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STEP TEENS: Semaglutide 'Gives Hope' to Adolescents With Obesity

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illy led the SCALE TEENS [clinical trial](#) of liraglutide (Saxenda), also a glucagon-like peptide (GLP-1) agonist like semaglutide, for adolescents aged 12 to < 18 years with obesity, which assigned 125 participants to the daily injectable liraglutide group and 126 to the placebo group. SCALE TEENS was presented and published in May 2020, leading to the [approval](#) of liraglutide for obesity in this age group, in December 2020.

elly called on two experts who were not involved in the research to offer their comments, starting with Claudia K. Fox, MD, MPH.

"These results are mind-blowing," said Fox, who is associate professor of pediatrics and co-director of the Center for Pediatric Obesity Medicine at the University of Minnesota Medical School.

"We are getting close to bariatric surgery results" in these adolescent patients with obesity, added Fox, who is an American Board of Obesity Medicine diplomate. To have 40% of patients attain normal weight, "that's massive" and "life-changing," she said. And improvement in quality of life is what families care most about. "I am super excited," she commented.

Next, Kelly called on Sarah C. Armstrong, MD, director of the Duke Children's Healthy Lifestyles Program, Duke University, Durham, North Carolina.

Armstrong is a member of the Executive Committee for the American Academy of Pediatrics Section on Obesity and a co-author of the upcoming clinical practice guidelines that are being published, which will also be discussed at ObesityWeek[®] 2022.

Looking at more than 16,000 abstracts at the meeting shows that "watchful waiting is not effective," Armstrong said.

200 Teens With Obesity, Only 1 With Overweight

Obesity affects almost one in five children and adolescents worldwide. The chronic disease is linked with decreased life expectancy and higher risk of developing serious health problems such as type 2 diabetes, heart disease, nonalcoholic fatty liver disease, sleep apnea, and certain cancers. Teenagers with obesity are also more likely to have depression, anxiety, poor self-esteem, and other psychological issues.

STEP-TEEN enrolled 201 adolescents ages 12 to < 18 years with obesity (body mass index [BMI] \geq 95th percentile) or overweight (BMI \geq 85th percentile) plus at least one weight-related comorbidity.

Only one recruited patient fit the latter category; the rest had obesity.

Most patients (62%) were female. They had a mean age of 15.4 years, a mean BMI of 37 kg/m², and a mean waist circumference of 110 cm (43 inches).

Patients were randomized 2:1 to receive a once-weekly 2.4-mg subcutaneous injection of semaglutide or placebo for 68 weeks, plus lifestyle intervention.

Weghuber noted that 89.6% of patients in the semaglutide group completed treatment.

The primary endpoint, mean change in BMI from baseline to week 68, was -16.1% with semaglutide and $+0.6\%$ with placebo (estimated difference, -16.7 percentage points; $P < .001$).

A second confirmatory endpoint, at least 5% weight loss at week 68, was met by 73% of patients in the semaglutide group versus 18% of patients in the placebo group ($P < .001$).

Reductions in body weight and improvements in waist circumference, A1c, lipids (except HDL cholesterol), and the liver enzyme alanine aminotransferase were greater with semaglutide than placebo.

The Impact of Weight on Quality of Life – Kids (IWQOL-Kids) questionnaire total score as well as scores for body esteem, family relation, physical comfort, and social life were better in the semaglutide group.

However, the incidence of gastrointestinal adverse events was greater with semaglutide than placebo (62% vs 42%).

Five participants (4%) in the semaglutide group and none in the placebo group developed gallstones (cholelithiasis).

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