CLINICAL STUDY

TABLE OF CONTENTS

1. INTRODUCTION

Dr. Nancy's program is a results-driven medical weight loss program combining behavior modification treatment by health care professionals with GLP-1 medications. This cohort study of patients treated by our Obesity Medical Clinic shows significant weight loss and improved metabolic health variables. Average weight loss of 9% and 17.7 lbs at 3 months (n=151), 13% and 27.2 lbs at 6 months (n=108), 19% and 38.7 lbs at 12 months (n= 60), These results significantly exceed the ranges reported for weight loss clinical trials using GLP-1, including Rybelsus, Victoza, Ozempic, Mounjaro, Wegovy, and Saxenda.

AVERAGE WEIGHT LOSS		
9%	**13%**	**19%**
3 months (n=151)	6 months (n=108)	12 months (n=60)

Table 1. The table provides a summary of the results from a cohort study conducted by the Obesity Medical Clinic, evaluating the effectiveness of the Dr. Nancy program over 3 months, 6 months, and 12 months.

Our weight loss results significantly exceed the ranges reported for GLP-1 weight loss clinical studies.

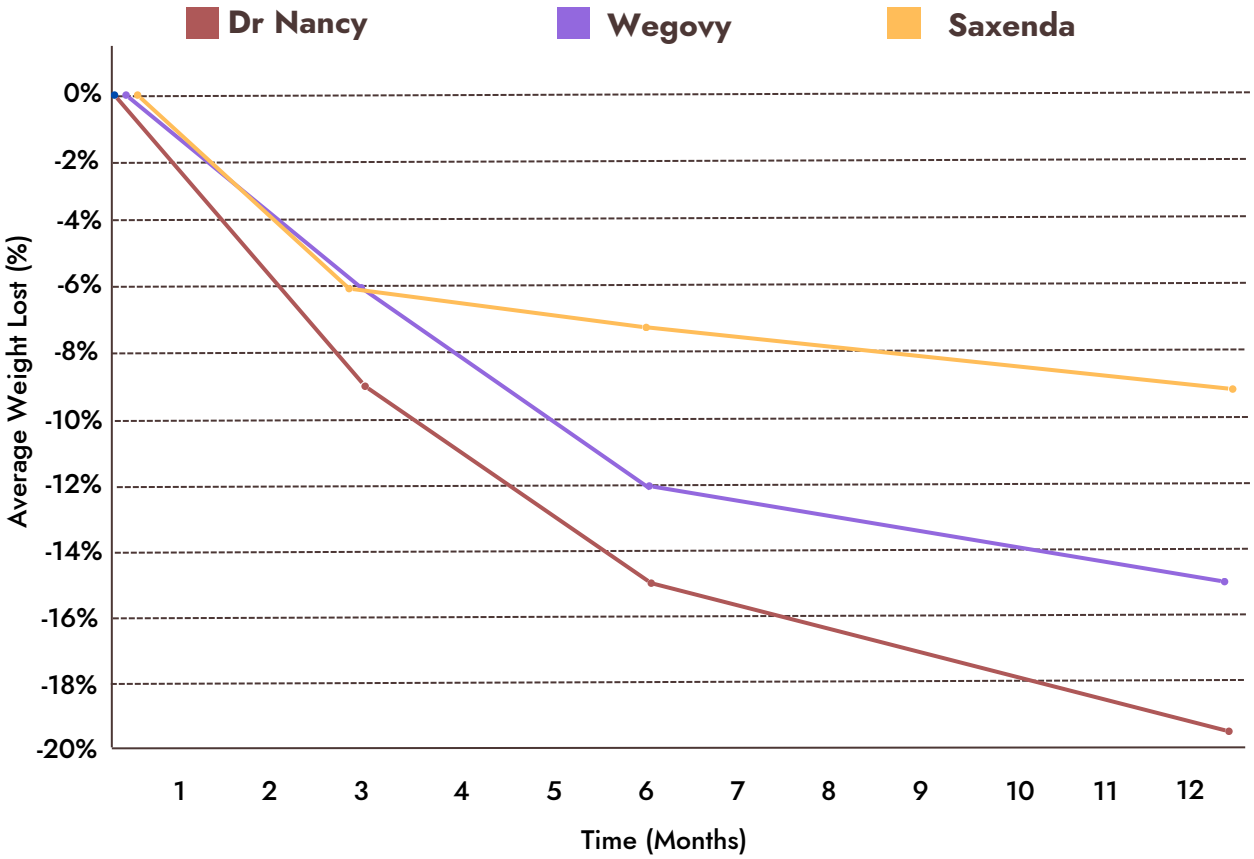

Figure 1. The Graph shows our program consistently achieved higher weight loss percentages compared to Wegovy and Saxenda over the course of 3 months, 6 months, and 12 months.

This study is based on clinical results from patients treated by our clinic over the past 7 years exclusively using the GLP-1 class of medications. This practice is founded on the basis that each patient is unique and needs individualized treatment to accomplish lifestyle modification for effective and sustainable results. Results show significant improvement in metabolic risk factors, including hgbA1c, Cholesterol, Visceral Fat (as markers of NAFLD and CAD and Metabolic Disease), inflammation measured by CRP, and waist circumference.

Our program is unique to other weight loss programs as each individual is assigned to a specific healthcare professional throughout their treatment plan and follows ups consistently with this provider, typically every 2 weeks. During treatment, all variables of an individual's lifestyle that affect weight, such as genetics, hormones, metabolic factors, and mental health, are addressed to create a unique weight loss plan for each patient. This tailored plan allows individuals to incorporate positive changes within their lifestyle, leading to lasting results. As a result of this approach, patients appreciate positive changes in mental health, sleep, gut health, joint pain, and energy levels and, most importantly, develop a positive relationship with food.

To ensure patient success, through 7 years of clinical experience, we have developed protocols with GLP-1 agonists which manage typical side effects and address other barriers to continued treatment. With appropriate medical management supplemented by tools such as GLP-1 medications, and consistent follow-ups, we have developed a trusted program that displays successful outcomes within as little as 3 months. Our goal is to allow patients nationwide to appreciate this program's benefits. This report summarizes the clinical outcomes of 151 participants who have completed at least 3 months of the program as of 5/1/2023.

2. METHODS

Data was analyzed for all individuals who had been treated exclusively with GLP-1 medications at 3 months (n=151), 6 months (n=108), and 12 months (n=60) of treatment. Study participants have an average age of 45 and an average starting BMI of 34. Of the 151 participants, 33 are male, and 118 are female. These individuals have been selected out of the 1104 patients treated by our Obesity Medicine Clinic over the past 7 years. To be included in the study, participants had to initiate treatment with a GLP-1 agonist medication with the clinic and not combine any other weight loss medications without exceeding 6 weeks of interruption in the treatment plan.

SEX	Male	Female	Total Participant
n	33	118	151

Table 2. The table shows the total number of participants treated by GLP-1, with an average age of 45 and an average BMI of 34.

Nancy Rahnama, MD, is a board-certified Internist and Obesity Medical Specialist. She completed medical School at the University of Southern California, an Internal Medicine residency at Cedars Sinai Medical Center, and a Clinical Nutrition Fellowship at UCLA. She is board certified by the American Board of Obesity Medicine. Dr. Rahnama started her Dr. Nancy clinic in June of 2013, treating patients exclusively for obesity and weight loss. She initiated treatments using GLP-1 agonist medications for the treatment of patients with obesity in 2016. Many of these patients were treated with GLP-1 medication and other medical options. The participants selected in this study are those patients who were exclusively treated by GLP-1 medication with regular follow-up, without > 6 weeks of interruption in their treatment plan.

Upon initiating treatment, 97% of the participant's data are obtained by body composition analysis using an InBody 570 device, giving accurate measurements of percent body fat, visceral fat, and breakdown of water, muscle, and fat. These values were measured using the same device throughout their treatment to adjust treatment based on changes in the composition. Diagnostic laboratory testing was completed before initiating treatment, and results were re-checked regularly depending on the appropriate medical decision-making by our healthcare professionals.

3. RESULTS

Of the 151 patients treated for medical weight loss, 100% were exclusively treated with GLP-1 medications without an interruption of over 6 weeks. The participants included 33 males and 118 females with an average starting BMI of 34, ranging in age from 17-79.

At 3 months, average weight loss was 9% (n=151); at 6 months, average weight loss was 13% (n=108); at 12 months, average weight loss was 19% (n=60)

Metabolic Health Markers

Waist circumference decreased by an average of 4.3 inches in 1 year. 89% of patients who started with an abnormal HgbA1c were normalized within 1 year. Cholesterol improved in 80% of patients at the end of 1 year of treatment. 71% of patients appreciated a drop in CRP within 1 year. Visceral fat improved in 100% of patients by an average of 34%, suggesting improvement of NAFLD (non-alcoholic fatty liver disease), CAD (coronary artery disease), and inflammation.

Waist Circumference Reduction, Improvement To Visceral Adiposity	
4.3" REDUCTION IN WAIST CIRCUMFERENCE	**34%** AVERAGE REDUCTION OF VISCERAL FAT

Metabolic Health Lab Improvements	
89% OF PARTICIPANTS WHO STARTED WITH ABNORMAL HBGA1C WERE NORMALIZED WITHIN 1 YEAR	**71%** OF PARTICIPANTS REDUCED INFLAMMATION WITH AN AVERAGE REDUCTION OF 47% (AS MEASURED BY hs-CRP)
64% OF PARTICIPANTS IMPROVED LDL CHOLESTEROL	**80%** OF PARTICIPANTS IMPROVED CHO CHOLESTEROL

In summary, the intervention or program yielded positive results across multiple health indicators. Participants experienced a reduction in waist circumference of 4.3 inches and an average reduction of 34% in visceral fat. Furthermore, within a one-year period, 89% of participants with abnormal HgbA1C levels achieved normalization.

In terms of inflammation, 71% of participants observed a decrease, with an average reduction of 47% as measured by hs-CRP. Additionally, 64% of participants saw an improvement in LDL cholesterol levels, while 80% experienced an improvement in CHO cholesterol.

Overall, these findings demonstrate the effectiveness of the intervention in promoting improvements in waist circumference, visceral fat reduction, blood sugar control, inflammation reduction, and cholesterol levels.

4. CONCLUSION

Our program combines the benefits of Dr. Nancy's GLP-1 treatment protocols with evidence-based medicine to create custom weight loss plans for our patients. Patients' body composition is calculated by an InBody body composition scale to accurately measure weight, body fat, and body composition for our providers to ensure accountability and track success. Diagnostic laboratory testing is ordered to evaluate metabolic markers, hormone levels, inflammatory markers, cardiac health, and micronutrient status before the initiation of treatment and rechecked during treatment. These results are used to determine appropriate treatment protocol and prescription medication when appropriate. The initial interview gives insight into the patient's previous weight loss history, relationship with food, lifestyle, likes, and dislikes to guide the provider in creating a customized plan. This plan will be modified throughout the treatment based on patient feedback and updated diagnostic testing and metabolic markers data. Our individualized care model allows us to consistently obtain results, helping a significant population of patients to meet weight loss goals believed to be out of reach.