

Joint Position Statement regarding GLP-1/GIP Receptor Agonists in people living with obesity and/or type 2 diabetes

Our position statements set out our views on an important area in nutrition and may provide guidance to researchers, regulatory agencies and policy makers, health professionals, the food industry and the media. This position statement was produced by expert nutrition scientists representing both organisations and reviewed by the British Nutrition Foundation's Scientific Committee and BDA's specialist obesity and diabetes groups.

The British Dietetic Association and British Nutrition Foundation support the use of prescribed GLP-1 RA and GLP/GIP RA* when prescribed safely and appropriately in line with national clinical guidelines. These medications should be prescribed alongside a reduced-calorie diet and increased physical activity for adults living with obesity and/or type 2 diabetes with high risk of adverse effects of obesity. There is now considerable evidence of their efficacy at least in the shorter term, that they engender clinically significant weight loss, improvement in glycaemic control, cardiorenal protective benefit and improved quality of life.

It should be noted that GLP-1 RA and GLP/GIP RA are not the solution to address the high and increasing prevalence of obesity. There are important considerations including public health policies and whole systems approaches needed to improve the food environment, cost of (and accessibility to) healthy foods and reduction in health inequity. However, these medications appear to offer an important treatment option to help reduce the risk of developing related chronic non-communicable diseases and achieve clinically significant weight loss. Prevention is an important aspect of the management of obesity and type 2 diabetes, and there is a pressing need to drive changes in the food environment to make it easier to eat healthier diets. **However, this statement addresses the treatment of people who already live with obesity and/or type 2 diabetes**, who have high risk of ill health due to their weight.

It is essential that holistic support and management are available for people living with obesity, including an assessment of potential contraindications to medications such as eating disorder and mental health risk. If these medications are prescribed, people should have access to a multi-disciplinary team including physicians, psychologists, and specialist dietitians to provide the necessary support to help them make and sustain the required dietary and other lifestyle

* Glucagon Like-peptide Receptor Agonists (GLP-1 RA) and Glucose-dependent insulinotropic polypeptide or Gastric Inhibitory Peptide (GIP-RA). Note: Semaglutide 2.4mg/Liraglutide 3.0mg are GLP-1 RA that are licenced for weight loss; Semaglutide 0.25, 0.5, 1.0mg; Liraglutide 1.8mg GLP-1 RA and Tirzepatide is a GLP-1/GIP RA and are all licenced for Type 2 Diabetes management.

changes. Dietary and physical activity advice, that promotes maintenance of muscle mass and function is key alongside behaviour change support; people should not be prescribed the medication alone. The wider family and social context should also be considered, rather than exclusively focussing on the individual. We also acknowledge that not everyone may wish to use this class of medication; individuals who find they cannot tolerate these medications, or where there are contraindications to medication, should be offered access to comparable support services.

Both organisations agree with current recommendations for prescription of these classes of medications (NICE 2023, SMC 2023). However, care including dietary and behaviour change support should continue as long as indicated and beyond medication cessation. It is also hoped that where indicated these medications, alongside ongoing support, can be prescribed for the long-term. As obesity is a complex, relapsing, long term condition, medication support may be prudent in a similar way to treatments prescribed for other chronic conditions such as anti-hypertensives, lipid-lowering and diabetes medications which are not stopped when tolerated and effective. There is a need to stop stigmatising people living with obesity by only offering them what appears to be time-limited support (2 years, NICE 2023). However, this is subject to continued long-term evaluation of the safety and effectiveness of these new medications. We hope that with further published data, including studies from the real-life setting, this temporary access to effective medications may change.

These medications appear to offer a new option for people living with obesity and/or type 2 diabetes within the current obesity treatment pathways that include lifestyle advice and bariatric surgery and should be offered as part of the available comprehensive and fully inclusive treatment options within the National Health Service.

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