

## CPFI 2026 Annual Conference

### Session

Beyond the Injection: Lifestyle Medicine Strategies to Optimize GLP-1 Agonist Success in Obesity Care

### Speaker

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### Session Review Questions

#### Question 1

A 58-year-old woman has lost 7% of her body weight after 18 weeks of semaglutide treatment, current dose of 2.4mg/week. She reports eating substantially less food, decreased cravings, has not started an exercise program due to her busy schedule, and believes the medication alone is sufficient to meet her weight goals. Which of the following would be the most appropriate counseling point to prioritize and discuss with this patient?

- A. Lean mass losses are largely unavoidable and are unlikely to influence long-term metabolic health outcomes.
- B. Protein supplementation alone is generally sufficient to prevent clinically meaningful losses of muscle and bone during weight reduction.
- C. Progressive dose escalation should remain the primary strategy because additional weight loss offers greater long-term benefits.
- D. Physical exercise including resistance training combined with adequate protein intake is important for preserving lean mass during treatment.

#### Question 2

A pharmacist is preparing to counsel a patient starting tirzepatide for obesity management. Which recommendation is MOST likely to improve long-term adherence while reducing GI intolerance?

- A. Encourage patients to skip meals during periods of nausea and resume normal eating once symptoms improve.
- B. Delay patient education until adverse effects are reported so counseling can be individualized to the patient's experience.
- C. Use gradual dose escalation, encourage smaller frequent meals, and counsel patients before treatment initiation.
- D. Increase the dose at every scheduled interval because treatment interruptions reduce overall efficacy.

### Question 3

A health system is considering how to allocate resources for a new outpatient service for patients with obesity. Administrators argue that medication access should be prioritized over behavioral and lifestyle services because pharmacotherapy produces the largest weight reductions. Which of the following is both evidence and guideline-based best practice for obesity care and should be incorporated in this new clinical service?

- A. Lifestyle interventions provide modest benefits and are primarily useful when pharmacotherapy is unavailable.
- B. Intensive multicomponent behavioral interventions remain foundational because medications are intended to complement, not replace, nutrition and lifestyle strategies.
- C. Lifestyle interventions should be reserved for patients who fail to achieve at least 10% weight reduction with pharmacotherapy alone.
- D. Behavioral interventions are primarily intended to address medication-related side effects rather than improve long-term outcomes.

### Question 4

A patient asks why she regained much of her lost weight after discontinuing semaglutide despite meeting her weight goals during treatment. Which of the following is the best explanation?

- A. Obesity is a chronic, relapsing disease, and substantial weight regain commonly occurs after GLP-1 agonist treatment is discontinued.
- B. Most patients regain weight because GLP-1 receptor agonists permanently reduce resting energy expenditure.
- C. Weight regain primarily reflects inadequate medication titration and is uncommon after successful treatment.
- D. Weight regain occurs mainly because patients develop tolerance to endogenous GLP-1 secretion.

### Question 5

A pharmacist is reviewing dietary recommendations for a patient receiving semaglutide 2.4mg/week. The patient consumes approximately 1,100 kcal/day and reports fatigue, hair loss, decreased appetite, generalized weakness, and decreased cravings, except for frozen yogurt. What is most concerning about the patient's nutrition and symptoms while on semaglutide?

- A. Excessive carbohydrate intake resulting in reactive hyperinsulinemia despite overall calorie restriction.
- B. Decreased calorie intake and appetite leading to increased risk of reduced intake of essential vitamins and minerals.
- C. Increased endogenous GLP-1 secretion resulting in impaired absorption of fat-soluble vitamins.
- D. Excessive dietary protein intake causes accelerated lean mass loss during weight reduction.