Practical Evidence-Based Nutrition Recommendation for Patients Receiving Obesity Management Medication



Patients treated with obesity management medications (OMMs) typically have reduced energy intake through the medications' effects on hunger, fullness, and food cravings. When beginning OMM treatment, clinicians should counsel patients on the importance of nutritionally complete diets and healthy energy sources.¹

Understanding Dietary Quality Informs Healthy Eating Practices²

The satiating effect of food depends not only on the amount consumed, but also on its quality and energy density.²

Recommendations for improving dietary quality^{1,3}:



Prioritize nutrient-dense foods



Limit sugar-sweetened beverages and foods high in added sugars



Limit foods high in saturated fats



Limit foods high in sodium

In the US, Most Individuals Do Not Currently Meet Recommendations for a Healthy Dietary Pattern³

Energy requirements will vary depending on age, sex, body weight, and activity level, among other factors. During weight reduction, recommended safe energy requirements are 1200-1500 kcal/day for women and 1500-1800 kcal/day for men.¹



Drinking at least 2-3 L of fluids per day is important to prevent dehydration and constipation.¹

- Consume water, low-calorie beverages, or nutrient-dense beverages
- Limit sugar-sweetened beverages, alcohol, and caffeine²

Macronutrient recommendations include ^{1,3} :			
Protein*	Carbohydrates	Fat	Fiber
Consume at least 60-75 g protein per day (0.8–1.5 g/kg body weight per day). Consider higher protein intake for selected individuals.	Individualize in a healthy eating plan. Focus on foods that are minimally processed and do not contain added	Individualize in a healthy eating plan. Limit saturated and trans fat intake.	Prioritize whole grains. Fiber supplements may be considered when individuals are unable to meet the recommended dietary intake with food alone.
	sugars.		



Optimal Nutritional Status Also Relies on the Proper Balance of Vitamins and Minerals¹

Vitamins and minerals needed by the body in small amounts are known as micronutrients.

- Potassium, calcium, and vitamin D insufficiency have been identified as a US public health concern³
- Individuals with obesity may also have deficiencies in folate, thiamin, iron, zinc, calcium, magnesium, and vitamins A, B12, C, D, and E⁴⁻⁸
- Deficiencies in vitamins and minerals can lead to a range of health problems varying in severity depending on which nutrient

Dietary Sources of Commonly Deficient Micronutrients¹

Green, leafy vegetables and fruits

Vitamin A
Vitamin C
Potassium
Folate
Iron
Vitamin E
Magnesium

Whole grains and fortified cereals

Thiamin Vitamin D Zinc Folate Vitamin B12 Iron



Milk and dairy products Calcium

Vitamin A (fortified)
Vitamin D (fortified)
Magnesium
Vitamin B12
Potassium
Zinc

Meat, seafood, and poultry

Iron Zinc Vitamin B12 Vitamin D (fatty fish) Thiamin (fish, pork)



Treat pre-existing deficiencies and counsel on adequate micronutrient intake. Consider supplementation with vitamin D, calcium, and a complete multivitamin.

Iron

Zinc

An Interdisciplinary Team Can Help Ensure Optimal Outcomes for Patients With Obesity^{1, 9-11}

Clinician^{1,*}



Assesses, diagnoses, treats, and arranges follow-up care for patients with obesity

Dietitian



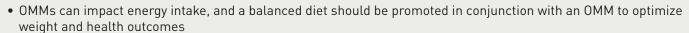
Provides nutritional therapy to improve dietary quality and health and weight loss outcomes^{9,10}

Mental health professional¹¹



Supports patients' social and emotional needs during treatment, and advises on behavioral strategies to support a healthy lifestyle

Key Takeaways¹ ⊙<u>⇒</u>



- Nutritional deficiencies can exist in patients with obesity
- Balanced nutrition is an important aspect of health and disease management

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^{*}Clinician may also refer to the primary care team or an obesity medicine specialist.