

Glucagon-Like Peptide-1 Receptor Agonist (GLP1-RA) therapy can be initiated and managed safely, with high patient satisfaction, as part of a digital and remote Tier 3 obesity service.

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Background

Tier 3 obesity services are being revolutionised by the arrival of GLP1-RA therapies, such as Saxenda®. These drugs have been shown to be highly effective in promoting weight loss in landmark trials. However, concerns exist that their reach may be limited by the lack of sufficient multidisciplinary Tier 3 services in the UK. The ability to provide a remote service for injectable GLP1-RA initiation and management provides significant scope for overcoming patient access barriers, provided this is safe and acceptable to patients.

Aim

To develop and evaluate a digital, remote Tier 3 obesity service that provides patients with the confidence and support required to safely initiate and manage injectable GLP1-RA obesity therapy (Saxenda®).



Method

Saxenda® was prescribed as part of a comprehensive 12 month digital and remote tier 3 weight management pathway. A random sample of these patients (n=47) were invited to provide feedback via a structured telephone survey. Patients were included regardless of treatment continuation status. 32 patients (68%) provided feedback. Adverse event data was systematically collected for all participants on the programme and analysed.

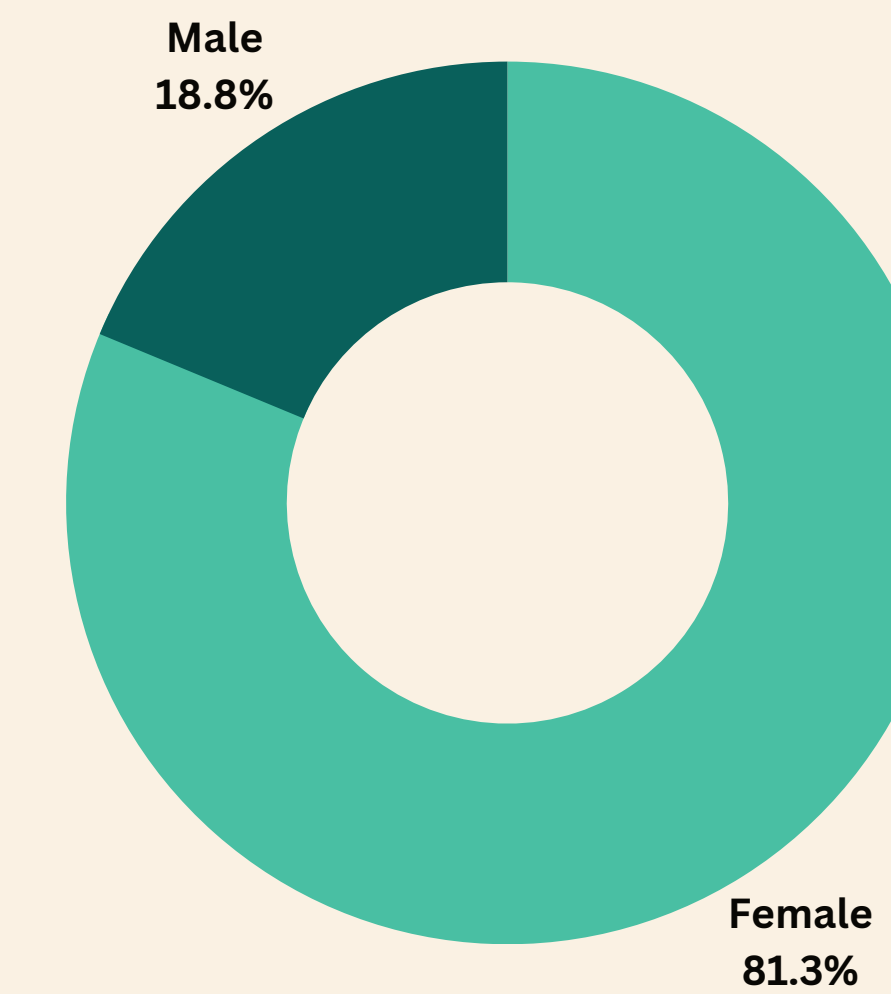
Results

Across all ten questions, the proportion of responses that were positive ('Good' or 'very good') was above 93% (range 93.8%-100%). The proportion reporting their overall experience as positive was 96.9% [95% CI* 84.3% , 99.5%], with 90.6% reporting their overall experience as 'very good' [95% CI* 75.8%, 96.8%]. The proportion confident in initiating treatment following remote consultation was 93.8% [95% CI* 79.9% , 98.3%]. No serious adverse events were reported for any GLP1-RA patient on the programme (n=111).

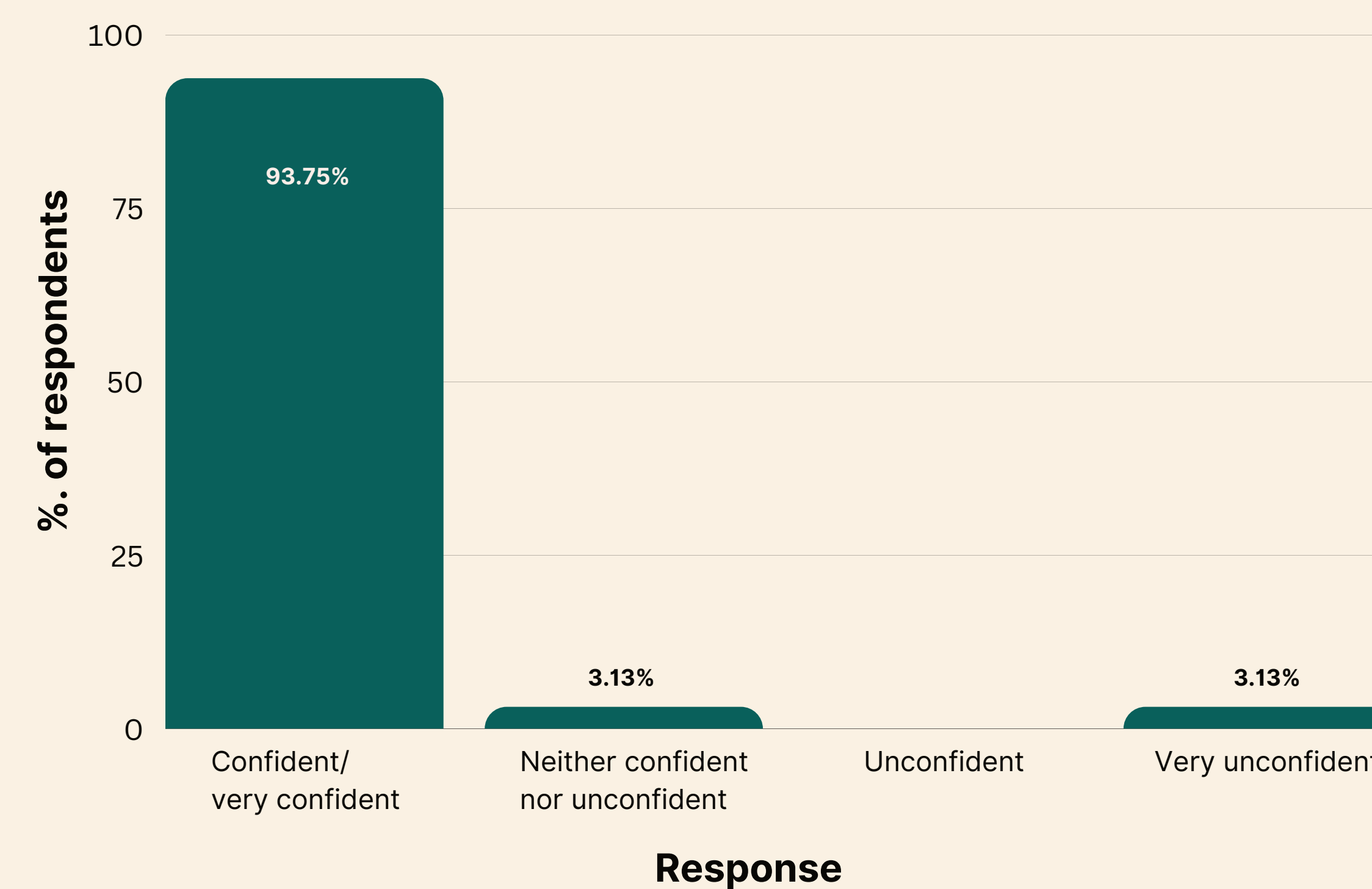
*Point estimates and two-sided 95% exact confident intervals are based on the Wilson score interval method.

★ Demographics of respondents

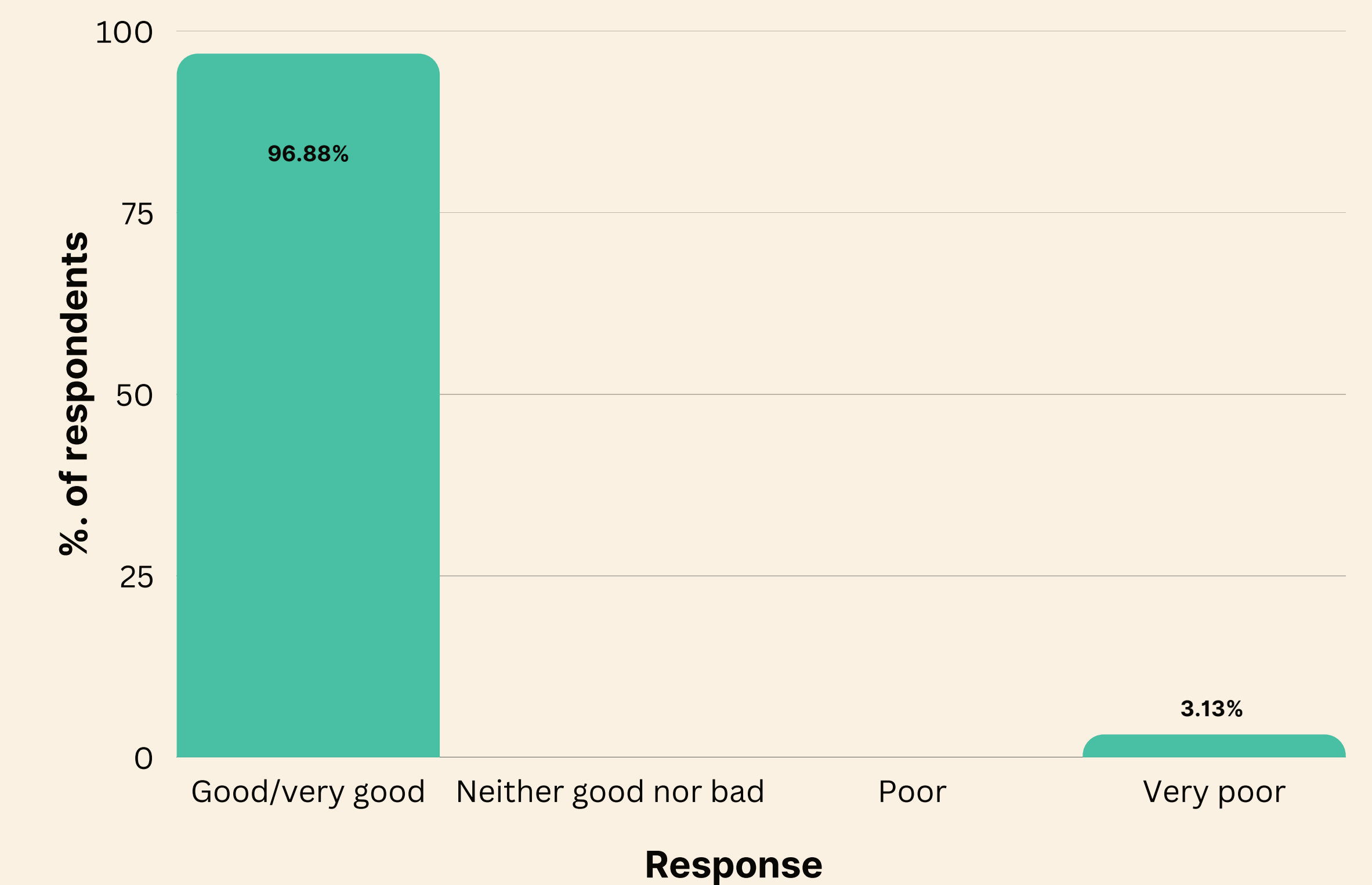
Age category	Count	% of Total Population Surveyed
26-35	4	12.5%
36-45	13	40.63%
46-55	6	18.75%
56-65	4	12.5%
66+	5	15.63%



★ Patient confidence in starting treatment with Saxenda after remote onboarding (n=32)



★ Overall satisfaction with the remote Saxenda consultations and weight management to date (n=32)



Conclusion

The results demonstrate that a remote specialist Tier 3 weight management service was highly effective in providing patients with the confidence and support they need to start and manage injectable GLP1-RA obesity therapy. No safety concerns were identified in the adverse event data. Remote services can be a safe and highly acceptable means of overcoming patient access barriers to the emerging injectable obesity therapeutics.

