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Beyond Lifestyle Intervention: Real-World Weight Loss Outcomes of Multidisciplinary Obesity Management in a Malaysian Tertiary Centre

Fatimah Liyaqat Ali, Md Syazwan Md Amin, Lisa Mohamed Nor

Institute of Endocrinology, Hospital Putrajaya, Putrajaya, Malaysia

Corresponding Author email: raishah13@gmail.com

Introduction:

Obesity management in Malaysian public hospitals remains challenging due to limited access to pharmacotherapy and bariatric surgery. This study describes multimodal obesity management at Institute of Endocrinology, Hospital Putrajaya (IEHPJ) and evaluates weight loss outcomes across treatment modalities.

Methods:

This retrospective observational study included adults (n=224) managed at the Obesity Clinic, IEHPJ, from September 2023 to February 2024. All patients received baseline lifestyle treatment comprising dietary counselling, physiotherapy, and selected participation in meal replacement therapy and peer support groups. Patients requiring more, received pharmacotherapy (mono/multitherapy – including SGLT2-i in T2DM patients) and/or bariatric surgery. Mean weight change with standard deviation (SD) was reported.

Results:

Among 171 patients with complete follow-up (mean length, 34.6 ± 42.7 months), mean baseline weight was 124.9 ± 25.6 kg. Seventy-one patients (43.3%) received lifestyle intervention alone, the remainder received additional pharmacotherapy, surgery, or both. Overall, 72% achieved weight loss: 28.7% achieved <5%, 26.0% achieved 5–9%, and 17.0% achieved $\geq 10\%$ weight loss. Lifestyle intervention alone (n=71) resulted -2.0 ± 8.68 kg weight change. GLP-1 receptor agonist (GLP-1RA) monotherapy (n=33) achieved -9.3 ± 9.9 kg. Contrave monotherapy (n=6) resulted in -13.0 ± 14.1 kg. SGLT2-i monotherapy (n=77) achieved -7.8 ± 11.7 kg. Bariatric surgery alone (n=17) resulted in greater weight loss (-20.6 ± 19.1 kg). Combination therapies showed enhanced outcomes: GLP-1RA plus surgery (n=6) achieved -19.8 ± 17.3 kg; SGLT2i plus surgery (n=5) achieved -25.5 ± 19.3 kg; and Contrave plus surgery (n=1) achieved -37.5 ± 10.3 kg. GLP-1RA plus SGLT2i without surgery (n=19) resulted in -9.2 ± 9.0 kg, while GLP-1RA, SGLT2i, and surgery; n = 3 achieved -17.9 ± 17.4 kg.

Conclusion:

Structured lifestyle management including stepwise intensification with pharmacotherapy and/or surgery is associated with progressively greater weight loss. Due to the observational design, comparative effectiveness couldn't be determined. Larger prospective cohort studies are needed to identify predictors of weight loss.