

The role of adjuvant pharmacotherapy in managing patients who regained weight after bariatric surgery: the first Australian experience

Authors: S. Cheah⁽¹⁾, S. Mo⁽¹⁾, O. Fisher⁽¹⁾, G. Rigas⁽¹⁾, D. L. Chan⁽¹⁾, M. L. Talbot⁽¹⁾

Purpose:

Bariatric metabolic surgery induces clinically significant weight-loss in the majority of patients, but is known to be individually variable in its effectiveness. For the estimated 5-10% of patients with a suboptimal response to surgery, there are few adjuvant options other than lifestyle modification and consideration of surgical revision. Therefore, this study aimed to investigate the efficacy and tolerability of liraglutide as an adjunct in patients who regained weight after bariatric surgery.

Methodology: A retrospective study of adult patients attending the Bariatric Unit at St George Private Hospital Kogarah, between March 2016 and April 2018, was performed. Patients who experienced weight regain following bariatric surgery and who had no contraindications, were prescribed liraglutide (1.8 - 3.0 mg /day up to 28 weeks). Median percentage total body weight loss (%weight loss) for these patients was collected after 4 and 7 months of liraglutide therapy.

Results: In this study, 134 patients (42.0 years, 83.6% female) were assessed. The median %weight loss after 4 months of liraglutide therapy was -2.4% (range -2.1 to 6.5%) and was -5.5% (range -5.9 to 27.3%) after 7 months. The main reasons for discontinuation were cost and adverse effects, with the most common being nausea (n=4, 3.0%) and lethargy (n=4, 3.0%).

Conclusion: Liraglutide therapy was shown to be a safe and generally well tolerated adjuvant therapy in this cohort of patients. In the context of limited treatment options, liraglutide can be used effectively as an adjuvant to induce further weight loss in patients who regained weight after bariatric surgery. Larger, randomised controlled trials should be considered to explore this further.