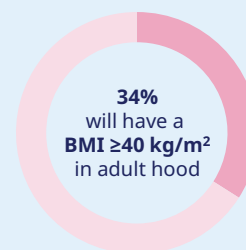
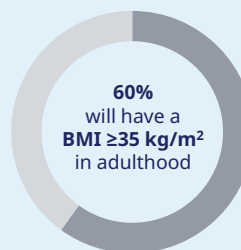
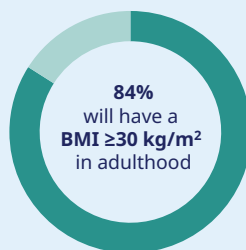


Obesity in adolescents



Adolescents with obesity have a high probability of living with obesity in adulthood.¹



What are the potential consequences of adolescent obesity?

Prediabetes

Adolescents with obesity have a **2.6-fold** higher rate of prediabetes²



NAFLD

Prevalence of NAFLD reported to be **38%** in adolescents with obesity^{3,4}



CVD

70% of the adolescents in the overweight range had at least one risk factor for CVD¹

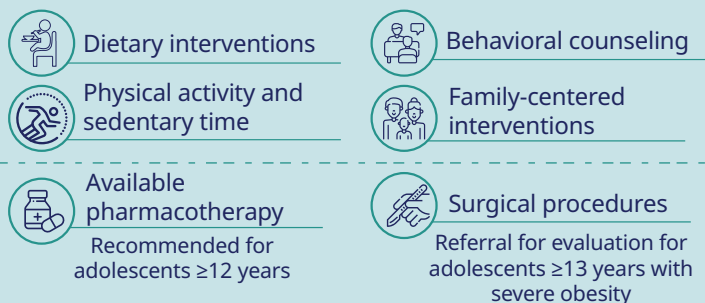


*CVD, cardiovascular disease; NAFLD, non-alcoholic fatty liver disease

American Academy of Pediatrics (AAP) advocate prioritizing pediatric obesity

*"There is no evidence to support watchful waiting or delaying appropriate treatment of children with obesity. AAP recommends early evaluation of pediatric obesity and treatment at the highest intensity level that is appropriate and available."*⁵

Management of pediatric obesity^{5,6}



2023 AAP CPG guidelines⁵

What are the approved pharmacotherapies for use in adolescents?

Orlistat⁷

Liraglutide 3.0 mg⁸

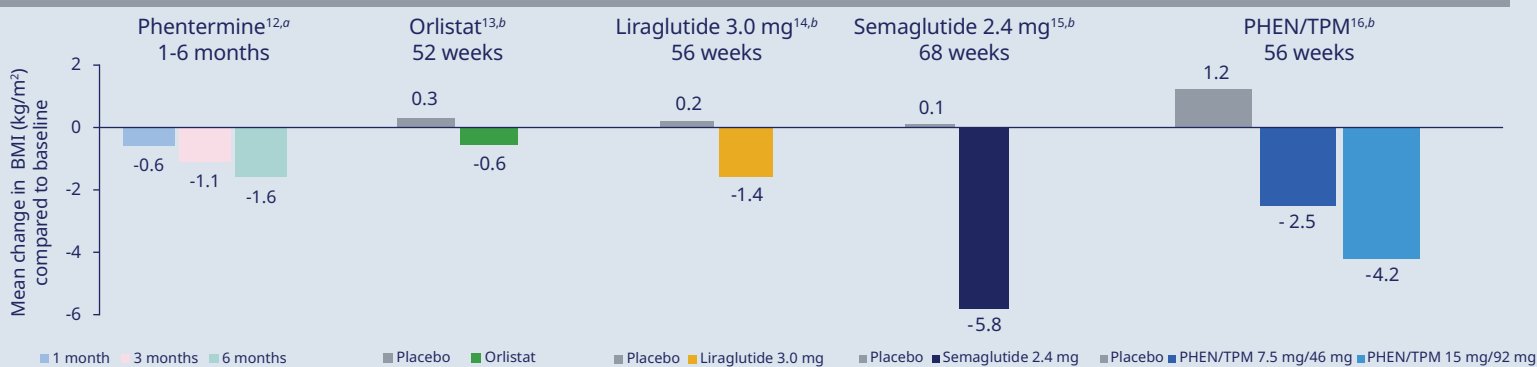
Semaglutide 2.4 mg⁹

Phentermine and Topiramate¹⁰

Phentermine*¹¹

* approved for use in adolescents > 16 years old for short-term use
Please see full Prescribing Information (PI) in references below

Change in BMI with approved pharmacotherapies in adolescents with obesity



Summary

- Pediatric obesity is a prevalent and serious health concern.
- Adolescents with obesity are at increased risk of obesity-related complications both prior to and during adulthood.
- Clinical practice guidelines by American Academy of Pediatrics recommend early evaluation and appropriate evidence-based treatment to manage pediatric obesity.
- There are FDA-approved pharmacotherapy options for management of obesity in adolescents.

BMI - Body Mass Index, BW - Body Weight, CPG - Clinical Practice Guideline, FDA - Food and Drug Administration, PHEN/TPM - Phentermine and topiramate

1. Freedman et al. J Pediatr 2007; 150(1): 12-17 e12; 2. Li et al. Diabetes Care 2009;32:342-7; 3. Pardee et al. Semin Pediatr Surg 2009;18:144-51; 4. Schwimmer et al. Pediatrics 2006;118:1388-1393; 5. Hampf SE et al. Pediatrics. 2023;151(2): e2022060640; 6. Styne et al. Clin Endocrinol Metab. 2017;102:709-57; 7. FDA. Xenical® (Orlistat) prescribing information; 8. Saxenda® (liraglutide 3 mg) prescribing information; 9. Wegovy® (semaglutide 2.4 mg) prescribing information; 10. Qsymia® (phentermine-topiramate ER) prescribing information; 11. FDA. Adipex-P® (phentermine) prescribing information; 12. Ryder et al. Int J Obes (Lond) 2017; 41(1): 90-93; 13. Chanoine et al. JAMA. 2005;293:2873-83; 14. Kelly et al. N Engl J Med. 2020;383:2117-28; 15. Weghuber D et al. N Engl J Med. 2022;387(24):2245-2257; 16. Kelly et al. NEJM Evid. 2022;1 (6). <https://doi.org/10.1056/EVIDOa2200014>