

## **Effective obesity management: It's more than reducing numbers on the scale**

New weight management treatment now available to support weight reduction and chronic weight management in adults

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Today, Novo Nordisk announced the availability of Saxenda® (liraglutide) in Canada, the first once-daily human glucagon-like peptide-1 (GLP-1) analogue for chronic weight management in combination with diet and exercise.

As many Canadians will attest, living with obesity is a daily struggle that can involve emotional distress and physical ailments. While behaviour interventions, like diet and exercise, remain the cornerstone of treatment, drug therapy and bariatric surgery support improved health outcomes for people considered obese, or overweight with a weight-related comorbidity.<sup>1</sup>

Measured primarily by body mass index (BMI), obesity is a condition requiring ongoing management to maintain long-term weight reduction. The prevalence of obesity is on the rise. Approximately one-quarter of the Canadian adult population are living with obesity (BMI  $\geq 30$  kg/m<sup>2</sup>), many who also have a weight-related comorbidity – type 2 diabetes, heart disease, sleep apnea or some form of cancer.<sup>2</sup>

“When we look at obesity overall, we’re still a long way from fully understanding and appreciating the complexities and sensitivities of the disease. Typically, people who already struggle with their weight are at a much greater risk of gaining even more weight,” said Dr. Arya Sharma, Professor of Medicine and Chair in Obesity Research and Management at the University of Alberta, founder and Scientific Director of the Canadian Obesity Network. “One of the major problems is not weight reduction, but rather effective weight maintenance. Also, how to support people with BMIs of 35, 40 and 50 kg/m<sup>2</sup> who are at tremendous risk of developing other serious health problems.”

Yet, according to a recent Leger survey, only three in 10 Canadians (29%) agree that obesity is a chronic condition that cannot be cured and can affect people throughout their lifetime; many Canadians (90%) agree that people living with obesity can achieve a healthy weight by following a combination of diet and exercise alone.<sup>3</sup> Research, however, has

identified a number of related factors, including genetic and hormonal disposition, socioeconomic status, ethnicity, immigration and environmental factors.<sup>2</sup>

“My friends and family couldn’t understand why I didn’t seem to care about losing weight - but I *did* care, and cared a lot,” said Josh Cosford, a Canadian living with obesity. “Every person living with obesity wants nothing more in the world than to be slim and healthy, but we are dejected by years of failed attempts. It wasn’t until I found the support of a healthcare team and educated myself on nutrition that I finally understood the complexities of my condition. Change doesn’t happen overnight, so we need to provide those living with obesity some education, patience and compassion.”

Despite its growing prevalence and the fact that obesity requires long-term management, diagnosis and treatment rates are low as a direct result of the complexity of the disease, lack of treatment and existing stigmas. In fact, according to the Leger survey, a majority of Canadians (86%) believe obesity is a result of personal choices about physical activity and food intake.<sup>3</sup> Unsurprisingly, as many as sixty per cent of Canadians living with obesity have experienced bias or discrimination from a stranger, friend, family member, healthcare professional, employer, colleague or gym trainer, for instance.<sup>3</sup>

Treatment of people living with obesity remains a significant health challenge, and those living with the disease must work with their physicians to develop realistic and sustainable strategies to ensure successful obesity and chronic weight management.<sup>4</sup>

According to Dr. Sharma, “Advances in treatment for people living with obesity continues to be a priority for the successful long-term management of the disease. Clinically, we have found that a body weight reduction of five per cent can be considered relevant. Therefore, treatment options, like Saxenda®, that focus on chronic weight management and maintenance provide the medical community with a way to fill the existing treatment gap. We cannot rely on short-term, quick-fix solutions that only focus on maximizing weight reduction, as this is unsustainable and not a solution for our current obesity epidemic.”

Choice of drug therapy to treat obesity should be based on several factors, including the person’s cardiovascular disease risk profile, dietary habits and concomitant disease.<sup>5</sup> Additionally, a person’s readiness to lose weight must be properly assessed, otherwise, the barriers to weight reduction and the prevention of future weight gain must be taken into consideration.<sup>6</sup>

“Novo Nordisk is committed to improving obesity care by delivering treatment options, tools and support programs that are the result of listening to and learning from people with obesity and those who support them,” said Brian Hilberdink, President, Novo Nordisk

Canada. "We are committed, long-term, to using our expertise to help people with obesity. Saxenda® is our first step into the medical treatment of this disease."

### **About Saxenda®**

Saxenda® is indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m<sup>2</sup> or greater (obese), or 27 kg/m<sup>2</sup> or greater (overweight) in the presence of at least one weight-related comorbidity (e.g., hypertension, type 2 diabetes, or dyslipidemia) who have failed a previous weight management intervention.<sup>7</sup>

Saxenda® is a once-daily glucagon-like peptide-1 (GLP-1) analogue with 97 per cent similarity to naturally occurring human GLP-1, a hormone that is released in response to food intake.<sup>7</sup> Like human GLP-1, Saxenda® regulates appetite and lowers body weight through decreased food intake.

Saxenda® was evaluated in the SCALE™ (**S**atiety and **C**linical **A**diposity–**L**iraglutide **E**vidence in Non-diabetic and Diabetic people) phase 3 clinical trial program, which involved more than 5,000 people with obesity (BMI ≥30 kg/m<sup>2</sup>) or who were overweight (BMI ≥27 kg/m<sup>2</sup>) with at least one weight-related comorbidity.<sup>7</sup>

The most common side effects found with Saxenda® were related to the gastrointestinal system, such as nausea, vomiting, diarrhea and constipation, and were transient.<sup>7</sup> Acute pancreatitis is considered an identified risk for all GLP-1 receptor agonists.<sup>7</sup> Warning and precautions for Saxenda® include the risk of thyroid C-cell tumours, including medullary thyroid carcinoma (MTC).<sup>7</sup> Please refer to the Saxenda® Product Monograph for additional safety information and complete prescribing information.

### **About obesity**

Obesity is a condition that is associated with serious comorbidities, including hypertension, type 2 diabetes, overproduction or deficiency of fats in the blood, certain types of cancer and a decreased life expectancy. The risk of illness and death increases with the severity of the condition. It is a complex and multi-factorial disease that is influenced by genetics, physiological, environmental and psychological factors.<sup>8</sup> Commonly measured by BMI, obesity is defined as abnormal or excessive fat accumulation that may impair health. BMI is calculated by dividing an individual's weight (kilograms) by height (metres) squared, though BMI numbers are widely considered demeaning to the struggle people with obesity go through on a daily basis.

The global increase in the prevalence of obesity is a public health issue that has severe cost implications to healthcare systems. In Canada, approximately 25 per cent of

adults,<sup>9</sup> equivalent to approximately 6.5 million people, live with obesity. Estimates of the economic burden of obesity in Canada range from \$4.6 billion to \$7.1 billion annually.<sup>2</sup>

### **About Novo Nordisk**

Headquartered in Denmark, Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. The company also has leading positions within haemophilia care, growth hormone therapy and hormone replacement therapy. Novo Nordisk employs approximately 39,700 employees in 75 countries, and markets its products in more than 180 countries. For more information, visit [novonordisk.com](http://novonordisk.com), Facebook, Twitter, LinkedIn, YouTube.

### **Further information**

#### *Media:*

Amanda Federchuk	+1 416 486 7231	<a href="mailto:amanda.federchuk@gcicanada.com">amanda.federchuk@gcicanada.com</a>
Jeremy Brace	+1 416 454 7556	<a href="mailto:jmbc@novonordisk.com">jmbc@novonordisk.com</a>
Katrine Sperling	+45 4442 6718	<a href="mailto:krsp@novonordisk.com">krsp@novonordisk.com</a>

#### *Investors:*

Kasper Roseeuw Poulsen	+45 3079 4303	<a href="mailto:krop@novonordisk.com">krop@novonordisk.com</a>
Jannick Lindegaard Denholt	+45 3079 8519	<a href="mailto:jlis@novonordisk.com">jlis@novonordisk.com</a>
Daniel Bohsen	+45 3079 6376	<a href="mailto:dabo@novonordisk.com">dabo@novonordisk.com</a>
Melanie Raouzeos	+45 3075 3479	<a href="mailto:mrz@novonordisk.com">mrz@novonordisk.com</a>
Frank Daniel Mersebach (US)	+1 609 235 8567	<a href="mailto:fdni@novonordisk.com">fdni@novonordisk.com</a>

### **Note to the editor:**

*The Leger survey on obesity was conducted between May 15-May 20, 2015, using Leger's online panel, LegerWeb. 2001 Canadians were surveyed. A probability sample of the same size would yield a margin of error of +/-2.2%, 19 times out of 20.*

## References

- <sup>1</sup> Lau, D, Douketis J, Morrison K, et al. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children. Executive Summary. *CMAJ* 2007;176(8 SUPPL):Online-1-117. Available at: <http://www.cmaj.ca/content/suppl/2007/09/04/176.8.S1.DC1/obesity-lau-onlineNEW.pdf>. Accessed May 2015.
- <sup>2</sup> Public Health Agency of Canada. Obesity in Canada: A Joint Report from the Public Health Agency of Canada and the Canadian Institute for Health Information. [https://secure.cihi.ca/free\\_products/Obesity\\_in\\_canada\\_2011\\_en.pdf](https://secure.cihi.ca/free_products/Obesity_in_canada_2011_en.pdf). Accessed May 2015.
- <sup>3</sup> Leger Obesity Survey, May 15-May 20, 2015.
- <sup>4</sup> Canadian Obesity Network (CON). 5 A's of Obesity Management. [http://www.obesitynetwork.ca/5As\\_core\\_principles](http://www.obesitynetwork.ca/5As_core_principles). Accessed May 2015.
- <sup>5</sup> Douketis J, Sharma, A. Pharmacotherapy for obesity — adults. Article 14. *CMAJ* 2007;176(8 SUPPL):Online-1-117. Available at: <http://www.cmaj.ca/content/suppl/2007/09/04/176.8.S1.DC1/obesity-lau-onlineNEW.pdf>. Accessed June 2015.
- <sup>6</sup> Hramiak I, Leiter L, Paul T, et al. Assessment of obesity and its complications in adults. Article 6. *CMAJ* 2007;176(8 SUPPL):Online-1-117. Available at: <http://www.cmaj.ca/content/suppl/2007/09/04/176.8.S1.DC1/obesity-lau-onlineNEW.pdf> Accessed June 2015.
- <sup>7</sup> Saxenda® (liraglutide), Novo Nordisk Canada Inc., Product Monograph, 10 June 2015.
- <sup>8</sup> Agborsangaya C, Majumdar S, Sharma A, et al. Multimorbidity in a prospective cohort: Prevalence and associations with weight loss and health status in severely obese patients. *Obesity (Silver Spring)*. 2015 Mar;23(3):707-12. doi: 10.1002/oby.21008. Epub 2015 Feb 13. Accessed 26 February 2015.
- <sup>9</sup> Public Health Agency of Canada & Canadian Institute for Health Information. Obesity in Canada, 20 June 2011. <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/index-eng.php> Accessed 26 February 2015.