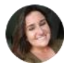
Katie Caviness-Crolley 0:10



Welcome to Medicine Made General, where real doctors break down real health issues. Do you have questions about your health? We've got clear, practical answers. In each quick episode, we're breaking down buzzy, sometimes baffling medical topics with no complicated language. I'm Katie Cavanus Crowley, Communication Specialist for the Division of General Internal Medicine at John.
Johns Hopkins, GIM for short. I'm joined by my co-host, Dr. Bimal Asher, the interim director of GIM. Hi, Bimal.

Bimal Ashar 0:37

Hi, Katie. Great to be with you for our third official podcast. So I hope you're doing well. This today we are. I'm real excited. OK, we're delighted to have Doctor Selvi Rajagopal on Medicine Made General and she's going to talk about the evolving roles of.

Selvi Rajagopal 0:40

OK.

Bimal Ashar 0:57

GLP One medications like azempic, Wagovy, Monjuro and Zep Bound, which I'm sure A. lot of people have heard of. Welcome to the podcast, Selvi.

Selvi Rajagopal 1:09

Hi, nice to be with you guys.

Bimal Ashar 1:12

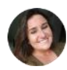
So Selvi, you're in addition to being an internal Medicine physician, you're trained in pediatrics as well. So you span the lifespan of of patients, but you specialize in medical weight management and obesity medicine. For our listeners, why don't you tell us A. little bit more about the work that you do and.
how you actually got to be interested in this in this field.

Selvi Rajagopal 1:36

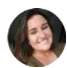
Yeah, thank you. So my interest in medicine started off with just enjoying being a part of like a positive human interaction from a young age. I grew up seeing my dad,

who's a a surgeon, had these positive interactions with people and realizing this is a really rewarding path in life.
And then as I went through medical school, realized I really like understanding how the body works for both kids and adults. And I have lots of questions. I'm a curious person and I'd like to be able to treat all of them. And if I had to actually pick, I'm probably partial to the youngest ones and the oldest ones. So I kind of just.
Was like, how do I merge the two and found that internal medicine Pediatrics training existed. And so I went into that space and during the course of training always had a little bit of mind of well, how do we actually prevent what we're seeing in, you know, in the wards, in the hospital and it's can be a little bit frustrating to feel. You can't do more than put a Band-Aid or write a prescription for someone. And so that path led me actually back to school. After I did my Medicine Pediatrics training, I came to Hopkins to do a preventive health residency training combined with a master's in public health. And the whole idea here was to understand a little bit more about.
The health care system to understand how do we, at a population health level, actually improve people's chances at a better life and health. And then within that, I decided to focus my education in nutrition because it's always been a just a passion of mine on a personal level is understanding how nutrition affects the body.
And how lifestyle changes can impact that. So I really focused my education on nutrition, food policy and and was fortunate enough to find out that a couple of my faculty members actually were were doing medical weight management. And so I had a little bit of exposure to obesity medicine during my residency, actually through a pediatric clinic.
But asked if I could make my residency continuity experience in obesity medicine during my my Prev Med training. And so I had about two years to really start to really understand what obesity medicine was. And then I realized, well, where else can I utilize my interest in nutrition and lifestyle and also chronic disease management? And you know, as a clinician and have all of these skills together and that's how I, you know, I had the perfect marriage with obesity medicine. So it's really a natural transition and felt like a very rewarding way to practice. So that's how I landed here. And right now what I do, I have the opportunity to work with patients one-on-one in our medical way.
Management program at Hopkins, it's called the Healthful Eating Activity and Weight Program. I've been here now for five years on faculty and I currently direct our

program and we take care of individuals from 16 years all the way through adulthood. So it's been a joy to be part of growing this, this practice that we have.


Katie Caviness-Crolley 4:36
Thank you for that, Sophie, and thank you for being here. I'm glad your pathways led you to us. So let's go ahead and get into this. Before we get too deep into the discussion on GLP ones, let's back it up A. little bit and just take A. look at weight in general. Can you talk about typically what happens to most people's weight as they age into adulthood?
Specifically looking at A. certain point in life, is there A. need to cut down on how many calories we're eating?

Selvi Rajagopal 5:02
Yeah, this is a really good question. And I think that the the most important thing to understand about how our our weight or our, you know, energy needs change really has to do with how our body composition changes. And this term body composition is something that perhaps is maybe I think now actually.
In maybe social media or in the news or even in medical literature a little bit more. But really what body composition means is what is your specific body made of? What about what? You know, how much water do you have? How much bone mass do you have? How much lean muscle do you have and how much fat do you have? And for each person that's going to be.


Katie Caviness-Crolley 5:36
Mhm.

Selvi Rajagopal 5:41
Different. And so, you know, we know that in general, you know, going from infancy through adolescence and early adulthood, this is like the most rapid time, right, in the human lifespan of growth and expansion. And we need, you know, lots of energy to support that, to support brain development all the way through, you know, 25 years.
But after 25 years of age, the body does start to have some signs of aging. And one of the things that can happen is through each subsequent decade of life, we actually start to lose lean muscle mass. And there's a certain percentage of muscle mass loss

that happens each decade of life.
This rate of muscle, which kind of a medical term, the atrophy, muscle atrophy, happens at a little bit of a faster rate after the age of 40, particularly for women around menopause when they start to lose estrogen because estrogen is actually very protective and helps us to actually.
Keep keep muscle mass on. And so if there's nothing else done, no intervention done, if someone's just going through life, you know there is going to be a change to this body composition. And the importance here when it comes to weight and energy expenditure is that.
Our muscles are really the biggest energy stores in our body. I shouldn't say energy stores. They're like the metabolic engine. They are where we burn the most energy, if that makes sense. And so if we lose that muscle tissue, we are just not going to burn as much energy at rest, right? And so as you go through life, you may actually in fact be burning less.
Energy at rest. And you know, unless all of us is, unless you're a hamster on a wheel, you know, sitting all the time, you're not going to make up for that deficit in your energy expenditure. And so with that said, yes, I think that many adults, especially in the modern day, where we're not all doing exercise all the time, we are.
Losing, we are losing some of that that ability to maintain our weight if we eat the same. And so caloric needs may in fact change as we age. But it's hard to make a blanket statement here. I hesitate to do that with most of these types of things because so individual, right?

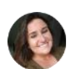
Bimal Ashar 7:50

Yeah. So along those lines, you know, so we've been taught kind of to focus on body mass index or BMI and you know, people have been told, oh, well, your BMI is high or or something like that. But is that really what people should be focused on or are there other kind of simple measures that really tell more?
More of A. story on whether whether they need to lose weight, per SE.

Selvi Rajagopal 8:14

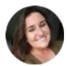
Yeah. So you know, body mass index came into existence from a life insurance company back in the 50s and it really has come into common use because what was what was found is that, you know, using these these thresholds that were created, the body mass index, we were people were able to predict.

People's chances of dying early or developing disease early. We call that morbidity and mortality, mortality, morbidity, right. So, so I think you know if we look at a population level and we apply body mass index thresholds.
It does tend to correlate or be associated pretty reliably to having increased risk of early death or disease, and so it's useful at a population level and when we look at, you know, just traditional healthcare settings.
Primary care clinic or any clinic you go into, it is helpful as an initial screening tool to understand, hey, if someone's body mass index is on the higher end that or it's rising through adulthood where we know that people's energy needs are generally going down right, that perhaps there is going to be an increased risk of disease. Does it tell the whole?
Story No. Is it sufficient to really fully make a decision about management? Not always, right? And so I think that if someone is noticing weight gain and they want to understand is this problematic or not, it's probably good to get some additional data and the additional data that.
Might be useful is taking a look and saying where is my fat distributed? Where am I gaining weight? You know, specifically, am I gaining weight in my midsection? That's an important metric and we actually have specific measurement types that measurement tools I should say that are used sometimes in research and actually.
In fact, the European Association for Obesity actually has now proposed that they change their definition to classify obesity to where we actually use waist circumference as part of this measurement, and so you could get your waist circumference measured over time. The reason waist circumference is so helpful is because we know that.
The more weight we carry in our midsection, the more likely it is that we're also going to carry fat in our organs. That's and that fat in our organs is actually what tends to be harmful because it tends to be what actually leads to really at A. cellular level, many changes that cause diseases like diabetes and cardiovascular disease.


Katie Caviness-Crolley 10:37
Mm.

Selvi Rajagopal 10:45
Disease. So keeping an eye, keeping an eye and understanding where weight is distributed is important. One more point I'll add to that is just going to your doctor

for your basic physical and checking in to find out, hey, do I have based on blood markers, emerging diabetes risk or high cholesterol? How's my blood pressure looking?
These types of things and these are, we know weight related conditions in many situations. And so for that reason you have to tie all this information together to really qualify, you know what that body mass index means for you.


Katie Caviness-Crolley 11:21
That's interesting. So moving the conversation more towards GLP ones, you know, those were originally developed to treat diabetes, but they're now widely used to support weight management. What do these medications actually do in the body and why do they help with weight loss?

Selvi Rajagopal 11:28
Mhm.
Mhm.
Yeah.
Yeah, yeah. So these medications were found when they were being studied for patients with diabetes to have A. secondary benefit for weight loss. And so this was, you know, really looked at A. little bit more closely and what we've identified.
By are two major or two main pathways through which people seem to be able to lose weight easier when they take these medications. The first pathway has to do with what the what what type of signaling is happening when we when we use the medication. So GLP one is just an acronym for A. type.
Of a gut hormone that our body naturally produces. And so when we take this medication, that hormone is being mimicked in the body, right? And it's actually being activated. And so when that gets activated, our body makes a hormone called insulin. And most people have heard about insulin, but it's a.
It's A. normal hormone to be produced when we eat food and we have A. meal. And so when insulin is made during A. meal, it actually sends A. signal to our brain. And we have A. very important part of our brain called the hypothalamus that keeps everything in control, especially making sure that we're not starving, right? And so and that we eat enough sometimes.
Right. We need A. little support there. Things are are right. So with this medication and with this activation of the GLP one signal, the brain actually gets this, this, this

kind of feedback with insulin in the brain saying, hey, there's food entering the GI tract.
I don't need to keep looking for food. I don't need to keep thinking about food. And so it really dampens what I like to call food noise, really dampens that urge to keep eating. And so that's one of the primary reasons that it's easier for people to control their portions and to just not think about food as much. The second reason that it's really beneficial is because.
It slows down how quickly food leaves the stomach after A. meal. So you might already be eating A. smaller portion because you have less of A. signal from the brain, but then also you get full, you know, pretty quickly stay full longer. And so in between meals maybe you'll snack less. And so between both of these pathways, people just consume less overall calories.
And they seem to have weight loss.

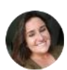
Bimal Ashar 13:54

Boy, that's that's thank you for that overview because that actually really summarizes nicely how these medications work because I don't think most most patients really know what to expect. And yet it's an incredibly popular group of medications. I'm sure I know I in my practice get a ton of requests to.
Talk about the medications and I wonder, you know, what's your approach about introducing them to into a treatment plan with a patient?

Selvi Rajagopal 14:25

Yeah. So the way I like to approach my initial consultation with A. patient is understanding, you know, what are what is the goal behind weight loss. The weight loss itself, I don't believe should be the goal. There's always something attached to it. So is it going to improve your quality of life? Is it because you really?
We have to reverse some serious health conditions that are associated with weight gain and then we try to establish what does that look like. So do we need to actually try to achieve, you know, 30 lbs of weight loss or 40 lbs or you know on percentage points, right, if we 10% or 15% or 20% weight loss. So we try to establish.
Those goals, those big picture goals first. So once I understand those big picture goals, then I think about, well, what types of interventions, what types of tools do we need to employ in order to support this person toward that big picture goal? And we have A. good deal of scientific literature that helps.

To guide us to understand what types of interventions seem to help people achieve different amounts of weight loss and different amounts of disease, you know, improvement. And we know that basic lifestyle interventions alone often are helpful for people to achieve somewhere between 5 and 8% weight loss.
It's really exceedingly difficult for people just changing their diet and exercise habits to actually achieve 10% weight loss or more weight loss and actually keep it off. And there are reasons for that. There are actual physiologic reasons for that. The body has some coping mechanisms when there is A. substantial reduction in weight.
And there's A. substantial reduction in calories. And so it really becomes A. fighting, losing battle and A. fighting, you know, game for A. long time for people. And which is why we see people, you know, diet, regain weight, diet, regain weight. And so really to help someone more sustainably lose weight, but also to help them get ultimately to that.
Big picture goal that might be greater than 10 or 15 weight loss. I might consider A. medication like one of the GLP ones, because the GLP one medications in the in the whole scope, in the I guess sphere of medications for weight loss, A. bit more potent in their efficacy and they do tend to produce A. higher percentage of.
Weight loss compared to some of the older medications that we've had. So I I think about it first in terms of, you know, the goals that the patient has to ultimately achieve and also you know what is their journey to get to that goal? How difficult is it going to be with lifestyle changes alone versus, you know, versus not?

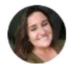

Katie Caviness-Crolley 17:00
Hmm.
Sophie, I have a question. So with so much public interest and all of the hype and all the headlines we've seen around these medications, what do you think the public often misunderstands about them? Sometimes it just sounds a little too good to be true.

Selvi Rajagopal 17:03
Mhm.
Yeah, yeah. I think that there's misunderstanding both on the benefits of the medications and also on the risk of the medications. I think by and large, at least the population that I work with seems to understand that they are, you know, helpful for weight loss, that they are helpful to address.

Katie Caviness-Crolley 17:23
Mhm.

Selvi Rajagopal 17:35
Various health conditions even now, right? Besides just obesity. And I think, and I think that part is good. I think where we really need to do some work to educate folks is, you know, the benefits. Sometimes I think there's A. lot of headlines out there where people will say.
This person's gambling addiction got better. There's an association with, you know, like these drugs, you know, completely get rid of the addiction or these drugs affix dementia or these drugs. There's so many claims out there. Some of these claims are based on preclinical research or very early research, which is, which is great.
And I think it's, you know, promising that there are these potential benefits. We know that the GLP one molecule is not just in the gut, it's in the receptors in other places in the body, like in the brain. So there May in fact be in the future some, you know, kind of truth or science to support these claims.
But I I hesitate when people, you know, want to attribute everything to A. medication before we have that science to back it up and to think that it's also A. cure-all, that it is the only thing that's going to make them somehow magically, you know, happy and healthy in life. And it doesn't work in isolation. So that's another piece.
Is.
People think sometimes that if I don't have this one medication, it's this robust. There's nothing else I can possibly do. And I think the concept is that, you know, for A. lot of individuals who have been experiencing, you know, weight gain throughout their life or throughout their adult life, especially, yes, they May very well need A. medication support to help regulate hunger and.
Signaling that is there, but it doesn't necessarily have to be just this type of medication and the medication does need to be combined with some changes to someone's lifestyle in order to actually be most useful. So that's just from the benefits side.
From the risk side, I think there's some concerns that people have about cancer, about kidney failure, about just, you know, different types of potential like complications that really haven't been founded in the literature. And again, this is just because we live in.

World where media dictates so much and and provides so much information for folks. So I think those are some of the things that we we see there. Does that answer the question there?


Katie Caviness-Crolley 19:53
Yeah, that was fantastic. Thank you.

Selvi Rajagopal 19:54
Yeah.
Yeah.
Yeah.

Bimal Ashar 20:14
All of A. sudden the weight comes back and you know, it's A. very, very, I mean, it's A. struggle for just about everybody. But then these medications came out and you know, I wonder, you know, I think one of the things is I've had patients come to me and say, you know, I just want to try the medication. I just need A. kickstart or A. jumpstart.

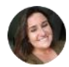
Selvi Rajagopal 20:20
OK.
Yeah.

Bimal Ashar 20:34
But aren't these medications meant to be, you know, treating A. chronic condition and not so much just for A. short-term use? And do you tell patients that they're going to be on it forever or what's your approach there?

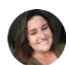
Selvi Rajagopal 20:42
Yeah.
Yeah, it's a very important question, a good question. And probably one of the other bigger concerns that a lot of people will have when they approach me is they say I'm interested in this medication. I don't want to be on medication the rest of my life. That's probably one of the most common things that people say. And then I have to come back with them and say, well.

If you have been on this medication that's been treating your blood pressure or that you're taking because you had a heart attack at some point, like an aspirin or a cholesterol lowering medicine, and it's working right, it's helping to prevent recurrent heart attacks or your blood pressure's finally under control.
Are you then going to stop that medication because now you're in control, assuming that everything is just going to, you know, be normal? And the answer is no, right? If we have worked really hard with medications and therapies to get people to a point of control, we want to keep it that way. And obesity, as I said earlier, you know, it often represents a dysregulated.
Process in the body and and this process is not going to go away right with just a short-term use of a medication or with a lifestyle lifestyle change on a short-term basis. And so really these are long-term medications.
I think what I hesitate to say to people is that you have to be on this medication forever. And the reason I say that is because like with any medication or any therapy, things are evolving in, you know, our understanding of the the body and of what we can do.
And so even today, there's easily, right, probably 20 medications in the pipeline that are, you know, looking at different pathways in the body of how do we really address obesity at multiple, you know, kind of areas and like different pathways in the body. And so I don't know what's going to happen in, you know, 10 years, right. And so that's the reason I.
Say I don't know. The other thing that remains to be seen is long-term research on people who are taking medications and coming off, going back, what happens? And so we don't have really a formal guideline to guide us in this in this space yet.
But I think in general, if somebody has struggled with weight for a long time, they have tried to make some concerted lifestyle changes and they've struggled. The research is very clear, very clear that people are going to do better if they have support from a medication and whether it's a GOP or another medication and I think that part.
We just need to educate our patients about and it's part of removing the stigma away from weight gain and obesity as well. And I have to tell my patients, don't stigmatize yourself here just because society has made it seem like this is a blame game, that this is a willpower issue, that you've gained weight.
Don't buy into that, right? People think that I should just get a kickstart and then I should be able to willpower this on my own. But we're failing to recognize that this is

a much deeper process that you don't have full control over, you know, just in your mind. And I think when we take away that stigma and that blame, it becomes easier for people to just say, OK, this is part of my medical plan, this is part.
My treatment.


Katie Caviness-Crolley 23:52
So say I'm your patient, you know, in the first few weeks or months that I'm on this medication, what would I maybe experience? Side effects results?

Selvi Rajagopal 23:54
Yeah.
Yeah. So first side effect I would say for most people is probably going to be something in the gastrointestinal system. This medicine works by and large in the GI tract and I would say most commonly nausea is probably the top side effect that I that I hear and that is reported.
Other than that, I would say Constipation or diarrhea, some sort of a change in bowel, bowel regularity. And these are side effects that usually as the body adapts to the medication, they do get better. People also alter their lifestyle, whether it's adding more fiber, drinking more water, et cetera, to kind of assist.
With managing the side effects, but it's it's something that I think for almost 90% of patients regardless of which GLP one medication they are on, they may experience this in the early weeks and and also with dose escalation it may occur and then usually kind of taper off.
Now you also asked, I believe, the results, right? How quickly do results go up? Yeah, so the medication takes about twenty-four hours to get to peak concentration in the body. And so people typically in that first one to three days notice the most profound effects on their appetite. And so you'll know pretty quickly.


Katie Caviness-Crolley 25:06
Yes.

Selvi Rajagopal 25:22
If it's making an impact. Now with that said, and this is again where we're in early days here and we don't have pharmacogenetics up to speed to be able to predict, but some people are going to respond faster than others. Some people are going to

feel that even at the lowest dose of the medication.
Wow, this is so different. I cannot eat the same. You know, some people, they have to get to the highest dose before they notice something, or maybe they won't notice it if they get to the highest dose. And we don't fully understand yet. There's probably some differences genetically and how people metabolize drugs and respond to certain hormones that is going to dictate.
that. But that's usually the the path that people experience.

Bimal Ashar 26:08
Yeah. And and so, you know, in addition to, I mean, we know that the demand is huge, but one of the biggest barriers has been the cost of the medications that are quite expensive and then insurance coverage is incredibly variable and you know some.

Mhm.

Bimal Ashar 26:27
People have turned to these compounding pharmacies or online sites where they'll send you A. compounded mixture of some of these medications. I'm just wondering.

Yeah.

Bimal Ashar 26:43
How do you counsel your patients on the cost of these medications, especially since you're saying that it's probably going to be A. lifelong or close to, I mean, certainly A. chronic use of the medication?

Yeah, yeah. So it is definitely a real challenge. I think that it is not, it's really, you know, I think an issue of equity in terms of, you know, people being able to access medication for for sickness and for and for a very serious condition like obesity. Now, you know, what can we expect now and what can we expect in the future? I think that we're going to move in a positive space. For now, what I try to do is, you

know, say because this is something that I think you should be on continually, let's figure out if you have a way of sustainably paying for this, whether through insurance.

Or out of pocket. There are, you know, savings programs and things like that that come up that sometimes make it a little bit easier. But if it's not something that is reasonably affordable for someone, we may need to think about some alternative tools to support their weight, whether it is an oral medication option or whether or not the patient.

As a candidate for a bariatric procedure or just thinking about other methods within our lifestyle efforts to support them. And sometimes, you know, people can actually use these medications as an initial kind of therapy to have a little bit more aggressive weight loss in the beginning and by aggressive.

I I by no means want to suggest, you know, losing 20 lbs in a month or anything like that. I I typically don't want anyone losing more than two lbs a week, but but if they have, you know, a large percentage of weight loss as a goal, 20% weight loss, we say maybe let's try to use it for a few months and help you get that first, you know, 5 or 10% off.

And then maybe we can transition you to a cheaper medication that then can help you get the rest of the way there. And if insurance changes, then support your ability to be able to take the medication again, great. So I think we just have to be creative in this inequitable world we live in. The other thing that I wanted to point out that's I think going to be good for the future is that.

Just with the advent of so many different agents, with the fact that, you know, these drug companies are coming out with things that they want to promote, the cost of the currently available medications that are still pretty steep, I I believe will come down. And so just the way that Ozempic a few years ago was pretty inaccessible for a lot of people, it's now.

Much more commonplace to be covered by insurances. And so I think we will just see that market pressure and these changes happen over time so that it should get a little bit cheaper. And then the other thing is we are seeing new indications to be able to prescribe these medications. Tirzepatide's approved for.

Obstructive sleep apnea. It may get approved for osteoarthritis, psoriatic, psoriatic arthritis. There's different indications, right? And people have a lot of these other comorbid conditions. And so if you meet those criteria, you may be able to get medications through a different through a different route, but unfortunately.

There's little we can do when plans have a complete exclusion and so I try to be as upfront as possible and don't promise anything until we actually know right someone's coverage so.
Yeah.

Bimal Ashar 30:15

What do you tell people about when they say, Oh well, I want to get it from this compounding pharmacy. I mean, what do you tell them?

Selvi Rajagopal 30:15

Mm.
Oh yeah, mhm.
Yeah. I mean, I definitely can empathize with what they're going through and what makes them, you know, consider that that type of an option. I think the the main concern is that, you know, compounding pharmacies, there's two different types and some of them, the pharmacy itself is a regulated facility by the FDA where there's some over.
Site. But the actual medications that are being made are really no different in terms of regulation than supplements in some sense, right? We don't actually know what's inside the product. We don't know if it's safe. We don't know if it's actually efficacious.
The type of rigorous testing that is done for the medications that are FDA approved simply isn't there. And so you are taking a you're gambling, right? You're taking a big risk if you go that route, number one and #2, the FDA has actually come out a few months ago and said that it's now illegal to make these.
Compounded medications because we no longer have a shortage of the branded versions of the actual FDA branded versions. And so for all of these reasons, I very much hesitate to to support this path of getting these medications.
And usually when I explain this to my patients, they actually then understand them and usually decide maybe it's not the right option for me.

Katie Caviness-Crolley 31:38

OK, so shifting the focus to lifestyle changes really quick. So you have these medications and you've mentioned lifestyle changes are a big piece to this puzzle. So

diet, exercise, sleep, et cetera. You know, how do you counsel patients on lifestyle changes once they begin these medications?

Selvi Rajagopal 31:45
Um.
Yeah.
Mhm.

Katie Caviness-Crolley 31:58
And do your recommendations differ from patients not on these?

Selvi Rajagopal 32:02
Yeah. So I mean, the first thing to say is I counsel patients on lifestyle changes before I start medication. That's just a foundational element. I really want to understand what someone's life looks like in order to figure out there's there's one thing to say, OK, they they actually meet the weight indication.

Katie Caviness-Crolley 32:09
Yeah.

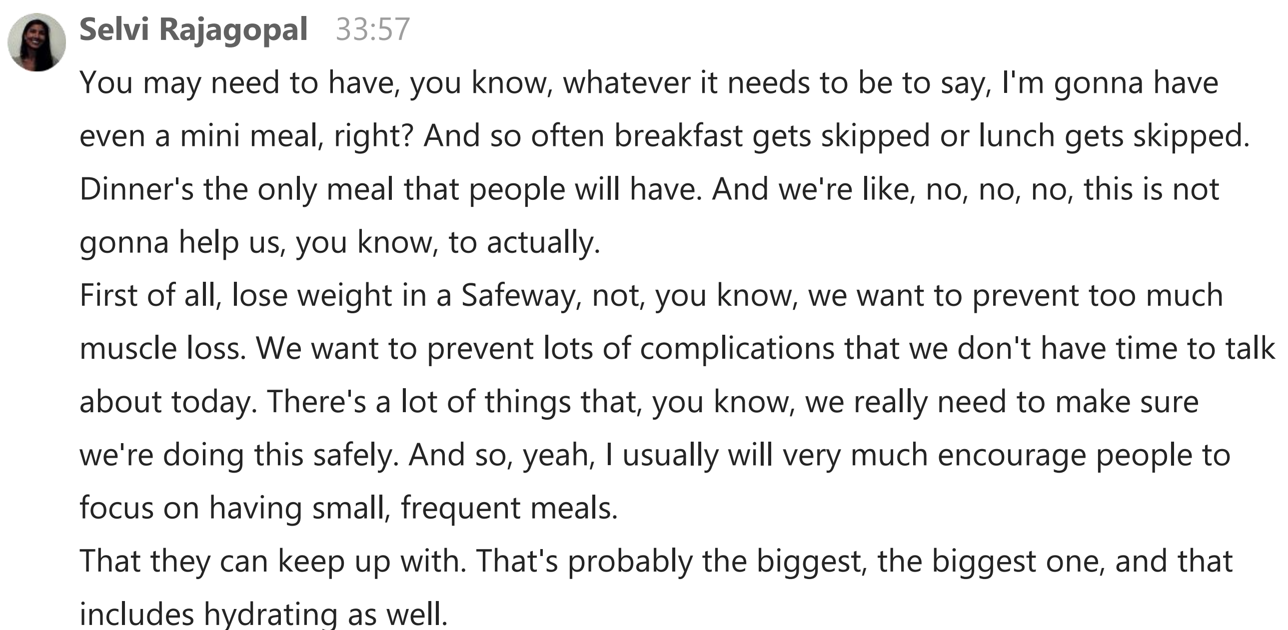
Selvi Rajagopal 32:22
Or they, you know, need to lose this percentage of weight loss to be healthier. So they they they meet indication for the medicine. It's another thing to say, well, this person might meet that indication, but it's also appropriate for them for some people, right? For a number of reasons, the medication actually may not be appropriate for them because their lifestyle is not conducive.

Katie Caviness-Crolley 32:33
Hmm.

Selvi Rajagopal 32:42
Actually supporting, right, a safe use of the medication. And so I think it's important to understand how someone eats and how someone's general routine is before you prescribe it. But yes, we are usually picking one or two.
One or two elements of lifestyle to work on as we're as we're starting medication, if

they're not already doing it. But specific changes that are unique to GLP one medications that are important would be this concept of meals. So a lot of times people will feel this is the first time in my life I'm not thinking about food.
So why would I eat unless I feel hungry? I should just be eating when I'm hungry. But in fact, you know, the body still needs fuel. And also the body's eventually going to tell you it's hungry. I actually haven't met anyone that's told me I don't eventually get hungry, even when they take the medications. So they do. And the.
The problem with waiting until you're hungry, as everyone on this call knows, is that you will then make choices you potentially will regret. And so let's not do that. Let's actually preempt this situation and make a contract with ourselves that we may need to set an alarm. We might need to put a post-it somewhere.

Katie Caviness-Crolley 33:45
Yes.



Selvi Rajagopal 33:57
You may need to have, you know, whatever it needs to be to say, I'm gonna have even a mini meal, right? And so often breakfast gets skipped or lunch gets skipped. Dinner's the only meal that people will have. And we're like, no, no, no, this is not gonna help us, you know, to actually.
First of all, lose weight in a Safeway, not, you know, we want to prevent too much muscle loss. We want to prevent lots of complications that we don't have time to talk about today. There's a lot of things that, you know, we really need to make sure we're doing this safely. And so, yeah, I usually will very much encourage people to focus on having small, frequent meals.
That they can keep up with. That's probably the biggest, the biggest one, and that includes hydrating as well.

Katie Caviness-Crolley 34:35
Hmm. OK.

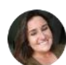
Selvi Rajagopal 34:37
Yeah.

Katie Caviness-Crolley 34:38

Sure.
So while we're discussing weight management, you know, what are, do you know of any innovations, emerging approaches that you're most excited about? You know, I just want to hear it from your perspective. You know, what's got you excited right now?

Selvi Rajagopal 34:54
Yeah. So I think there's two things. So one, just the fact that we have so much attention and energy being put into understanding obesity as a disease and actually treating it a little bit more effectively, I think has brought about, you know, so many different potential medications that can can support patients better.
So I think you know learning about the different pathways in the body that are being kind of manipulated in a positive way and all the the the downstream benefits that can happen with that, it's really exciting. So just the the pharmaceutical modalities, there's also actually in the bariatric space some modalities that are being explored. So ways that we can just better address weight loss from a long-term perspective and really get to root issues. That's huge. The other thing that I'm really excited about is because right, because of medications that have been really effective and people just seeing that they can actually finally live the life they want, I think people are finally.
Really understanding that obesity is a disease and that this is something that they they couldn't have willpowered, you know, all along. And and I think it's really good for society as a whole to actually understand this. And so I think that's probably the thing that I'm most excited about is just seeing that patients are actually advocating for their for themselves.
and their health in this way now because they feel more comfortable and they feel they have options.

Bimal Ashar 36:20
So that we could be here for hours asking you more and more questions, but I'm going to, I'm going to ask you one final question that's really for the, you know, for the person who, you know, hasn't yet committed to.

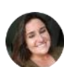

Katie Caviness-Crolley 36:23
Yeah, this is so good.

Bimal Ashar 36:36
To trying to lose weight, but what advice would you give to someone like that who is just starting out on their weight loss journey, whether it's medications or other, but but any advice you have for somebody who's contemplating things but just hasn't started yet?

Selvi Rajagopal 36:46
Mm.
Yeah, I mean, I think the IT goes back to the first conversation I have with patients who I see in my clinic. I just want to understand like, what is the thing that's a priority in your life, right? And if weight is an impediment to that or if weight changes, right, are an impediment to that, let's figure out why and let's set goals around it.
And I think starting with that internal big picture motivation is the thing that's going to drive people to success because this is a lifelong journey. That's the other piece of it, right? You have to have a really big why to work on it, and that's going to help you continue. And and acknowledging this is hard. This is one of the hardest things you'll ever do in your life.
Is actually working on something like this because it gets to all the intimate parts of your life. And so just understanding that there's going to be ups and downs, it's not going to be linear. You need a good partner in it, right? So just that that would be just, I think the framework setting is probably the thing that I would recommend.

Katie Caviness-Crolley 37:51
That's fantastic. Thank you so much, Selvi. This was so good. I so eye-opening on so many levels.

Bimal Ashar 37:52
Yes.
Really appreciate it. Thank you.


Katie Caviness-Crolley 38:07 Thank you to our listeners for tuning in to Medicine Made General. We hope you found today's conversation helpful at Hopkins GIM. We're not just advancing medical knowledge, we're working to make healthcare more equitable and accessible for all. If you were inspired by Selvi's work and want to

support her efforts through the healthful eating, activity and weight program. consider making a gift directly to the program. You can learn more and donate by visiting Charitable Giving at Hopkins GIM. Until next time, stay informed, stay healthy.

◉ **Katie Caviness-Crolley** stopped transcription