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Meaningful Lives As We Age

Emerging Issues in Obesity Care for Older Adults

Applications from the GSA KAER Toolkit on the Management of Obesity in Older Adults
Momentum Discussions Podcast from the Gerontological Society of America



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Announcer:
Welcome to a Gerontological Society of America Momentum Discussions Podcast, where we delve into topics that are generating great excitement and advancement in aging.

Jen Pettis:
Welcome to this GSA Momentum Discussions Podcast episode titled *Emerging Issues in Obesity Care for Older Adults*. Momentum Discussions highlight topics experiencing great momentum in the field of gerontology. We're grateful to Novo Nordisk for their support of today's podcast episode. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America (GSA). I'm recording this podcast episode live in the podcast booth at GSA 2024 in Seattle, Washington. I'm joined today by my friend and colleague, Dr. John A. Batsis, an Associate Professor in the Division of Geriatric Medicine at the School of Medicine and in the Department of Nutrition at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. Dr. Batsis is a member of the GSA Obesity Advisory Panel, and, along with Dr. Katie Porter Starr, he leads the GSA Obesity and Aging Interest Group. Welcome, Dr. Batsis. I'm so glad you could join me.

John Batsis:
Thanks, Jen, and thank you, GSA, for the opportunity to come and speak at today's Momentum Discussions podcast.

Jen Pettis:
Thanks so much. There is a great deal happening around the care of older adults. It's wonderful to have this opportunity to sit down with you to offer our listeners insights into important issues in obesity care. We've heard much about obesity's links to other conditions. To start, let's talk about cognition. Can you tell our listeners how obesity impacts cognition over the lifespan?

John Batsis:
You're absolutely right. This is a great and really exciting time for obesity as a chronic disease, and we're excited to be able to say we have a lot of good research and changes in clinical care that are hoping to be able to affect the lives of our older adult population. Obesity in itself is a disease that affects the person over the course of their lifespan. We know from our data that it actually can affect one's cognition. We have evidence to suggest that there is a higher risk of developing cognitive impairment. The longer the duration of someone having excess fat over the course of their lifespan, the higher the risk of developing cognitive impairment as they age. That's a big problem. We want to be able to target this disease early on in the process.

Jen Pettis:
Is there any new data on obesity linked to other major medical conditions?

John Batsis:
Most recently, and really in the last year, there's been a flurry of new studies that have come out, not necessarily only in older adults. I think that's important for our listeners to be aware of. Still, there's been a wealth of data to demonstrate that the newer incretin memetic medications, these GLP-1 glucagon-like peptide-1 (GLP-1) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) medications, demonstrate reductions in risk of cardiovascular disease, kidney disease, cancer, sleep apnea, and the number of different diseases that these medications are addressing. Every week, it seems as though you blink your eyes, and another study is coming out. Again, I want to caution our listeners that it's not necessarily older adults, and the majority of these trials are in the general population. That's not to say that they don't include older adults, but they're not focused on them. These are really exciting data, particularly for cardiovascular disease. The reason I say that is that age is the strongest predictor of developing cardiovascular disease. We know that these medications can reduce the risk of developing cardiovascular disease.

Jen Pettis:
It's wonderful that we're discovering all of the benefits from these medications. With the significant weight loss due to GLP-1s that is possible, we have concerns, particularly for older adults, around loss of muscle and bone. What advice do you offer for older adults taking obesity management medications to address this issue?

John Batsis:
Particularly over the last year, clinicians and researchers have been increasingly concerned that these medications, including semaglutide and tirzepatide, can lead to profound weight loss between 15 and 30%. This is unheard of. It is starting to approach the degrees of weight loss we see with bariatric surgery.

John Batsis:
We know with bariatric surgery, individuals who are treated with bariatric surgery can lose significant degrees of muscle loss, muscle mass, and bone loss. Now, we also recognize that we have a limited amount of data as a result of these newer medications on changes in muscle mass and bone. I think it's really important to caution our listeners. When someone loses weight, they're losing not only fat but they're also muscle, bone, connective tissue, and organ tissue as well. It's not just muscles and bones. There's a plethora of different tissues that are being lost. What we don't know is the sweet spot. What is the sweet spot of the amount of fat? We know the loss of fat will lead to metabolic benefits. We have great data on that. Are the benefits from that loss going to exceed the potential harm? I use that word deliberately. It's potential because we don't yet know. We know weight loss can lead to improvements in physical function. There is a balance, but we don't yet have the data.

Jen Pettis:
What advice can you offer the older adult who is taking obesity management medication to be as healthy as they can be while they have that weight loss journey?

John Batsis:
In my practice, I routinely have discussions with patients about these medications. A number of them have come to me and said, "I want to start talking to you about these medications." Okay. I say let's talk about what you are doing right now. We know obesity is a chronic disease. We know behavioral lifestyle therapy is the cornerstone of any treatment modality. We know that GLP-1 or GIP incretin mimetics can reduce weight. We know the potential impact on muscle and bone. We need to put all this together. I generally encourage, strongly encourage, and ensure that my patients on these medications have made significant lifestyle changes. Have they seen a dietician? Have they altered their diets, and what do I mean by altering the diet? Are they consuming a Mediterranean diet or a DASH diet?

Are they doing what they can as best as they can? Are they exercising? Which aerobic resistance exercises are they doing, and have they seen a physical therapist? Have they seen an exercise physiologist? They may not be available to everybody. In resource-poor settings, that may be a challenge, but are they getting engaged? There are many virtual programs available. Many senior centers have programs that are available to our older adult populations. However, there are individuals and persons with obesity who are able to do this and engage. Those are the ideal candidates because we know that resistance-based exercises and adequate nutrition are integral in preventing bone and muscle loss. I'm going to incorporate ensuring protein supplementation as part of that will mitigate any potential loss of muscle and hopefully mitigate any potential loss of bone that may occur with these medications.

Jen Pettis:
You mentioned protein, and we've certainly seen an explosion in the marketing of protein supplements aimed at people who are using obesity management medication. When your patients ask about those products, what advice do you offer them?

John Batsis:
Protein supplementation is something that, in my mind, is really important for different disorders. There are different modalities and different types of proteins. There are ones that are high caloric; there are others that have lower caloric intake. We know that with aging, changes occur in how an older adult utilizes protein, meaning they metabolize protein differently. They need more protein for the same bang for the buck, for the lack of a better word.

Their ability to synthesize protein diminishes, and their amount of protein breakdown increases. They're net negative, so they need more. That's a problem. We try to encourage a higher degree of protein supplementation: 1.2 grams per kilogram per day. Now what does that mean? This is where you need multidisciplinary and interprofessional team-based care to help you. Work with a dietician. They can help figure that out for you and say, okay, this is what the usual amount of protein is. Are there protein supplementation or are there different types of foods that you can spread during the day? Are you able to use it during exercise? Often, you prime the muscle with exercise. You can take the protein supplement post-exercise. That's something that we often recommend in our studies.

Jen Pettis:
My last question concerns marketing products that can be bought over the counter or online and claim to work similarly to the GLP-1s. When your patients ask about these, how do you advise them?

John Batsis:
Increasingly there are a number of compounded medications that are being marketed by a number of companies. I think anytime these are brought up, I think we need to be mindful of them and their source and understand their quality control. There are many position statements by formal organizations that currently note that these are not formally endorsed. Some hospital-based systems that have done some other quality control evaluations on specific ones. Different organizations can evaluate different local companies and compounding pharmacies if they're affiliated with a local medical center. Generally, we tend to say it's probably best to stay away from these compounded medications. We don't know if they've undergone regulatory approval, FDA approval, quality control approval, or all the steps of good practice that any medication goes through. This is a problem because you don't know what you're getting.

Jen Pettis:
Dr. Batsis, what final thoughts do you want to leave our listeners with?

John Batsis:
I think we are in a really exciting time in obesity medicine. One thing that we haven't talked about is the complexity of our patients, of our older adults. Older adults are complex; they're different. One older adult is one older adult is one older adult. What we call heterogeneous; obesity is a heterogeneous disease. One person with obesity is one person with obesity is one person with obesity. You have two diseases, two syndromes, or two paradigms of complexity, making these things even more complex. It creates a lot of challenges. I think we're all up for this challenge, and I'm really excited to be part of this science and advocate how we can best care for our patients at the end of the day.

Jen Pettis:
Thanks so much for joining me. As always. It's always a pleasure to sit down with you. Thanks for joining me here in our podcast booth at GSA 2024. To those listening, I hope you found this episode of the GSA Momentum Discussions podcast informative and enjoyable. Thanks again, Dr. Batsis.

John Batsis:
You're very welcome. Thank you.

Announcer:
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