



## UNDERSTANDING YOUR TREATMENT



# Tirzepatide

A dual GIP/GLP-1 receptor agonist for weight management and glycemic control.

- i** Tirzepatide is a first-in-class dual GIP/GLP-1 receptor agonist (39 amino acids) developed by Eli Lilly. A C20 fatty diacid moiety enables albumin binding with ~5-day half-life for weekly SubQ dosing. It demonstrates "imbalanced" pharmacology: native-GIP-equivalent GIPR affinity but ~5× less GLP-1R

**HOW IT WORKS****1****Receptor Target**

Dual GIP/GLP-1 receptor agonist (activates both pathways simultaneously)

**2****Route of Administration**

Subcutaneous injection, typically dosed once weekly

**3****Primary GI Effects**

Nausea reported in 12-33% of subjects; also associated with diarrhea, vomiting, constipation, and decreased appetite

**Talk to your prescriber about whether Tirzepatide may be right for you**

This compound is available by prescription only



## WHAT RESEARCHERS HAVE FOUND

### SURMOUNT-1 Obesity Trial

Tirzepatide 15mg achieved 22.5% mean body weight reduction at 72 weeks — the highest weight loss in any approved obesity pharmacotherapy.

*New England Journal of Medicine, 2022*

### SURPASS Program T2D

Tirzepatide demonstrated superior HbA1c reduction and weight loss compared to semaglutide 1mg in head-to-head trials for type 2 diabetes.

*New England Journal of Medicine, 2021*

## QUESTIONS TO ASK YOUR PROVIDER

- ? For patients who haven't achieved target weight on semaglutide, what evidence supports switching to tirzepatide and what's the transition protocol?
- ? How should I communicate the longer 6-step titration (20-24 weeks) to patients expecting rapid results?
- ? Should I screen all obesity patients with AHI or home sleep testing before initiating tirzepatide given the new OSA indication?
- ? When should anti-tirzepatide antibody concerns (ISR 11.3% vs 1%) prompt treatment discontinuation?
- ? How do I counsel patients with ASCVD about tirzepatide's CV noninferiority (SURPASS-CVOT) vs semaglutide's superiority (SELECT)?

## IMPORTANT SAFETY INFO

CONTRAINDICATED in patients with personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN2) due to C-cell tumor findings in animal studies

Gastrointestinal adverse effects (nausea, diarrhea, vomiting, constipation) are dose-dependent and most common; counsel patients on dose escalation timing and GI symptom management

Monitor for acute pancreatitis symptoms (severe, persistent abdominal pain) and discontinue immediately if suspected; assess amylase/lipase if clinically indicated

When combining with insulin or sulfonylureas, increased hypoglycemia risk requires dose adjustment and enhanced glucose monitoring; educate patients on hypoglycemia recognition

Screen for contraindications including severe GI disease, pregnancy/breastfeeding status, and hypersensitivity history; rare reports of angioedema and anaphylaxis warrant patient awareness

Have Questions?

**Eternal Beauty Medical Aesthetics**

9032789566

<https://www.eternalbeautyarkana.com>