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Early Weight Loss Outcomes and Tolerability of Naltrexone/Bupropion (Contrave) in Obesity Management: A Retrospective Observational Study at a Malaysian Tertiary Centre

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Introduction:

Naltrexone/bupropion is an approved anti-obesity therapy used as an adjunct to calorie restriction and increased physical activity in adults with a BMI ≥ 30 kg/m², or ≥ 27 kg/m² with obesity-related comorbidities. In real-world practice, it typically achieves an average weight reduction of about 5% within six months.

Methods:

This retrospective observational study included 20 adults with obesity (BMI >30 kg/m²) treated with naltrexone/bupropion at UiTM healthcare facilities between 2023 and 2025, with at least two clinic visits. Demographic, anthropometric, and metabolic data were retrieved from medical records. Two-month weight changes were analysed using a paired t-test, with treatment dosing, dietitian involvement, and adverse effects also evaluated.

Results:

A total of 20 patients were analysed, with a median age of 45 years (IQR 30–72) and median height of 159 cm (range 146–189). The mean baseline weight was 115 ± 33.8 kg, with a median BMI of 43 kg/m² (range 31–63). The majority were female and had at least one obesity-related comorbidity. 76% of patients attended at least one dietitian consultation. Treatment dosing varied across the cohort, with 20% receiving one tablet daily, 25% receiving one tablet twice daily, and 55% achieving the full maintenance dose of two tablets twice daily. After two months of therapy, there was a statistically significant reduction in body weight compared with baseline ($p < 0.05$), with a mean weight loss of 2.6 ± 1.77 kg. Half of the patients reported adverse effects, most commonly headache and nausea.

Conclusion:

In this retrospective study, naltrexone/bupropion was associated with significant early weight reduction over two months and was generally well tolerated. These findings support its role as an effective adjunct to lifestyle modification in routine obesity management, although larger studies with longer follow-up are needed to assess long-term efficacy and tolerability.