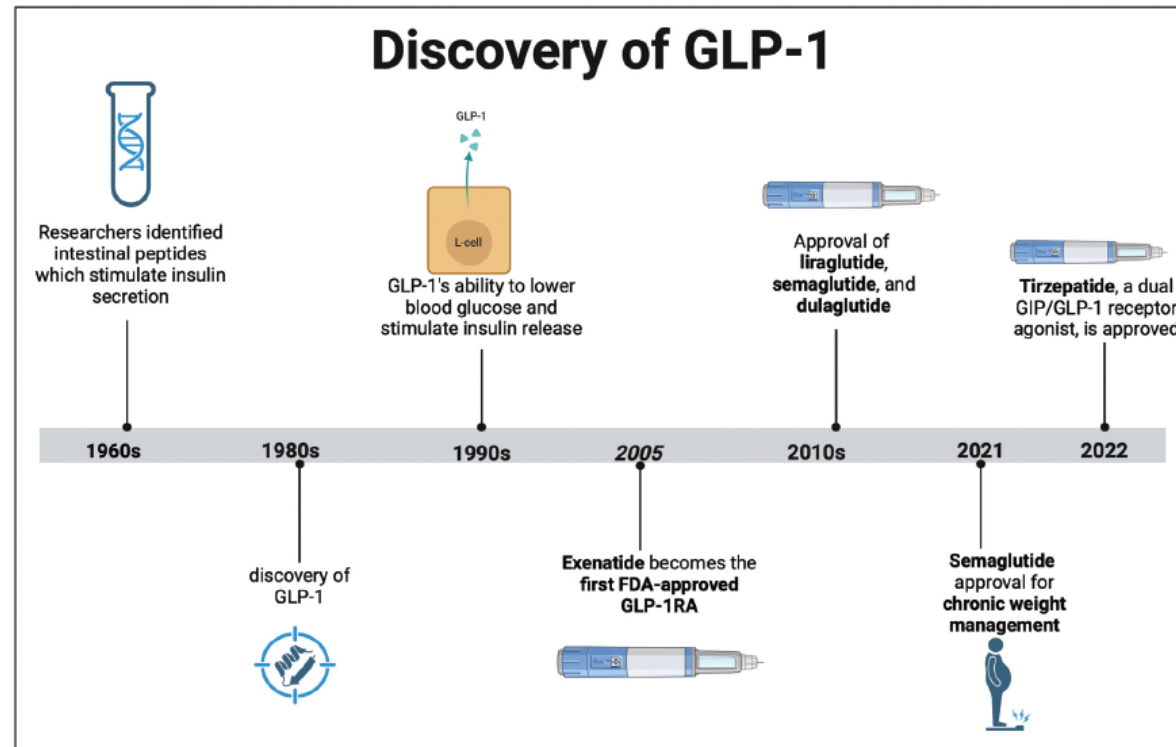
Anesthesiology 2020; 133:430–8



**Fig. 1.** Schematic representation of the sites of action of glucose-lowering drug (*bold characters*) and modes of action. DPP-4 inhibitor, dipeptidyl peptidase-4 inhibitor. SGLT2 inhibitor, sodium glucose cotransporter-2 inhibitor.

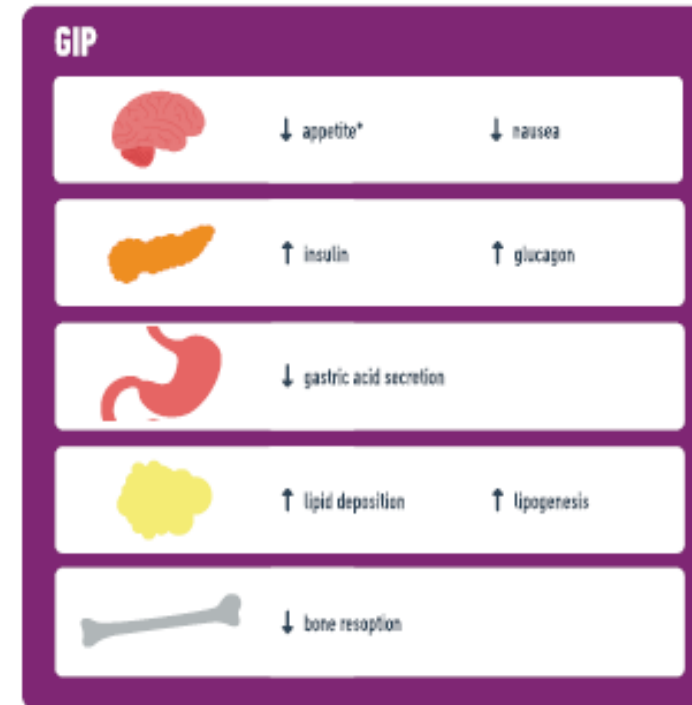
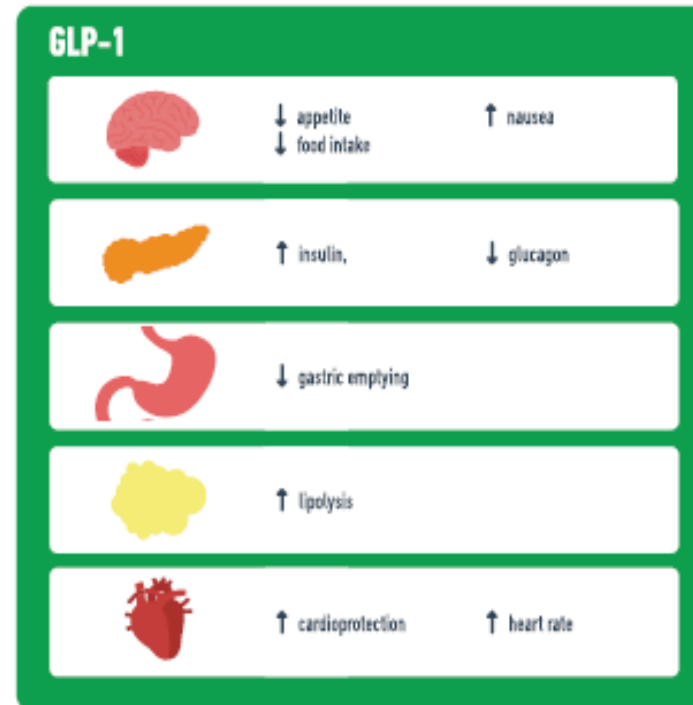
# Exploring the role of glucagon-like peptide-1 receptor agonists in critical illness: mechanisms, benefits, and clinical implications

Vidit G. Jogan<sup>a</sup>, Osman Mohamed Elfadil<sup>a</sup>, Jithinraj Edakkanambeth Varayil<sup>b</sup>  
and Manpreet S. Mundi<sup>a</sup>



## De quoi parle-t-on?

International Journal of Obesity (2025) 49:433 – 451



# EASO OBESITY MANAGEMENT ALGORITHM SUMMARY

European Association for the Study of Obesity

*Obesity is a chronic, relapsing disease requiring long-term management, not short-term intervention*

## 1. PRINCIPLES



Recognise obesity as an adiposity-based chronic disease (ABCD)



Assess severity and complications to guide treatment



Management must be individualised and sustained

## 2. CORE INTERVENTIONS



Lifestyle intervention: nutrition, physical activity, behaviour therapy (foundation of care)



Obesity Management Medications (OMMs):

- **Orlistat** – modest efficacy, lipid benefits
- **Naltrexone/Bupropion** – moderate efficacy, mood effects, ↑ BP risk
- **Liraglutide** – weight loss, T2D benefit, some QoL improvement
- **Phentermine/Topiramate** – higher weight loss, ↓ BP
- **Semaglutide** – substantial weight loss (>10%), ↓ MACE, ↓ all-cause mortality, T2D remission, ↓ pain in knee OA
- **Tirzepatide** – highest weight loss (≥15%), T2D remission, OSAS and MASH remission, ↓ HF hospitalisation



Metabolic Bariatric Surgery: for severe disease or insufficient medical therapy

## 3. TAILORING BY COMORBIDITIES



Type 2 Diabetes  
**Tirzepatide** or  
**Semaglutide** most effective



Cardiovascular disease  
**Semaglutide**  
(MACE reduction)



Heart failure  
**Semaglutide** or  
**Tirzepatide**



Prediabetes  
**Semaglutide**,  
**Tirzepatide**, **Liraglutide**,  
**Orlistat**



Liver disease  
(MASH/MASLD)  
**Tirzepatide** -  
best evidence



Obstructive  
sleep apnoea  
**Tirzepatide**



Knee osteoarthritis  
**Semaglutide**

## 4. LONG-TERM PERSPECTIVE



Weight regain is common if medication is stopped → continuous therapy is supported by evidence



Combine lifestyle with pharmacotherapy, and surgery as appropriate



Always monitor safety, mental health, and QoL

## KEY TAKEAWAY

The algorithm highlights that early, sustained intervention with appropriate medication choice guided by complications supports patients with obesity. Obesity management must be long-term, multi-component, and personalised.

The algorithm is based on the EASO Framework:  
<https://doi.org/10.1038/s41591-024-03095-3>

[www.easo.org](http://www.easo.org)

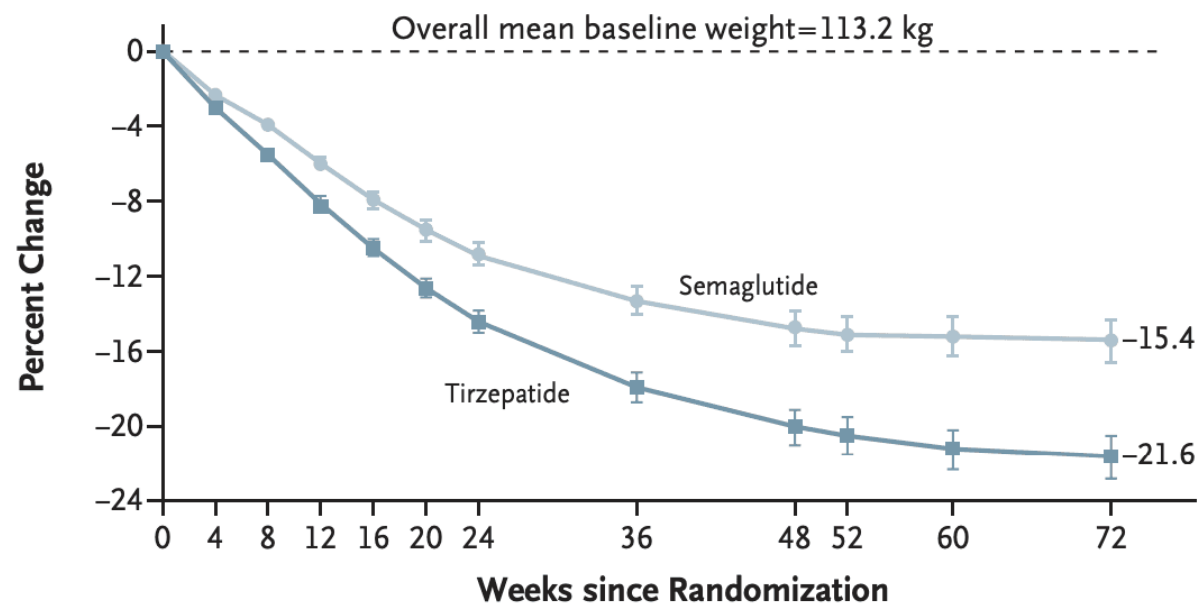
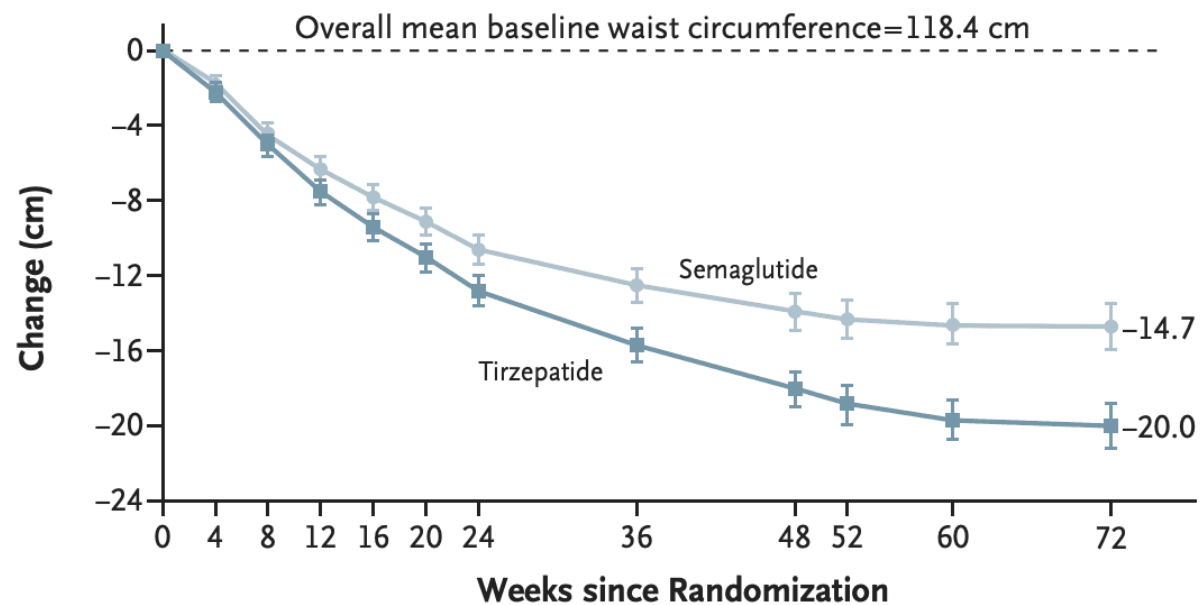


# Prise de position du GCC-CSO sur les traitements médicamenteux de l'obésité (TMO) chez l'adulte et leur accompagnement en pratique

Med Mal Metab 2025;

## Recommandations AMM

Selon l'AMM, ces TMO sont indiqués, en complément d'un régime hypocalorique et d'une augmentation de l'activité physique, pour le contrôle du poids chez les adultes présentant une obésité ( $IMC \geq 30 \text{ kg/m}^2$ ) ou un surpoids ( $IMC \geq 27 \text{ kg/m}^2$ ) associé à au moins une comorbidité liée au poids (prédiabète ou diabète de type 2, hypertension, dyslipidémie, syndrome d'apnée obstructive du sommeil ou maladie cardiovasculaire). Wegovy® et Mounjaro® doivent être interrompus en cas d'échec, défini par une perte de poids inférieure à 5 % après six mois, l'absence de maintien de la perte pondérale, une reprise de poids, une incapacité à modifier durablement ses comportements, ou une aggravation des comorbidités. Saxenda® doit être interrompu si la perte de poids est inférieure à 5 % après 3 mois à la dose de 3,0 mg/jour.

**A Change in Body Weight****B Change in Waist Circumference**

**POLARIS**  
MARKET RESEARCH

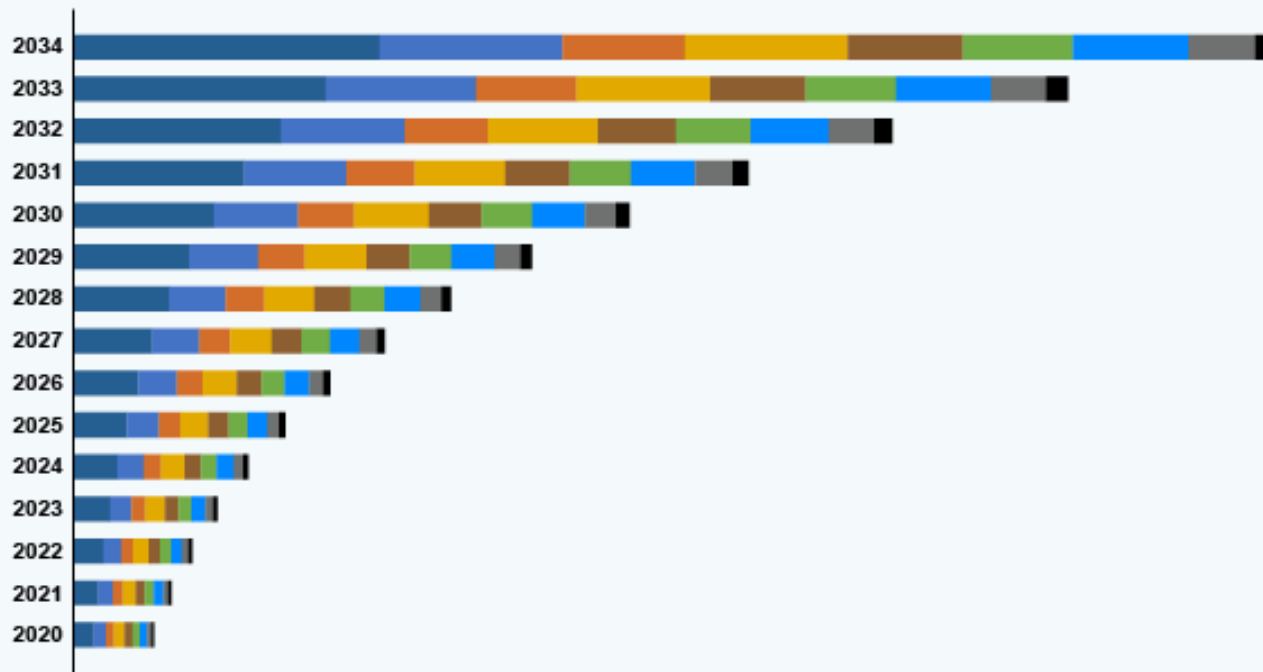
The global GLP-1 analogues market segmentation, based on product, includes ozempic, trulicity, mounjaro, wegovy, rybelsus, saxenda, victoza, zepbound, and other products.

In 2024, the ozempic segment accounted for the largest market share. Ozempic (semaglutide) has gained widespread recognition for its effectiveness in controlling blood glucose levels in type 2 diabetes patients.

Source: [www.polarismarketresearch.com](http://www.polarismarketresearch.com)

**GLP-1 Analogues Market**

By Installation Analysis 2020 - 2034 (USD Billion)



● Ozempic ● Trulicity ● Mounjaro ● Wegovy ● Rybelsus ● Saxenda ● Victoza  
● Zepbound ● Other Products

Note: The images shown are for illustration purposes only and may not be an exact representation of the data.

## Les agonistes du récepteur du GLP-1 modifient aussi les choix alimentaires



Que se passe-t-il au moment des **courses** après l'initiation d'un **traitement par GLP-1RA** ?

## Méthode



AVANT le traitement

← APRÈS traitement →

- Données danoises de tickets de caisse
- 1 177 adultes initiant un **GLP-1RA**
- Comparaison de leurs achats alimentaires

## Résultats principaux

- **Densité énergétique** ↓
- **Sucres, glucides, saturés** ↓
- **Protéines** ↑
- **Produits ultra-transformés** ↓



Changements modestes mais significatifs

JAMA Network Open · 2026

## Un message clé



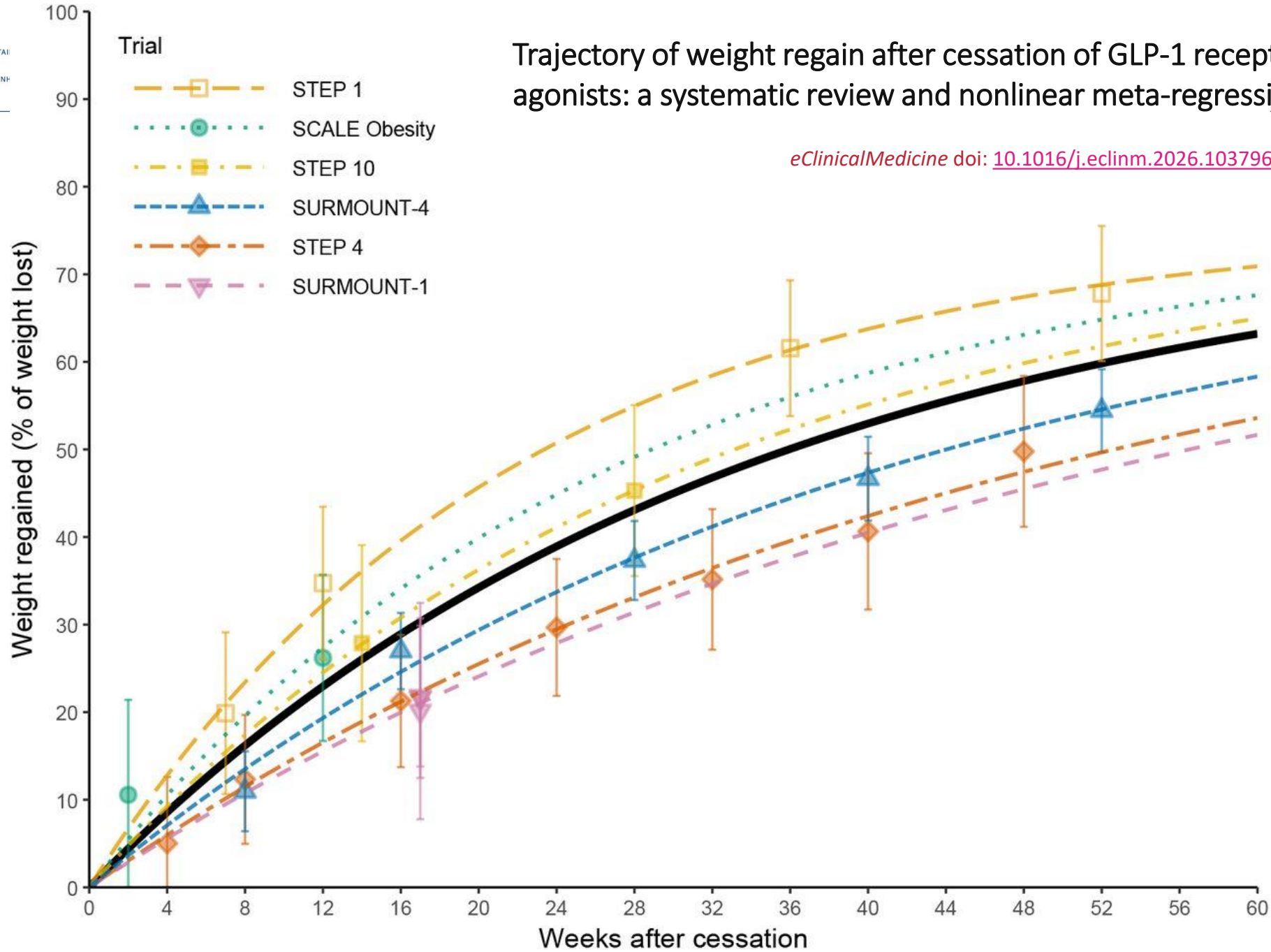
Les changements alimentaires associés aux traitements **par GLP-1RA** pourraient remodeler le **comportement nutritionnel** à l'échelle de la population.

#GLP1 #Nutrition  
#Alimentation #Diabète

JAMA Network Open · 2026

# Trajectory of weight regain after cessation of GLP-1 receptor agonists: a systematic review and nonlinear meta-regression

*eClinicalMedicine* doi: [10.1016/j.eclinm.2026.103796](https://doi.org/10.1016/j.eclinm.2026.103796)



# Prise de position du GCC-CSO sur les traitements médicamenteux de l'obésité (TMO) chez l'adulte et leur accompagnement en pratique

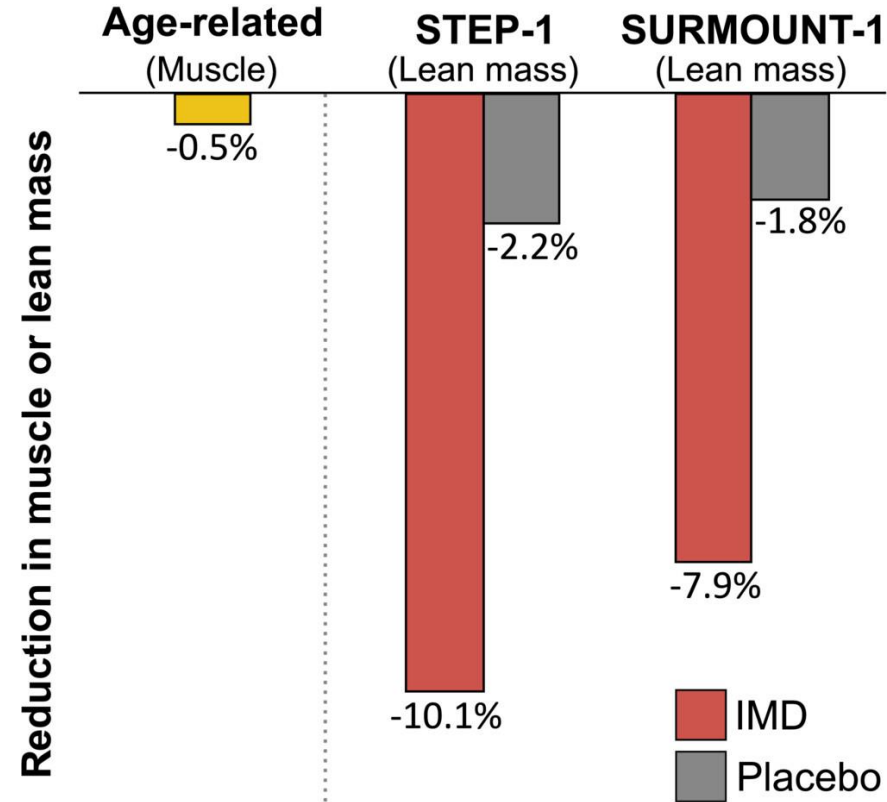
Med Mal Metab 2025;

	Liraglutide 3mg/jour	placebo	Sémaglutide 2,4mg/sem	placebo	Tirzépatide 15mg/sem	placebo
Nausées	41%	17%	44%	16%	31%	8%
Vomissements	20%	5%	24%	6%	13%	2%
Diarrhées	25%	14%	30%	16%	23%	8%
Constipation	22%	11%	24%	11%	20%	5%

FIGURE 7

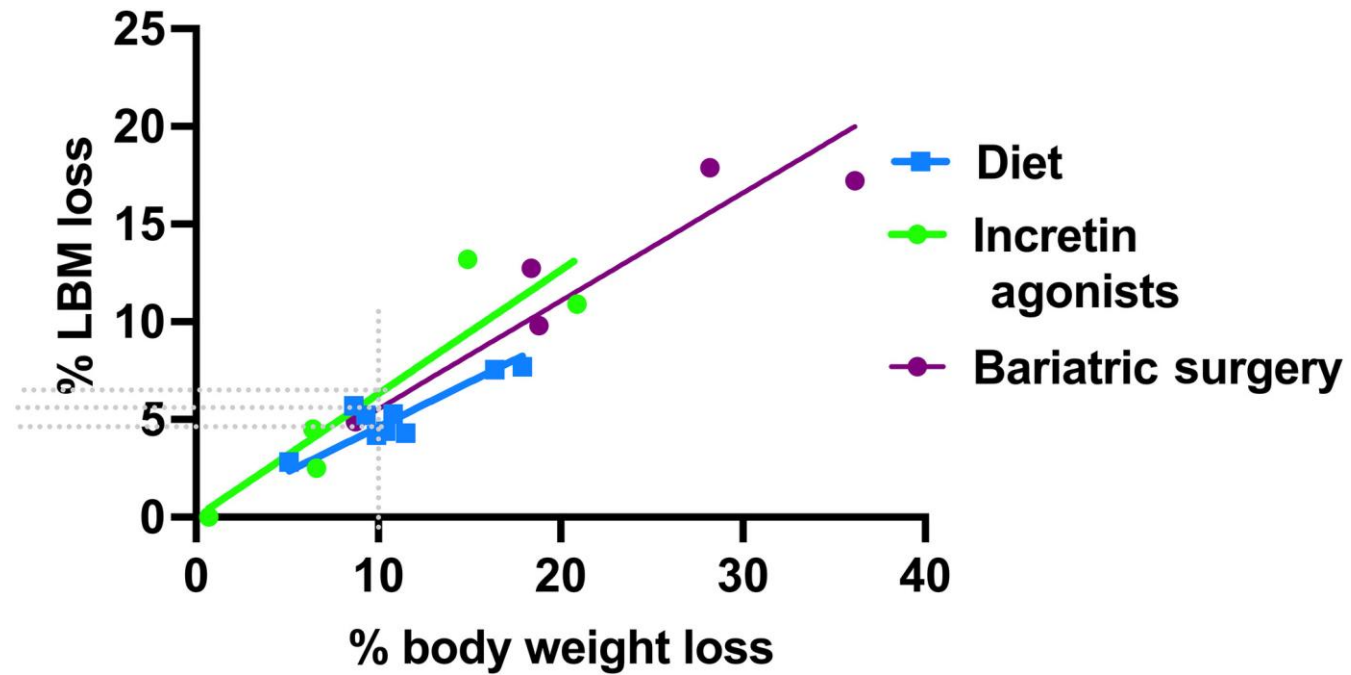
Prévalence des effets secondaires digestifs sous les différents TMO

# Strategies for minimizing muscle loss during use of incretin-mimetic drugs for treatment of obesity



Obesity Reviews, Volume: 26, Issue: 1, First published: 19 September 2024, DOI: (10.1111/obr.13841)

# Changes in lean body mass with glucagon-like peptide-1-based therapies and mitigation strategies



Diabetes Obesity Metabolism, Volume: 26, Issue: S4, Pages: 16-27, First published: 27 June 2024, DOI: (10.1111/dom.15728)

# Micronutrient Deficiencies During GLP-1 RA Therapy

Narrative Review | Clinical Obesity 2026 | Urbina et al. | 6 studies | 480,825 adults (Jan 2019–May 2025)

 <h3>Vitamin D Deficiency</h3> <p>7.5% at 6 months 13.6% at 12 months</p>	 <h3>Iron Depletion</h3> <p>Ferritin 26-30% Lower vs. SGLT2i</p>	 <h3>Dietary Gaps</h3> <p>&gt; 60% Below Calcium &amp; Iron Needs Vitamin D Intake ~20% of Recommendations</p>
 <h3>Lean Mass Loss</h3> <p>Protein + Calcium Insufficiency Contributes</p>	 <h3>B-Vitamins</h3> <p>Thiamine &amp; B12 Deficits Increasing</p>	 <h3>Why?!</h3> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1516 763 1617 856"></div> <div data-bbox="1643 763 1745 856"></div> <div data-bbox="1770 763 1872 856"></div> </div> <p>Appetite Suppression    Delayed Emptying    Reduced Absorption</p>

Appetite Suppression	Delayed Emptying	Reduced Absorption	Low Intake	Rapid Weight Loss

**Practical Takeaways: - Assess Risk • Targeted Labs • Nutrition Support**

*Evidence mostly observational, causality not proven.*

*Dr Paramesh Shamanna*

# Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1 - based therapies: An expert consensus statement

## Healthy diet plate for weight management on GLP-1 based therapy

Obesity Pillars 17 (2026)

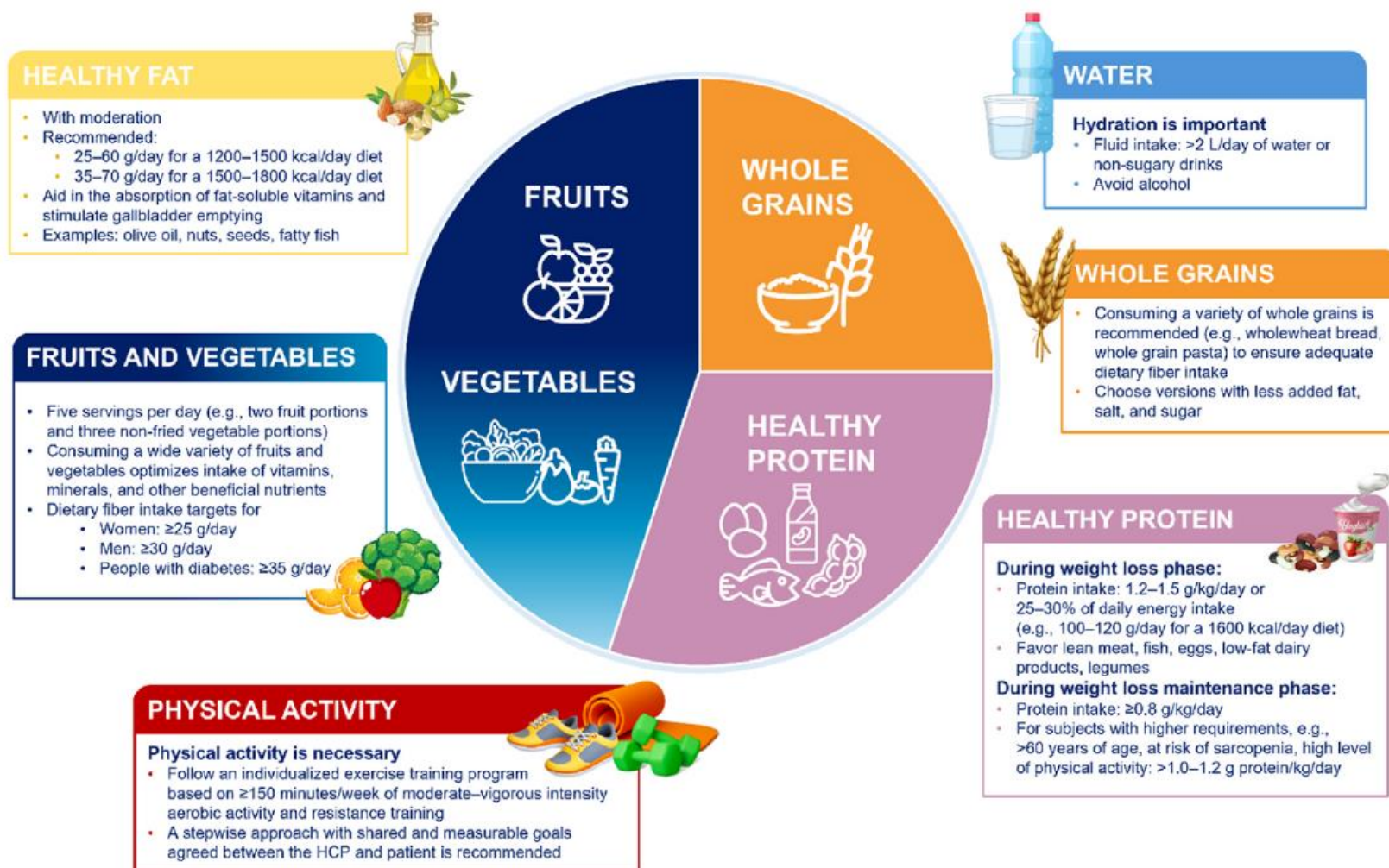
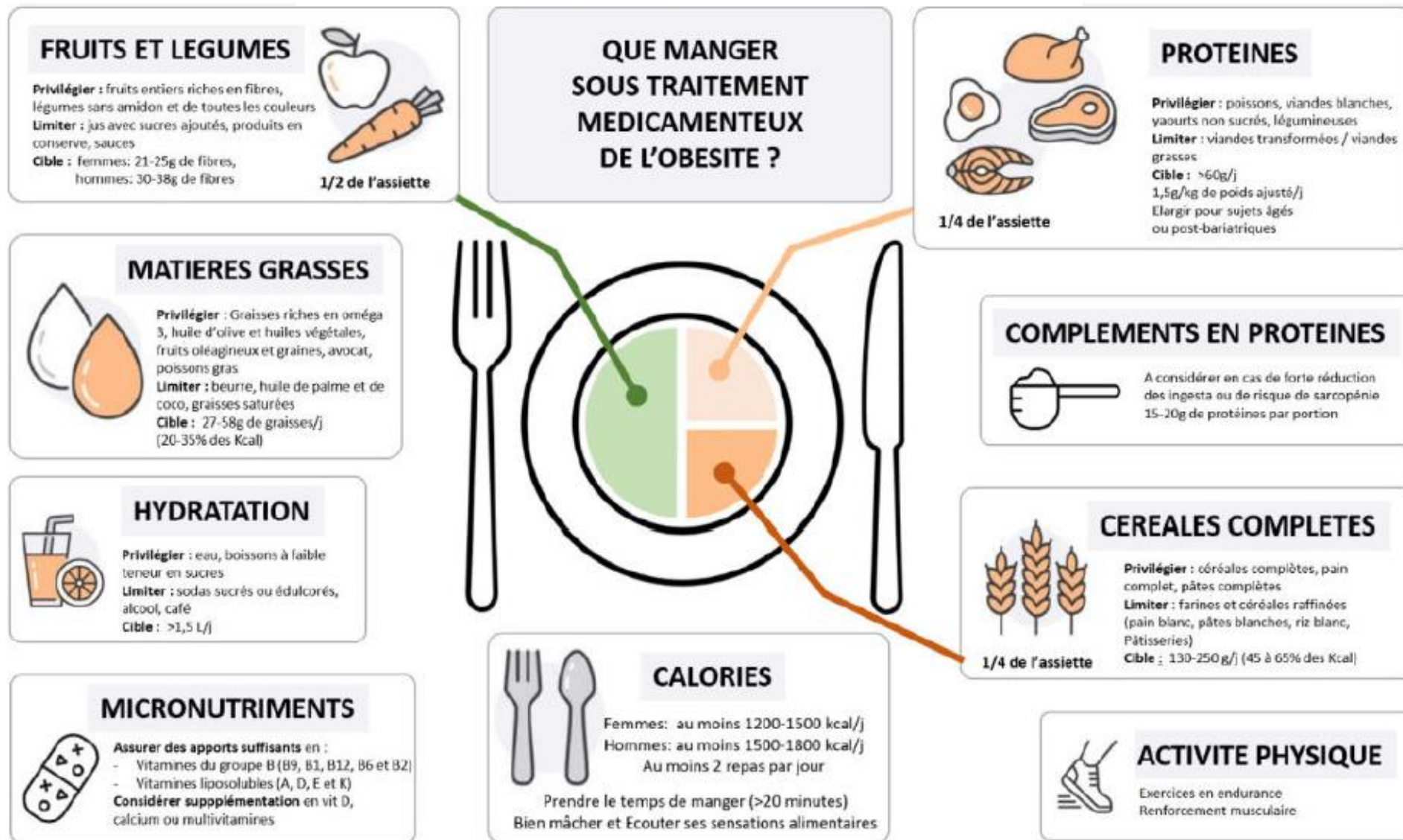


Fig. 3. Healthy diet plate for weight management on GBT

GBT, GLP-1 based therapy; HCP, healthcare professional; kcal, kilocalories; L, litre.

# Prise de position du GCC-CSO sur les traitements médicamenteux de l'obésité (TMO) chez l'adulte et leur accompagnement en pratique

Med Mal Metab 2025;



## GLP-1 friendly food



Nutrition :

sujet trop important que pour être confiés à une seule  
profession / spécialité