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Healthcare Professionals' Perceptions of Obesity & Agonists of the Glucagon, GLP-1 & GIP Receptors

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Abstract

Background: Dual agonists of the glucagon-like peptide-1 receptor (GLP-1 RA) and glucagon receptor (GCGR) or glucose-dependent insulinotropic polypeptide receptor (GIP RA) are in clinical development for treating obesity.
Aim: To explore healthcare professionals' (HCPs) experience/perception of obesity treatment and to assess prescribing behavior/understanding of these hormone treatments for obesity.
Methods: This study was based on a survey of 785 US primary care physicians (PCP), endocrinologists (ENDO), and advanced practice providers (APP) prescribing anti-obesity medication (AOM).
Results: A mean 55% of their patients had obesity. HCPs recommended AOM to 49% of these patients; significantly more ENDO (57%) than PCP (43%) or APP (46%). The greatest barriers to treatment were medication cost/lack of insurance (mean: 4.2, Likert scale), low patient engagement/adherence with recommendations (mean: 3.3), and inadequate time/staff (mean: 3.1). Most HCPs (65%) were "very/extremely familiar" with the mechanism of action (MOA) and therapeutic effects of GLP-1 RA, but only 30% with GIP RA and 16% with GCGR. Most HCPs expected dual GCGR/GLP-1 RA to benefit many obesity-related conditions, e.g., type 2 diabetes (91%), metabolic syndrome (79%), NAFLD (61%), and NASH (57%).
Conclusions: Among HCPs treating obesity, gaps exist in management as <50% of patients are prescribed AOM. Barriers to treatment impact patients receiving appropriate therapy, indicating a need to improve access to AOM. HCPs were more familiar with GLP-1 RA than GCGR or GIP RA. However, they expect the addition of novel MOAs, such as dual GCGR/GLP-1 RA agonists, may offer further clinical benefits, which could help address treatment barriers and access.