

Efficacy of low dose Semaglutide 1.0 mg for the treatment of recurrent weight regain or inadequate clinical response after bariatric-metabolic surgery

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Conflict of interest

1; Receipt of honoraria or consultation fees from Novo Nordisk

2; no conflict of interest to declare



Background

- Weight regain or inadequate clinical response after bariatric surgery is not uncommon.
 - Approx. 1/3rd of bariatric patients will regain more than 25% of body weight¹.
- Adjuvant obesity medications to manage inadequate clinical response post bariatric surgery are now being recommended²
- However, there is a paucity of published literature on the emerging role of obesity management medications as an adjunct to bariatric surgery.
- The new GLP 1 agonist semaglutide was approved in Australia for type 2 diabetes in 2020, and for obesity management in 2022, but Wegovy only became available in August 2024.

1; Maciejewski et al .2016; 15(11); 1046-1055. 2; Wharton et al. 2019; 8:1, 184-191

Aim and Methods

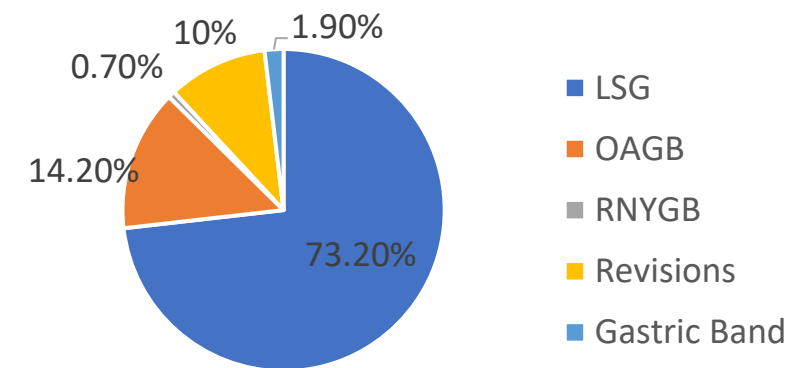
Retrospective analysis of a prospectively collected data base on the safety and efficacy of low dose, off label, semaglutide 1.0 mg s/c weekly, following weight regain and/or inadequate clinical response after bariatric-metabolic surgery.

Baseline demographics and clinical characteristics (mean +/- SD)

| | Semaglutide 1.0mg s/c weekly |
|---|--|
| Sample size | 65 |
| Age (yrs) | 48.6 +/- 11.2 yrs |
| Female (%) | 91% |
| Weight (kg) | 90.0 +/- 15.1 |
| BMI (kg/m ²) | 33.6 +/- 5.9 |
| Mean weight regain post Bariatric Surgery | 9.3 +/- 7.2kg (Range: up to 35.7kg) (ie; 25.8% of initial surgical weight loss) |
| Time of onset of Semaglutide 1.0 mg | Median of 4.3yrs (2.8 – 5.9yrs; Interquartile range) |

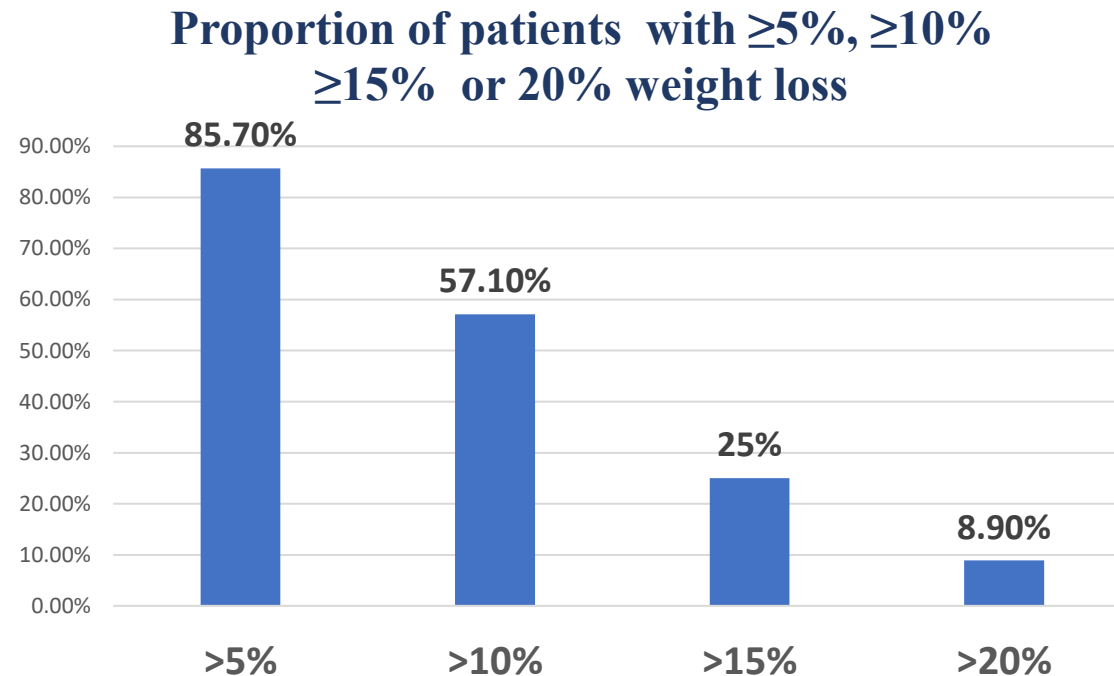
| Bariatric Surgery procedure type | |
|----------------------------------|-------|
| Sleeve Gastrectomy | 66.2% |
| Gastric Bypass | 10.8% |
| Conversional procedures | 21.6% |

Sydney Bariatric Clinic Case Mix



Results

- After a median follow up of **9.5 mths** (4.9-14.9 months; interquartile range), patients lost a median **11.3% weight loss** (6.6 -15.5%; interquartile range)
- Categorical Weight Loss:



- Adverse side effects were minor and reflected clinical trial non-surgical cohorts

Conclusions

Semaglutide 1.0 mg weekly, confers significant weight loss in patients with weight regain or inadequate clinical response post bariatric metabolic surgery, and should be considered as part of all bariatric after care.