

Medication	Mechanism of action	Our experience and particular concern in DS
Orlistat (Xenical, Alli)	Reduces fat absorption	A small number of patients have tried it. Soiling and incontinence associated with use may make this particularly challenging to use in people with DS.
Phentermine-topiramate (Qsymia)	Phentermine is a stimulant and topiramate is a seizure medication (but cause of weight loss not known)	A small number of patients have tried phentermine alone with some success. We have limited experience with topiramate by itself as a weight loss medication and have seen minimal benefit when taken alone. Topiramate is not FDA-approved to use by itself as a weight loss medication. We have had difficulty getting the combination medication approved by insurance. One option is to get prescriptions for each medication separately and take them together. In our limited experience, we have seen small amounts of weight loss when taken together. They can cause mood changes, anxiety, and cognitive impairment. There are a variety of other stimulants available that can also be prescribed for weight loss.
Naltrexone-bupropion (Contrave)	Naltrexone blocks opioid receptors (used to treat opioid and alcohol dependence and also used to treat self-injurious behavior/SIB in people with intellectual disabilities). Bupropion (Wellbutrin) is an anti-depressant.	A small number of patients have tried it with limited success. It can be challenging to get it approved by insurance; an option is to prescribe each medication individually and take them together. We have significant experience using each one separately for SIB or depression and find them to be well-tolerated separately and together (in more limited experience). Neither medication is FDA-approved to be used by itself for weight loss.
Semaglutide (Wegovy) and liraglutide (Saxenda)	Activate glucagon-like-peptide-1 receptor in the brain, regulating appetite and caloric intake. This category of medications is also used to treat diabetes mellitus.	These medications are very expensive and often difficult to get approval for coverage through insurance. They are given via injection. Thyroid C-cell tumor is a possible side effect. Due to the limited coverage by insurance, we have had very limited opportunity to prescribe these medications. A recent study assessing semaglutide, <a href="#">Once-Weekly Semaglutide in Adults with Overweight or Obesity</a> , showed very significant weight loss; however, it has not been studied in people with DS.
Cellulose-citric acid hydrogel (Plenity)	Mixes with ingested food to increase volume promoting sense of satiety and fullness	We have had no experience with it. Gastrointestinal side effects are common and likely to be limiting in people with DS (many of whom, in our experience, tend to have GI symptoms chronically).