Alberta Health Services

PROTOCOL

TITLE
OBESITY MEDICATION ADJUSTMENT-ADULT

SCOPE
Provincial: Adult Bariatric Specialty Clinic

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Vice President, Provincial Clinical Excellence

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

To standardize practice and provide support and direction to **health care professionals** working in bariatric specialty care clinics, advising adult **patients** with obesity on adjustment of obesity medications administered in the patient's **home setting**.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

1.1 Adjustment of medications requires a collaborative approach from the patient's health care team. It is important to engage and support the patient, **family** and/or the patient's **most responsible health practitioner (MRHP)** in the goal of achieving individualized targets and providing education related to self-management skills pertaining to medication adjustments.

1.2 The adjustment of obesity medications is restricted to health care professionals who demonstrate competency after receiving the appropriate clinical education competent to perform the interventions in this Protocol and it is within their scope of practice.

1.3 The **accountable leader** at each clinic in collaboration with the health care professional shall determine the initial and ongoing education required for

competency to perform the interventions in this Protocol. This may include specific education on medication(s) and dose adjustments.

1.4 All obesity medications in this Protocol can be held without titration if a major issue(s) arise such as allergy; pregnancy; prescribed narcotics; financial circumstances; or severe side effects not responding to suggestions see section 5.2 and 6.2 below. The MRHP shall be notified to provide direction.

2. Inclusion Criteria

2.1 This Protocol applies only to patients:

a) diagnosed with obesity; and

b) prescribed obesity medication by an authorized prescriber working in an AHS adult bariatric specialty clinic.

3. Exclusion Criteria

3.1 This Protocol is not intended for use in:

a) clinics with pediatric patients with obesity; or

b) non-bariatric specialty outpatient centres or clinics.

4. Acquiring Information

4.1 The health care professional shall consider the following information when providing guidance in determining obesity medication dose adjustments:

a) indication for medication (e.g., long term, pre-operative);

b) length of time on medication;

c) previous dose changes and interval;

d) reported symptoms and their pattern of occurrence;

e) diet/ nutrition plan;

f) current health status;

g) weight trajectory;

h) hunger, satiation, satiety, hedonic eating; and

i) other medications being taken.

4.2 If the patient requests support with side effects/symptoms of obesity medication dosages, the health care professional (case manager) receiving the request shall:

a) confirm the patient's identity by using at least two (2) identifiers as per the AHS *Patient Identification* Policy e.g., the patient's first and last name, preferred method of contact, **unique lifetime Identifier** (ULI) or **personal health number** (PHN,) and birth date on the **health record**;

b) document reported side effects/symptoms, obesity medication doses self-administered by patient/family, and other relevant information in the health record;

c) complete a chart review (e.g., the current obesity medication dose orders, the frequency of administration, nutrition plan, changes in medical conditions if applicable);

d) inquire with the patient if any significant changes in lifestyle have been made, which may include but not be limited to:

(i) frequency of medication administration;

(ii) home nutrition and diet routines including:

- prolong periods of fasting/meal skipping; and
- consumption of fatty foods, simple carbohydrates, and alcohol;

(iii) current or recent illness;

(iv) daily schedule (e.g., shift work, physical activity, etc.);

(v) pregnancy; and

(vi) financial circumstances (e.g., job loss, changes in health and social benefits, etc.).

5. GLP-1 receptor agonists

5.1 The health care professional shall provide education to the patient about:

a) contraindications;

b) use with other diabetes medication;

c) storage;

d) administration;

e) mechanism of action; and

f) possible side effects including but not limited to:

(i) gastroesophageal reflux disease (GERD);

(ii) dyspepsia;

(iii) cholelithiasis;

(iv) nausea or vomiting (often with drug initiation or dose increase);

(v) constipation or diarrhea; and

(vi) hypoglycemia if taking or starting on the following medications:

- gliclazide,
- glyburide,
- glimepiride,
- repaglinide, or
- insulin.

If the patient taking any of the medications listed in section 5.1 vi above and are experiencing signs and symptoms of hypoglycemia, the health care professional shall have the patient stop the obesity medication and shall contact the MRHP for further guidance.

5.2 If patient reports persistent side effects, they may be advised to:

a) maintain at the titration level that they have reached at the time of the reported side effects;

b) return to the last titration level they were on;

c) increase their fluids, and make different food choices while their body adapts to the transition onto medication; and/or

d) follow up with the MRHP if symptoms outside of the typical side effects occur.

5.3 If the patient reports weight loss exceeding three (3) pounds (lbs.) in the previous week, advise holding at current dose until weight loss is less than three (3) lbs. per week.

5.4 If the patient reports a missed dose(s), advise:

a) Liraglutide

(i) in the event of a missed dose, the missed dose should be skipped and resumed with the next daily dose; or

(ii) if doses are missed for three (3) days or more, they may be advised to restart their treatment to minimize any GI symptoms.

b) Semaglutide (weekly dosing)

(i) dose should be administered as soon as possible within five (5) days after the missed dose; resume regular schedule following; or

(ii) if more than five (5) days have passed, the missed dose should be skipped and the next dose should be administered on the regularly scheduled day.

5.5 Health care professional shall not recommend exceeding maximum dose ordered by prescriber:

a) Liraglutide

Week 1	Week 2	Week 3	Week 4	Week 5
0.6 mg	1.2 mg	1.8 mg	2.4 mg	3 mg max

b) Semaglutide

Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17+
0.25 mg	0.5 mg	1 mg	1.7 mg	2.4 mg

6. Naltrexone/Bupropion

6.1 The health care professional shall provide education the patient about:

a) contraindications;

b) alcohol consumption with medication;

c) risk of overdose with use of opioids;

d) storage;

e) administration;

f) mechanism of action; and

g) possible side effects including but not limited to:

(i) nausea or vomiting (often if within 4 weeks of drug initiation);

(ii) constipation (often noted with dose increase);

(iii) dizziness;

(iv) headache; and/or

(v) dry mouth.

6.2 If patient reports persistent side effects, they may be advised to:

a) maintain at the titration level that they have reached at the time of the reported side effects;

b) take medication with food (especially complex carbohydrates and avoiding high-fat meals);

c) change schedule of administration:

(i) for nausea: consider taking medication with an evening meal (before 1800 hours) instead of morning; and/or

(ii) for insomnia: consider taking medication earlier in the day, prior to 1800 hours;

d) pre-medicate with simethicone or bismuth (over the counter medication); and/or

e) follow up with the MRHP:

(i) if symptoms outside of the typical side effects occur;

(ii) before starting; or if other pharmaceuticals are started:

- containing bupropion;
- ticlopidine;
- clopidogrel;
- other psychotropic agents;
- tamoxifen; or
- ritonavir, lopinavir or efavirenz.

6.3 If the patient reports weight loss exceeding three (3) lbs. in the previous week, they will be advised to refrain from titrating up to the next dose increment, until the weight loss rate is less than three (3) lbs./week.

6.4 If the patient reports a missed dose(s), they will be advised to:

a) wait until their next regular time to take it; and

b) do not take more than one (1) dose at a time.

6.5 Dosing recommendations will not exceed maximum therapeutic dose:

Week	Morning Dose	Evening Dose
1	1 tablet	None
2	1 tablet	1 tablet
3	2 tablets	1 tablet
4 - onward	2 tablets max	2 tablets max

7. Documentation

7.1 The health care professional shall document in the patient's health record recommended obesity medication dose adjustments and rationale including the following information:

a) information provided by the patient/family;

b) all education/interventions provided to the patient; and

c) follow-up care recommendations.

DEFINITIONS

Accountable leader means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the Adult Weight Loss Medication Adjustment Protocol. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practices within scope and role.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Home setting means places where patients live and receive care but are not Health Care Facilities (and includes but is not limited to patients' Private Homes, Supportive Living Level 1 [SL1], and Supportive Living Level 2 [SL2] sites).

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Order means a direction given by a regulated health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An order may be written (including handwritten and/or electronic), verbal, by telephone, or facsimile.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

a) a co-decision-maker with the person; or

b) an alternate decision-maker on behalf of the person.

Personal health number means the patient's health care insurance number assigned to the patient by the province/territorial/federal government. (Health Information Act [Alberta]).

Unique lifetime identifier (ULI) means a unique and permanent number assigned to all persons who receive health services in Alberta. ULIs are assigned to all Alberta residents, residents of other provinces/territories or other countries.

REFERENCES

- Alberta Health Services Governance Documents:
  - *Consent to Treatment/Procedure(s)* Policy (#PRR-01)
  - *Patient Identification* Policy (#PS-06)
- Non-Alberta Health Services Documents:
  - *Product Monograph, Bausch Health, Canada Inc* [Contrave (revised 29 May 2020)]
  - *Product Monograph, Novo Nordisk Canada Inc* [Saxenda (revised 12 July 2017), Ozempic (revised 21 August 2020)]