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DON'T FALL INTO THE GLP-1 DRUG CRAZE TRAP

Responsible prescribing based on personalized care and understanding biology is critical to achieving weight care success

What's the deal with Ozempic?

The GLP-1 drug craze has taken the world by storm, with people clamoring to get their hands on the newest “miracle weight-loss drug.”



Ozempic®, in particular, has become the worst-kept secret in Hollywood gaining a reputation as a miracle weight-loss drug, creating buzz on the internet. The hashtag #Ozempic on TikTok has already amassed over 600 million views and counting. The excitement doesn't stop there: new GLP-1 medications are on the horizon. Higher doses of a daily semaglutide pill taken orally and an injectable drug called retatrutide, which promise weight loss comparable to gastric bypass surgery, are proposed to hit the market in the coming years.¹ Names like Wegovy®, Mounjaro®, and Saxenda® (also GLP-1 medications) are becoming more and more mainstream.

‘Medispas’ and certain physicians may liberally prescribe medications like Ozempic to people who don’t meet the criteria for it. That’s not only irresponsible, but it also may not be the safest, most effective option.

-Dr. Rekha Kumar



DR. REHKA KUMAR

Found Chief Medical Officer

Dr. Kumar is a globally recognized leader in Obesity Medicine and a practicing endocrinologist and obesity medicine specialist in New York City. She currently sits on the Board of Directors of the Duke Global Health Institute and is an Associate Professor at the Weill Cornell Medicine. Dr. Kumar was also the former Medical Director of the American Board of Obesity Medicine. She is frequently quoted in the media on topics ranging from the diabetes epidemic in the United States to discussing fad diets and exercise trends.

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The History of Obesity Care

Treatment of obesity dates back to the Ancient Greeks and Romans. Even at that time, physicians like Hippocrates documented the associated health risks in people with obesity.²

However, treatments remained largely unchanged until the 1930s when the first anti-obesity medication (AOM) was approved but discontinued within five years due to adverse reactions.³

Slow and disappointing progress was made with pharmaceuticals for obesity treatment throughout the 1900s and it wasn't until 2013 that the American Medical Association officially recognized obesity as a disease, requiring the development of treatments and prevention strategies.

The field of obesity medicine is in its infancy compared to other more established fields like cancer and diabetes. Further societal stigma, lack of recognition of obesity as a disease, societal concerns over the safety of using medications, and limited access to care have all posed challenges limiting progress.

70% of Americans are clinically overweight⁴
yet **fewer than 4%** are
currently receiving obesity
care from a physician⁵

The Treatment Gap

In the realm of weight care solutions, there remains a notable treatment gap and a lack of clinical guidelines for obesity care due to a reliance on ineffective traditional methods, a lack of professional care specialists, and the misinformed craze of what is available in anti-obesity medications.



Today, traditional behavioral interventions for lifestyle change (i.e. diet and exercise) are the first-in-line therapy to treat obesity - whether we just want to lose a few pounds for an event or for individuals struggling with more serious conditions. But science has proven that with traditional methods of diet and exercise, weight regain is common leading to unsustainable maintenance of lost weight. On average more than 50% of weight that is lost is regained after two years, reaching nearly 80% after five years.⁶

Lack of accessible, professional weight care

Furthermore, accessible care continues to be a major barrier for people. “Referral is not a practical option nationally, as the sheer number of people with obesity cannot be served by the small number of trained specialists, and waitlists for weight loss specialty clinics can be six months or longer,” says Dr. Kumar. Although the number of certified obesity diplomates (certified physicians in obesity medicine) increased by 400% from 2011-2019, those physicians do not come close to meeting patient demand, with less than 1% of physicians certified in most regions of the U.S.⁷



<1%

There are 6,000 physicians in the U.S. that are certified as Diplomates to the American Board of Obesity Medicine. **This is less than 1% of the active physicians in the United States.**⁸

“Multiple studies have shown that obesity counseling rates have remained low among physicians over time. While multiple factors may contribute to this healthcare disparity, a key limitation identified is physicians’ insufficient training and low self-efficacy in weight management knowledge and counseling skills. There is a broad gap between guideline-recommended obesity care and physician clinical practice habits.”⁹

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There is no 'miracle' drug in obesity care

Just like therapies used to treat other diseases and health conditions, not every medication is clinically appropriate or works for everyone. Not everyone responds successfully to GLP-1s - in fact up to 37% of the population don't reach clinically-significant weight loss ($\geq 5\%$) with GLP-1s. For those individuals, other medications that target other biological pathways may be more appropriate.



Patients interested in weight loss medication may also find that alternative drugs – many of which have been prescribed off-label for years – are more appropriate than a GLP-1. Some of these medications are often more affordable than a GLP-1, which isn't typically covered by insurance and **can cost up to \$1,200 a month out of pocket.**¹⁰

Building a responsible, evidence-based, personalized weight care solution

1

Ensure Comprehensive & Personalized Care

There is a need for a more robust and comprehensive standard of care that not only treats the biological root cause(s) of obesity but also addresses comorbidities, mental health, and wellbeing .

2

Assemble a Full Care Team

There is a need for a full care team that includes clinicians, psychologists, coaches, and community support. Digital platforms have the unique ability to bring this type of care team together and operate at scale.

3

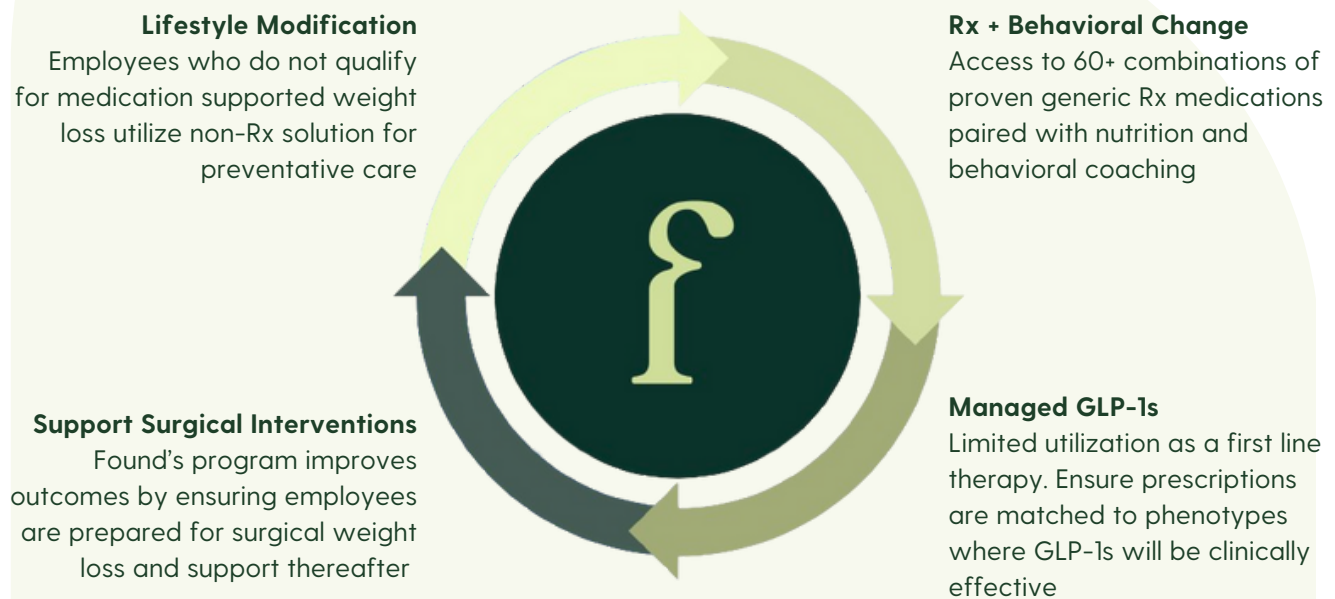
Equip a Diverse Toolkit of Medications

There is a need for a diverse toolkit of medications beyond Ozempic. Providers should be knowledgeable and equipped to prescribe from a diverse toolkit of evidence-based anti-obesity medications uniquely suitable for each individual.

1 Ensure Comprehensive & Personalized Care

There is a need for a more robust and comprehensive standard of care that not only treats the biological root cause(s) of obesity but also addresses comorbidities, mental health, and wellbeing.

Found uses a **bio-psycho-social approach** that is well-grounded in the most current scientific and clinical evidence with the goal of helping patients achieve long-lasting sustainable weight loss. This is a **comprehensive and holistic approach to weight care** that not only targets biological and psychological cause(s) of overweight and obesity but provides behavioral support through coaching, a digital app, and a member community.



2 Assemble a Full Care Team

Found presents an opportunity for patients to increase access to weight care through telemedicine on a digital platform that is right at their fingertips. Our extended Care Team is **centered on the member and connected across specialty.**



Found's internal training program **addresses the lack of American Board of Obesity Medicine (ABOM) training** in the overall provider population by scaling the industry leadership of our CMO Dr. Rekha Kumar, who wrote the ABOM certification exam. Our clinical team attracts passionate clinicians and our platform **empowers them through training and technology.**

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3 Equip a Diverse Toolkit of Medications

Prescription medication can treat the aspects of weight biology that we don't have control over. The medications Found offers are **supported by clinical evidence to be highly effective and safe** for helping aid with weight loss.

“We look at various factors to determine the medication that will be safest and most effective for each member’s individual needs.”

-Dr. Rekha Kumar

Our medications work by one or more of the following: reducing appetite, regulating insulin, balancing blood sugar or blocking fat absorption after a meal. Five of our 12 medications are prescribed as generics in pill form. Our GLP-1s include both one oral and six injectable medications to mimic a natural hormone in your gut that helps regulate weight.

The Found AOM toolkit offers up to **60 different combinations of medications** to support a diverse range of members.

60+

Obesity must be treated safely

While the popularity of GLP-1s captures attention, it's important to remember that a comprehensive philosophy and methodology envisioned by clinical weight care specialists is necessary for effective and personalized obesity care. Let's not get carried away by the frenzy, but instead focus on responsible and informed approaches to address weight management and scale quality, effective care.



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About Found

Found is an evidence-based weight care solution that combines the best of modern medicine with lasting behavior change, access to personalized coaching, and a supportive community. Our members are supported by a team that includes providers to prescribe safe medication, and the best of consumer technology to provide behavioral health interventions delivered through our app for guidance on nutrition, movement, sleep and emotional health. Found is one of the largest medically-assisted weight loss clinics in the country, serving more than 200,000 Americans to-date.

www.joinfound.com/employers