

Body composition

What is the impact of obesity management medications on body composition?



Professor John B Dixon



Disclosures: Professor John B Dixon

I-Nova

Nestle Health Science

Reshape Lifesciences

Novo Nordisk

Lilly

Eurodrug

HealthED

NACOS

Obesity collective

Advisory board

Consultant – Advisory board

Consultant

Advisory board and speaker fees

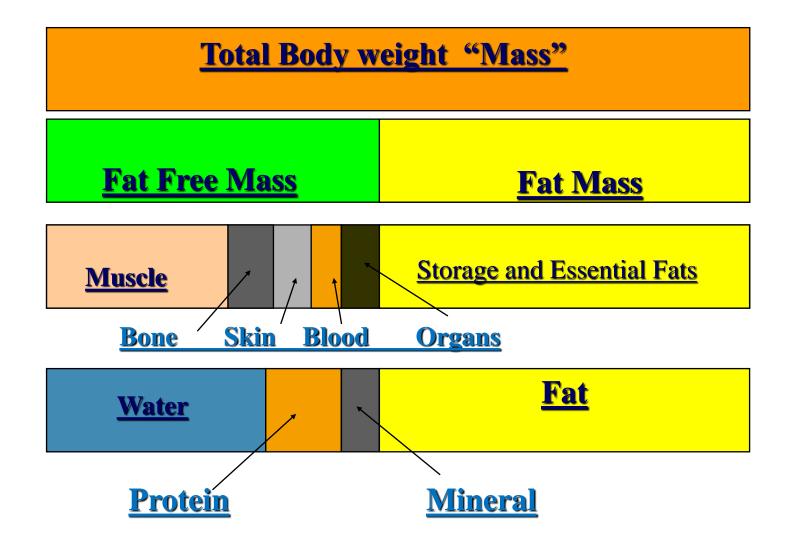
Advisory board and speaker fees

Advisory board and speaker fees

Educational programs Vice President Leaders group



Body Composition Compartments

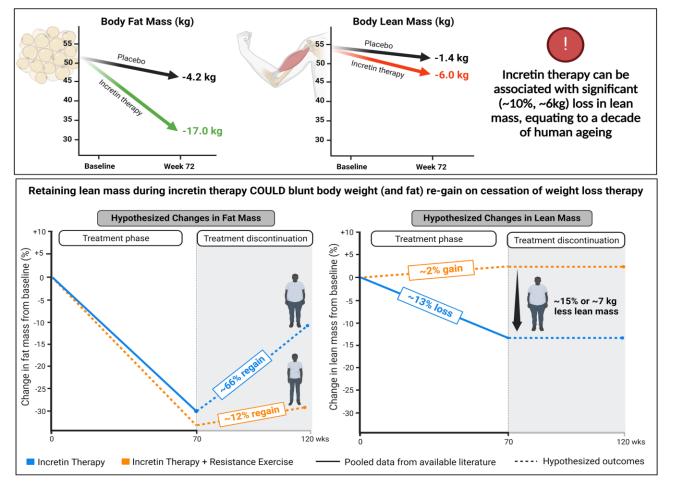






From: Incretin-Based Weight Loss Pharmacotherapy: Can Resistance Exercise Optimize Changes in Body Composition?

Diabetes Care. Published online April 30, 2024. doi:10.2337/dci23-0100



What is the flaw in this hypothesis?

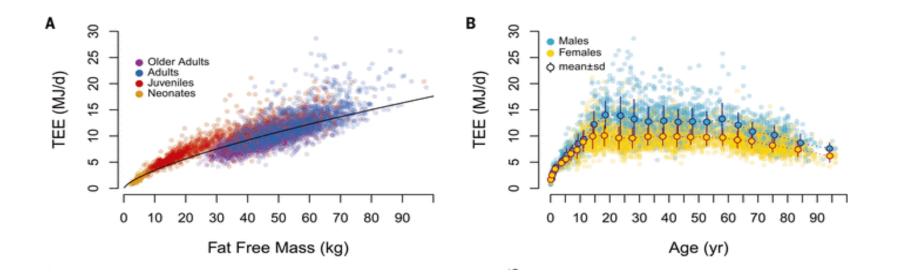
That fat mass and lean body mass act independently with weight loss and weight gain

How much LBM is lost in a year of aging ?

We propose that tailored resistance exercise training be recommended as an adjunct to incretin therapy to optimize changes in body composition by preserving lean mass while achieving fat loss.

Total energy expenditure: Fat free mass and age

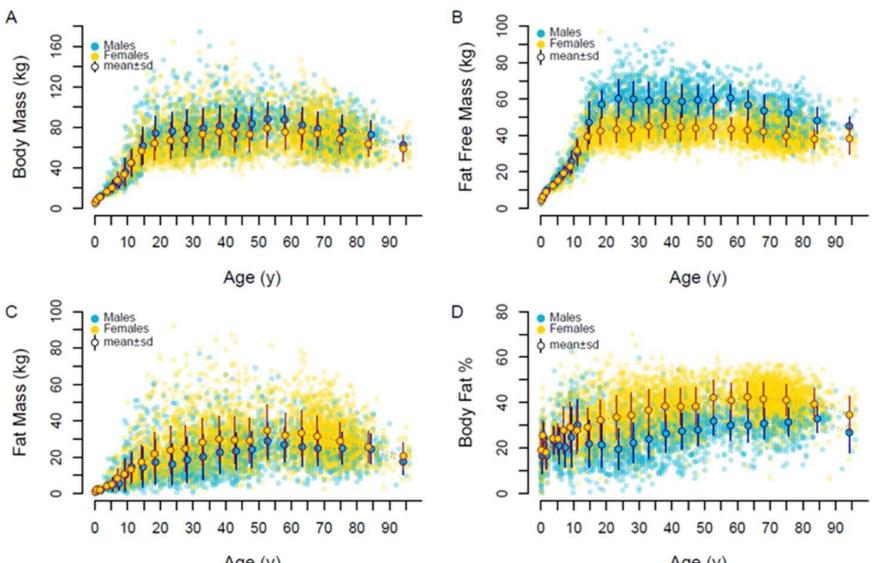
Daily energy expenditure through the human life course, Volume: 373, Issue: 6556, Pages: 808-812, DOI: (10.1126/science.abe5017)







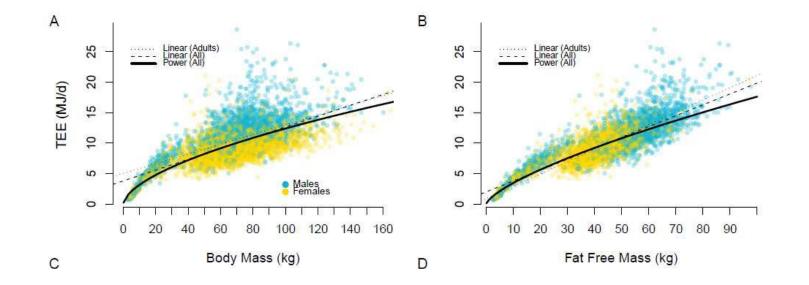
Science MAAAS



Age (y)

Age (y)

Total energy expenditure and weight and Fat free mass



Daily energy expenditure through the human life course, Volume: 373, Issue: 6556, Pages: 808-812, DOI: (10.1126/science.abe5017)





What do we know?

- There is always loss of lean body mass with intentional weight loss Well almost always
- As an approximation, 25% Δ FFM/ Δ weight was recommended and often used¹
- The percentage change in FFM to change in weight (Δ FFM/ Δ weight %) forms an appropriate 2 compartment metric
- With the use of more sophisticated methods have been made using dynamic approaches and results vary with age, gender, BMI, speed of weight reduction and nature of exercise².
- In our systematic review we found great variance in outcome and this was influenced by gender, with males losing a greater proportion of FFM; limited effects of exercise; and rapid weight loss with very low energy diets and bariatric surgery generating a greater proportional loss of FFM³.

¹Webster JD, Hesp R, Garrow JS. The composition of excess weight in obese women estimated by body density, total body water and total body potassium. *Hum Nutr Clin Nutr* 1984; 38(4): 299-306.

²Heymsfield SB, Gonzalez MC, Shen W, Redman L, Thomas D. Weight loss composition is one-fourth fat-free mass: a critical review and critique of this widely cited rule. *Obesity reviews : an official journal of the International Association for the Study of Obesity* 2014; 15(4): 310-21.



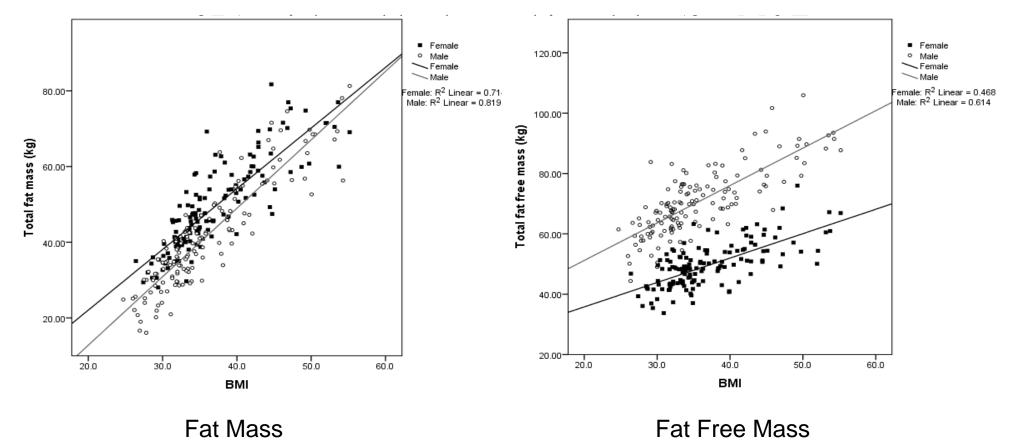
The baseline characteristic of the participants (n=275)

BASELINE MEASURES	Women	Men
	138 (50%)	137 (50%)
Age (years)	47.2 (10.2)	43.8 (13.0
	Range 18-65	Range 18 - 65
Weight (kg)	98.8 (17.3)	111.8 (22.8)
	Range 63 -151	Range 70 - 172
Height (m)	1.64 (0.07)	1.78 (0.07)
BMI (kg m ⁻²)	36.9 (6.2)	35.7 (7.0)
	Range 26 - 55	Range 25-55
Total Body Fat (kg)	49.2 (10.6)	41.2 (13.1)
	Range 28 - 82	Range 16 - 81
Total body Fat Free Mass (kg)	49.5 (7.3)	70.7 (11.4)
	Range 34 - 76	Range 44 - 106
Percent Fat Mass	49.4 (4.5)	36.0 (6.0)
	Range 21 - 61	19.4 - 50

Dixon JB, Lambert EA, Grima M, Rice T, Lambert GW, Straznicky NE. Fat-free mass loss generated with weight loss in overweight and obese adults: what may we expect? *Diabetes, obesity & metabolism*. 2015;17:91-93. doi: 10.1111/dom.12389



Body composition and body mass index (whole body DEXA)



These data support a linear relationship

Dixon JB, Lambert EA, Grima M, Rice T, Lambert GW, Straznicky NE. Fat-free mass loss generated with weight loss in overweight and obese adults: what may we expect? *Diabetes, obesity & metabolism*. 2015;17:91-93. doi: 10.1111/dom.12389

Models of the change FFM% with change 10% of weight loss

	BMI 50	BMI 45	BMI 40	BMI 35	BMI 30	R ²	Mean
Males							
Actual	38.7	38.7	45.3	38.1	42.2	-	40.6
Linear	30.6	35.9	41.3	46.6	51.9	0.43	41.3
Inverse	37.1	37.1	37.1	37.1	37.1	0.45	37.1
Quadratic	44.8	40.7	38.9	39.3	42.4	0.46	41.2
FM linear	40.9	40.9	40.9	40.9	40.9	-	40.9
Female							
Actual	37.7	39.4	38.7	28.4	35.7	-	36.0
Linear	27.7	31.4	35.5	38.9	42.6	0.30	35.2
Inverse	29.5	29.5	29.5	29.5	29.5	0.33	29.5
Quadratic	42.7	35.2	30.1	28.1	30	0.36	33.2
FM linear	33.9	33.9	33.9	33.9	33.9	-	33.9

Dixon JB, Lambert EA, Grima M, Rice T, Lambert GW, Straznicky NE. Fat-free mass loss generated with weight loss in overweight and obese adults: what may we expect? *Diabetes, obesity & metabolism*. 2015;17:91-93. doi: 10.1111/dom.12389



The Effects of Overfeeding on Body Composition: The Role of **Macronutrient Composition**

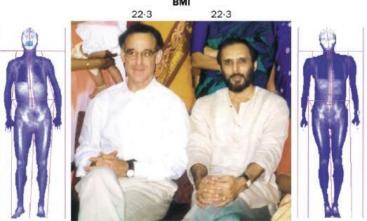
Author	n - Men / Women Age	Body Fat %	Physical Activity	Dur- ation	Kcal Sur- plus	Protein (g/kg)	BW (kg)	FM (kg)	FFM (kg)	Fat gain (% wt gain)	
Salans et al. 1971	5 / 0 26	19%	"Reduced"	3 months			+ 16.2	+ 10.4	+ 5.8	64%	
Norgan & Durnin 1980	6 / 0 22	15%	Sedentary	9 weeks	+ 50%	2.2	+ 6.0	+ 3.7	+ 2.3	62%	In sedentary
		15%				2.4	+ 1.8 a	+ 1.1 a	+ 0.7	61%	subjects FM increase
Webb &	4/5	(M) /	Sedentary	30 days	+ 1000	1.7	+ 2.7 b	+ 2.0 b	+ 0.7	74%	-
Annis 1983	46	37% (W)	,	5	kcal	1.2	+ 2.7 b	+ 2.1 b	+ 0.6	78%	is commonly 60 to
Ravussin et al. 1985	5 / 0 24	15%	6000-7000 steps/d	9 days	+ 60%	2.1	+ 3.2	+ 1.8	+ 1.4	56%	70% of weight
Poehlman et al. 1986	12 / 0 19	12%	Sedentary	22 days	+ 1000 kcal	2.4	+ 2.2	+ 1.1	+1.1	50%	gained
Bouchard et al.1990	24 / 0 21	11%	< 30 min walk daily	100 days	+ 1000 kcal		+ 8.1	+ 5.4	+ 2.7	67%	
Roberts et al. 1990	7 / 0 24	14%	Sedentary	20 days	+ 1000 kcal	1.5	+ 2.5	+ 1.7	+ 0.8	68%	
Horton et	16 / 0	28%	Inactive	2 weeks	+ 50%	1.2	+ 2.9	+ 1.5	+ 1.4	52%	FFM =30-40%
al. 1995	33	20 /0	mactive	2 weeks	1 50 %	1.2	+ 2.6	+ 1.5	+ 1.1	58%	
Lammert et	20 / 0	15%	Inactive	3 weeks	+ 1200	1.7	+ 1.4	+ 0.8	+ 0.6	57%	
al. 2000	22	10 /0	mactive	5 WEEKS	kcal	1.7	+ 1.6	+ 1.1	+ 0.5	69%	
Siervo et al.	6 / 0			3 weeks	+ 20%	1.4	+ 0.7	+ 0.4	+ 0.3	57%	
2008	43	21%	Inactive	3 weeks	+ 40%	1.5	+ 2.9	+ 1.5	+ 1.4	52%	
2000	10			3 weeks	+ 60%	1.7	+ 5.7	+ 3.6	+ 2.7	63%	
Claesson et	11 / 14	24%	7800 step	14 days	+ 46%	2.0	+ 0.3	+ 0.0	+ 0.3	0%	
al. 2009	23	24/0	avg	14 days	1 40 /0	1.2	+ 0.8	+ 0.3	+ 0.5	38%	
Stanhope et	16 / 16	29% (M) /	Color to rea	0 1	1.0.0/		+ 1.6	+ 0.9	+ 0.7	56%	
al. 2009	54	41% (W) 15%	Sedentary	8 weeks	+8%		+ 1.3	+ 0.7	+ 0.6	54%	
Ernersson et al. 2010	12 / 6 26	(M) / 31% (W)	< 5000 steps/d	4 weeks	+ 70%	2.4	+ 6.4	+ 3.7	+ 1.8	58%	

Leaf A, Antonio J. The Effects of Overfeeding on Body Composition: The Role of Macronutrient Composition - A Narrative Review. Int J Exerc Sci. 2017;10:1275-1296.



Expected loss of FFM with weight loss

- 41% for men
- 34% for women
- This is greater than the 25% threshold previously used and suggests that intentional weight loss selectively preserves muscle and therefore yo-yo dieting is not a major issue
- Limitations age (young and old) ethnicity



Body fat 9·1% 21·2%



Percentage of FFM loss with various methods of weight loss

Method	Number of Study groups	Mean of study groups
LCD	15	17%
LCD & EX	6	19%
LCD & Drugs	3	28%
VLCD	4	29%
VLCD & Ex	5	16%
BPD	15	30%
RYGB	4	30%
LAGB	15	17%

Chaston TB, & Dixon JB. et al, Int J Obes (Lond). 2007;31:743-50.



FFM/TWL Liraglutide 3 mg, Naltrexone Bupropion 32mg/360mg

Liraglutide: TWL6.3 kg FFM/TWL 14%

Elkind-Hirsch KE, Chappell N, Shaler D, Storment J, Bellanger D. 2022;118:371-381. doi: 10.1016/j.fertnstert.2022.04.027

Naltrexone – Bupropion TWL 8.2 kg FFM/ TWL 22%

Smith SR, Fujioka K, Gupta AK, Billes SK, Burns C, Kim D, Dunayevich E, Greenway FL. Diabetes, obesity & metabolism. 2013;15:863-866. doi: 10.1111/dom.12095

- Chaston review Orlistat and Sibutramine
- Gotfredsen et al. 2001 LCD+Orlistat 11.2kg FFM/TWL 11.6% 52 weeks n=16
- LCD+Sibutramine • Kamel et al. 2000
- Berube-Parent et al. 2001 LCD+Sibutramine

10.6kg FFM/TWL 31.1% 26 weeks n=19

10.7kg FFM/TWL 38.3% 13 weeks n=8

Chaston TB, & Dixon JB. et al, Int J Obes (Lond). 2007;31:743-50.





From: Is Weight Loss-Induced Muscle Mass Loss Clinically Relevant?

JAMA. Published online June 03, 2024. doi:10.1001/jama.2024.6586

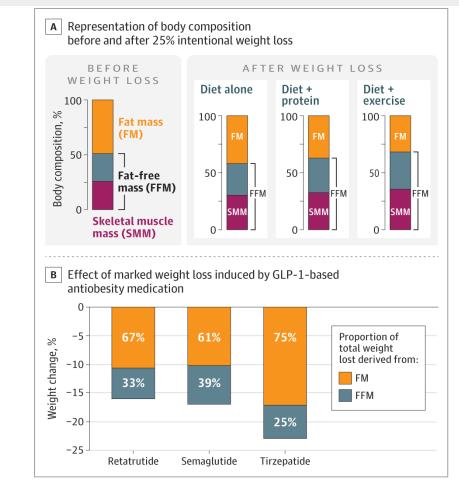


Figure Legend:

Body Composition Before and After Weight LossRepresentation of body composition before and after 25% intentional weight loss induced by energy restriction showing the attenuation of weight loss–induced reduction in fat-free mass (FFM) and skeletal muscle mass (SMM) through dietary protein and exercise (A) and the effect of marked weight loss induced by GLP-1–based antiobesity medications on the proportion of total weight lost derived from fat mass and lean body mass (LBM) or FFM (B). Data are from C Harris et al, J Rosenstock et al, JPH Wilding et al, and AM Jastreboff et al.



Conclusions

- There is a linear association between FM and FFM with weight loss and weight gain
- Most intentional weight loss generates less FFM (50% muscle) loss than expected for the weight loss.
- How would resistance exercise and increasing quality protein assist this situation?
- Three drugs
 - Sibutramine, 31 and 38%
 - Semaglutide 2.4 mg 39%
 - Retatrutide 31%
- We need more information GLP-1 agonists especially those associated with greater weight loss
- We need information about the young, elderly, those at risk of sarcopenia and data from different ethnic groups
- We have very little to no information about drug effects regional Bone density and Bone mineral content

