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Structured Dose De-Escalation Mitigates Weight Regain Following Discontinuation of Obesity Pharmacotherapy: 12-Month Real-World Outcomes

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Obesity Week 2026



1 Background

Stopping GLP-1 receptor agonist-based obesity pharmacotherapy is common and may be driven by cost, tolerability or patient preference

Abrupt cessation in clinical-trial extensions has been associated with substantial weight regain.

Real-world evidence for structured, patient-centred withdrawal strategies remains limited.

2 Objective

Evaluate outcomes following a structured, clinician-guided dose de-escalation strategy in patients electing to discontinue obesity pharmacotherapy.

3 Methods

Real-world observational cohort of 20 patients managed at Weight Loss Wales, a fully virtual, physician-led, Healthcare Inspectorate Wales-accredited obesity clinic.

Monthly incremental dose reductions were made only when weight stability was maintained at review.

Patients were followed for 12 months Treatment cessation aligned with patient preference after treatment discontinuation.

Structure GLP-1 therapy dose de-escalation pathway

- ✓ Clinically meaningful weight loss achieved
- ✓ Patient chooses to stop treatment

→ Monthly dose reduced → Review weight stability at monthly touchpoints

- Stable: Reduce dose further
- Not Stable: Re-escalate or increase dose if desired

Treatment cessation aligned to patient preference and weight stability

12 month follow-up period

4 Results

At 12 months after structured de-escalation and treatment cessation, mean weight regain was 4.2%, lower than reported in published clinical-trial extension studies.
No patient experienced rapid or clinically significant rebound weight gain. Follow-up engagement was maintained; satisfaction with gradual withdrawal was high, particularly among those stopping for financial reasons.

20
Patients managed virtually
at Weight Loss Wales

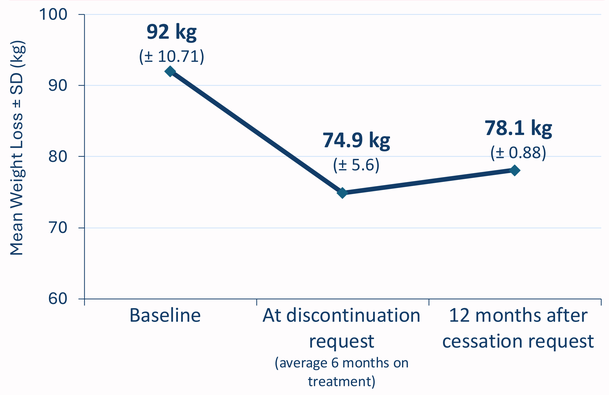
18.2 %
mean weight loss
at discontinuation request
(average treatment duration of 6 months)

4.2 %
mean weight regain
at 12 months
→ No patient experienced rapid or clinically significant rebound weight gain

0 / 20
experience rapid or clinically significant rebound weight regain

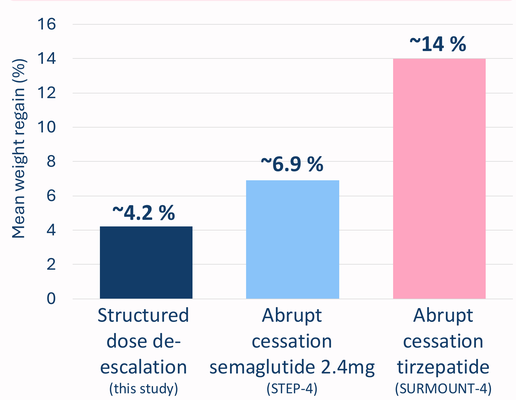
High
patient-reported satisfaction, particularly those stopping for financial reasons

Mean Weight Over Time (n=20)



Mean body weight during structured dose de-escalation and 12 months after treatment cessation (n=20). Mean body weight decreased from 92 kg (SD ± 10.71) at baseline to an average of 74.9 kg (SD ± 5.6) at discontinuation request (average 6 months on treatment). 12 months after receiving cessation request, average weight regain was 3.2 kg, giving a final mean weight of 78.1 kg (SD ± 0.88). Values are presented as mean ± SD.

Mean Weight Regain (%)



Weight regain following obesity pharmacotherapy discontinuation. Mean weight regain was 4.2% at 12 months in the WLW cohort (n=20). STEP-4 reported a mean body-weight change of +6.9% (95% CI 5.8–7.9) from weeks 20–68 (48 weeks; treatment-policy estimand), while SURMOUNT-4 reported +14.0% (95% CI 12.8–15.2) from weeks 36–88 (52 weeks; treatment-regimen estimand) following switch to placebo. Cross-study comparisons are descriptive and not head-to-head.

5 Discussion

Findings suggest planned, clinician-guided de-escalation may mitigate rebound weight regain and support patient autonomy when ongoing treatment is not feasible.

Patient-centred care is key to high satisfaction, sustaining engagement and supporting weight maintenance patient's needs and preferences

Small cohort and observational design limit inference; limit inference; findings should be hypothesis- generating, not proof of causality.

6 Conclusion

In this 20-patient real-world cohort, structured dose de-escalation was associated with minimal mean weight regain at 12 months after discontinuation, lower than abrupt treatment stopping seen in published clinical trial data. Larger prospective studies with appropriate comparator groups are needed.

References

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Disclosures

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