

Oprah Special on Weight Loss Medications - Complete Edited Transcript

Opening Segment

Oprah: 0:0:0.0 --> 0:0:5.430 They are the new drugs sparking what many doctors say is a weight loss revolution.

Social media clip: 0:0:5.520 --> 0:0:16.930 It seems like everyone and their grandpa is on this stuff. **Oprah:** So-called miracle medications like Ozempic, Wegovy, Mounjaro and Zepbound have captured the world's attention.

News reporter: 0:0:17.60 --> 0:0:23.690 These drugs quiet the food noise or the cravings to eat.

Social media clips: 0:0:23.800 --> 0:0:29.520 After a lifetime of obesity, I've lost 92 pounds by taking tirzepatide, also known as Mounjaro or Zepbound.

Social media clips: 0:0:29.530 --> 0:0:36.420 I've lost over 110 pounds on Wegovy, Mounjaro, and semaglutide compound, and I am now back on Wegovy again.

Social media clips: 1: 0:0:36.470 --> 0:0:43.890 I would love to be on this for the rest of my life. **Oprah:** And yet some say it's not an easy road.

Social media clips: 0:0:43.980 --> 0:0:52.530 I have diarrhea, sulfur burps, and nausea. I lost all six pounds, but that was probably because of the vomiting. Hair loss is no joke.

Oprah 0:0:52.540 --> 0:0:57.470 There are strong emotions, opinions and judgments on all sides.

Social media clips: 0:0:57.740 --> 0:1:25.110 Obesity is genetic and there's nothing you can do about that - that's what some people will have you believe, but that is a bold-faced lie. This video is for all of you fat shakers. This video is for all you people that don't know at all - do not have a concept of what it's like to be in the bigger body your entire life. Did she use those? What do you guys think? What housewife isn't on Ozempic? Not one. When I look around this room, I can't help but wonder, is Ozempic right for me?

Oprah 0:1:26.460 --> 0:1:37.850 Is being overweight a lack of willpower, or is obesity a medically treatable disease? Are these new drugs a miracle cure? Are they safe?

Social media clips: 0:1:38.710 --> 0:1:47.230 I have been a food addict for my entire adult life. It literally gives you your life back because it gives you your freaking brain back.

Oprah's Opening Statement

Oprah: 0:1:48.750 --> 0:4:9.430 Hi everybody. I wanted to do this special for the more than 100 million people in the United States and the over 1 billion people around the world who are living with obesity. Maybe that's you, or maybe it's somebody you love. And I do thank you all for joining us here. In my lifetime, I never dreamed that we would be talking about medicines that are providing hope for people like me who have struggled for years with being overweight or with obesity. So, I come to this conversation in the hope that we can start releasing the stigma and the shame and the judgment to stop shaming other people for being overweight or how they choose to lose or not lose weight and more importantly, to stop shaming ourselves.

I have to say that I took on the shame that the world gave to me for 25 years, making fun of my weight was national sport and I'll never forget a day in 1990 I saw myself on the cover of TV Guide's best and worst dressed list. And I remember thinking at first, "Oh, look there I am on the cover" and then I read the headline that Mr. Blackwell, the taste maker of the time called me "Bumpy, Lumpy and downright dumpy." I was ridiculed on every late-night talk show for 25 years and tabloid covers for 25 years. Here's just a few of the thousands of headlines written about me: "Oprah, fatter than ever." "Oprah hits 246 pounds." "Final showdown with Stedman sends her into feeding frenzy." "Oprah warned: diet or die."

So in an effort to combat all the shame, I starved myself for nearly five months. And then wheeled out that wagon of fat that the Internet will never let me forget. And after losing 67 pounds on liquid diet, then next day y'all, the very next day I started to gain it back. Feeling the shame of fighting a losing battle with weight is a story all too familiar. I know for many of you and also for my first guest, I want you to meet Amy.

Amy's Introduction

Amy: 0:4:10.580 --> 0:7:19.460 I lost 160 pounds and I posted a before and after photo on TikTok and people seem to have connected with it. You would not recognize the person I am now to the person I was a year ago. Now my life is completely transformed. We live in Naperville, a suburb of Chicago. It's a great place to raise a family. So, this is Mounjaro. It is a weekly injection. You'll see the medication going into your body and you'll hear 2 clicks and then I wait 10 seconds for it to make sure that all the medication went in with a drastic amount of weight loss, there is bound to be loose skin. I used to be really embarrassed by it, but honestly, it's like a badge of honor for me. I remember being in fifth grade and I remember the kid's name and he said to me, "You're the fat one." I believed him and I just felt extreme shame. I just felt alone my whole childhood. My whole life I felt alone. Sorry, the one thing I had as a child was food. Food was like my best friend. I knew something else was going on my body and my brain felt different. It was my body fighting against me, starting at 12 years old, and then all the way into my 30s. I met my husband, Ken, and about the time we got married, we started having kids

and my son Hudson was born at 26 weeks unexpectedly. He was in the NICU for 100 days and it was the most tumultuous, scary, frightening time in my life. We didn't know if our son was going to live. About a year later, my dad passed away. And my dad was my rock. My dad was my person. My dad was my everything. But the minute he died, the first thing I thought to myself is "I don't have a black dress that's going to fit my body." I had a daughter a year later, Harper, and it was the height of Covid. So just like everyone else, we were stuck in our home for many, many months and I absolutely 1000% turned to food to cope. I was not happy in my life. My marriage was hanging on by a thread. I was in a very, very dark place. My world was crashing in on me. I was so ashamed of my body that I didn't like taking my kids out in public. I felt like I was not being a good mother. I didn't leave my house. I didn't talk to my neighbors. I had no friends. I just turned to food. I didn't care. I was at my highest weight. It was about 300 pounds. Then the inevitable happened. I was diagnosed with diabetes. My labs and blood work were scary. My A1C numbers were 10 plus my cholesterol, my liver, everything was Sky High and I remember thinking to myself, thinking like "This is it, this is the way I was born and this is the way I'm going to die." I truly did not feel that anything could change.

Amy's Interview with Oprah

Oprah: 0:7:20.640 --> 0:7:26.230 Amy is here, everybody. Welcome, welcome. How are your numbers today?

Amy: 0:7:26.240 --> 0:7:35.960 Completely normal. Everything is in complete normal range. I avoided going to the doctor because I felt so much shame and now it is the most amazing tear of joy.

Oprah: 0:7:36.630 --> 0:7:42.900 Because in losing, you have now gained so much in terms of your own health.

Amy: 0:7:43.90 --> 0:7:44.100 Absolutely yes.

Oprah: 0:7:44.160 --> 0:7:46.460 So what happened after you went on Mounjaro?

Amy: 0:7:46.590 --> 0:8:18.930 Immediately, almost within days, that voice that I've had in my head since I always say my earliest memories, five years old. I remember thinking about food. When I'm going to eat food? How much I'm going to eat food? Where I'm going to? What I just ate? How many calories was it? But it was always thinking about every event, every vacation. Where am I going to get my meals? What am I going to eat? And all of a sudden I took this medication and it felt like I was freed. Like, I literally felt like I'd been trapped and it felt like I don't have to think about this all the time anymore. I eat when I'm hungry. I stop when I'm full.

Oprah: 0:8:22.420 --> 0:8:24.90 Was that a shocking way to be?

Amy: 0:8:24.360 --> 0:8:41.690 It was. It took time to adjust to this life of like, this is normalcy. But for someone like me and now I'm learning a lot of people like me, it's crazy to have the other... to be on the opposite side of the spectrum where food does not control your life.

Oprah: 0:8:41.700 --> 0:8:51.30 It's interesting because like many of you listening, I'm literally thinking about as I'm eating breakfast, "What's for lunch? What's going to have? What I have for lunch?" And as Christmas is coming, "What am I gonna eat then? And how much am I gonna eat? And how much am I gonna gain?"

Amy: 0:8:59.30 --> 0:8:59.710 Absolutely.

Oprah 0:8:59.720 --> 0:9:5.260 The difference between, for me, being on the medication is now I can eat a half a bagel and be fine, right?

Amy: 0:9:5.270 --> 0:9:11.340 I still want the bagel and totally, totally, yeah. **Oprah** Not like I don't want the bagel. I just want less of the bagel.

Amy: 0:9:14.120 --> 0:9:22.800 And I think that's there's such a misconception around these medications that it makes you not want the bagel.

Oprah: 0:9:22.810 --> 0:9:36.760 Yes. OK. So it's one of the last acceptable biases. First of all, what is the difference you feel and how people treat you in a smaller body versus being in a in a bigger body?

Amy: 0:9:36.870 --> 0:9:56.750 I am treated like a completely different human being. But now that I'm in a smaller body I'm - I mean, people are friendlier, and this is the part that I really struggle with. I find that people are nicer to my children when I'm out with my children, right? I feel that it's just like in general, but it's better treatment for all of us.

Oprah: 0:9:56.760 --> 0:9:59.280 Yeah, especially if you go in a clothing store.

Amy: 0:9:59.650 --> 0:10:0.900 Oh, absolutely.

Oprah: 0:10:0.910 --> 0:10:1.310 Yes.

Amy: 0:10:1.320 --> 0:10:19.110 And the interesting thing is I went into a store the other day. I took some clothes. I went into the dressing room and I tried on the pair of jeans and they fit. They fit, they looked alright, I thought. But I had an emotional response to it. Like I started to cry because it was like I felt bad for the old version of me.

Oprah: 0:10:19.320 --> 0:10:19.650 Right.

Amy: 0:10:19.660 --> 0:10:23.190 That wouldn't have been able to just go try out some jeans at a store.

Oprah: 0:10:23.230 --> 0:10:33.670 Yeah. So how do you handle all the judgment now? The fact that you've lost the weight because you get a lot of nasty comments. **Amy:** You know, I understand that there is a major lack of education around all this.

Amy: 0:10:33.680 --> 0:10:44.790 I mean, there's so much ignorance, there's this idea that you just don't eat and you lose weight. And that fat is a personal choice. It is a personal choice and you just don't eat. You go to the gym and you'll be good.

Oprah: 0:10:45.150 --> 0:11:0.740 And you know what? What we're gonna learn here is that that is true for some people. That is true for some people, but not for people like you, and also for myself, I thank you so much. Have you released the shame for yourself completely?

Amy: 0:11:1.740 --> 0:11:16.910 Yes, there are so many people like me that if you had told me when I was a little girl that I would be sitting here talking about those sounds... those noises in my head I would have told you you were crazy. I'm not going to talk to anyone about that, and there's this whole world of us that get it. So that helps me reduce the shame.

Oprah: 0:11:17.160 --> 0:11:53.630 You know what I get? This is what I got for the first time after I, you know, took the medication all these years. I thought all of the people who never had to diet were just using their willpower and they were for some reason stronger than me. And now I realize y'all wasn't even thinking about the food. It's not that you had the willpower. You weren't thinking about it. You weren't obsessing about it. That is the big thing I learned. Yeah. Thank you so much. Thank you. Thank you, Amy. From Naperville.

Amy: 0:11:53.640 --> 0:11:54.330 Thank you so much.

Oprah: 0:11:54.340 --> 0:11:57.890 Next, leading medical experts answer questions. I know that many people want to know. We'll be right back.

Medical Expert Introduction

0:12:1.520 --> 0:12:23.860 **Maggie's mother:** So by the time Maggie was 11 years old, she was actually nearing 300 pounds. **Oprah:** The American Medical Association designated obesity as a chronic disease over 10 years ago. So we went to the renowned Cleveland Clinic in Ohio to further understand why.

Dr. W. Scott Butsch: 0:12:28.80 --> 0:12:28.890 Hey, how are you?

Oprah: 0:12:28.900 --> 0:12:46.90 Doctor Dr. W. Scott Butsch has been studying the disease of obesity for nearly two decades. For six years, he has been the director of Obesity medicine in the bariatric and Metabolic Institute at Cleveland Clinic.

Dr. W. Scott Butsch voiceover in clinic: 0:12:46.630 --> 0:12:52.680 Your weight has been stable. It's come up a little bit here, but I think that's the difficulty. Obesity is a complex disease. There's many inputs from genetics to environments. The food environments change. We're not sleeping as much. Our microbiome is changing maybe due to that changed processed food. What we've learned through science is that the brain controls our body fat and our food intake and our metabolism. So it regulates how much body fat we have in our body and how big those fat cells are. Obesity is a dysfunction of that regulatory system that's supposed to control our body fat in a specific range. So when you lose weight, your body will intentionally slow your metabolism down. It will intentionally make you more hungry, all in an attempt to get back to where it used to be. The body is built to maintain our weight or adipose tissue. Our body fat and some people are more prone to holding on to their fat. They have a higher weight set point, so people who are dieting are basically trying to restrict their caloric intake because that's what we've been told, almost trying to hold their breath underwater. And what do we see when that happens? We have to come up for air. Our body is going to make us unable to continue to lose weight and we will naturally go back to where we previously were.

Oprah's Discussion with Dr. Butsch

Oprah: 0:14:16.710 0:15:33.300 Doctor Butsch. I'm so glad you're here because there's so much misinformation out there. I love that metaphor of holding your breath underwater, and anybody who's ever held their breath underwater knows the longer you hold your breath, you're going to eventually rise. So this sounds to me like I remember back in, you know, the late 80s, early 90s of The Oprah show when we were talking about with experts, the idea of alcoholism being a disease. We had people saying mean things like "just put the bottle down." "There's no such thing as alcoholism being a disease." Now, of course, we know differently. Alcoholism is a disease for many people. It is not a disease for everybody who drinks too much. And so I see this as the same that many people have the disease of obesity. Everybody who is overweight does not have the disease of obesity, but if you have the disease of obesity, you're always gonna go back to that set point. If you don't have it, then you can diet, lose weight, exercise all of the things that we've heard over the years. Am I on the right track?

Dr. W. Scott Butsch: 0:15:33.310 --> 0:15:33.820 Absolutely.

Oprah: 0:15:33.830 --> 0:15:34.980 Are you all following this? Because if you can track it, it means the rest of the world can track it.

Dr. W. Scott Butsch: 0:15:37.830 --> 0:15:40.100 But there's a spectrum of obesity as well. It's not one disease, it's many different subtypes of a disease.

Oprah: 0:15:43.620 --> 0:15:54.280 So it's complex, quite complex and that's why it is so wrong to be shaming people because you don't understand the complexity of each person's situation.

Dr. W. Scott Butsch: 0:15:54.290 --> 0:16:13.490 Yeah.

Dr. W. Scott Butsch: 0:15:54.540 --> 0:16:7.910 And I think as Amy said, this is just a reflection of someone's uneducated belief that this is just a self inflicted condition, as if people who have obesity actually want to have obesity. It's looked at these are weaker people who have no willpower, who can't cut it.

Oprah: 0:16:13.580 --> 0:16:14.30 That's right.

Dr. Dr. W. Scott Butsch: 0:16:14.40 --> 0:16:15.580 And people who are thin can cut it.

Understanding Willpower

Oprah: 0:16:16.300 --> 0:16:18.310 So let's talk about willpower.

Dr. W. Scott Butsch: 0:16:18.560 --> 0:16:28.250 It's not a matter of willpower, because as we just learned, people who perhaps are thin might never think about food the way people who have obesity do.

Oprah: 0:16:28.490 --> 0:16:39.770 OK, we visited Cedar Sinai Medical Center, ranked among the top hospitals in the United States to ask how these medications actually work. Watch this, doctor.

Introduction to Dr. Amanda Velasquez - Cedar Sinai

Oprah: 0:16:39.780 --> 0:16:51.690 Dr. Amanda Velasquez is an assistant professor of medicine and surgery and the director of Obesity medicine at the Center for Weight Management and Metabolic Health at Cedar Sinai Medical Center in Los Angeles.

Dr. Amanda Velasquez: 0:16:51.820 --> 0:17:26.700 There are seven medications that are FDA approved for weight management currently to treat individuals with obesity. There's the newer agents like GLP ones. These medications are a new era for the treatment of obesity. GLP one stands for Glucagon like peptide hormone. It is a hormone that every human has in their body. It's produced by our gastrointestinal tract. The hormone is working to communicate with our brain, our gut and other parts of the human body that are important organs in weight regulation like the pancreas and fat cells.

How GLP-1 Medications Work

Dr. Amanda Velasquez: 0:17:28.500 --> 0:18:30.350 When someone takes a GLP one receptor agonist or a GLP one medication, it is essentially copying what our normal GLP one hormone does in our body.

But doing it a little bit better.

What that means is it's working on the brain to help with reducing food noise.

It's working directly on the gut to slow the digestion so that you're going to be noticing that you're feeling satiety faster, because right now we know from the science that individuals living with obesity, their GLP one is not working the way it should.

And so now we're enhancing that by taking the medication.

And so it allows for it to basically do the lock and key situation where you have a hormone that is the key and the receptor which is the lock and allowing it to bind to different organs to reprogram it. Essentially, we're seeing double the amount of weight loss you can achieve with this class of medications compared to what we've had in our toolbox for the last several decades. In combination, of course, with a healthy lifestyle.

Oprah: Doctor Velasquez is here.

Expert Panel Discussion

Oprah: 0:18:30.400 --> 0:18:35.600 Were you all surprised in your practices when people started losing weight?

Dr. Dr. W. Scott Butsch: 0:18:35.900 --> 0:18:36.170 Yeah.

0:18:36.180 --> 0:18:37.270 I mean, I think we have. We've already been using other medications for the last 10-20 years, but these were just a little bit more effective.

Dr. Dr. W. Scott Butsch: 0:18:44.470 --> 0:19:4.980 I mean, we hadn't seen this in...

Oprah: 10-20 years for diabetes? **Dr. Dr. W. Scott Butsch:** For obesity. **Oprah:** Where was I? You know, that was when this was where the announcement was, and I think, you know, I go to the Cleveland Clinic. Nobody told me. OK, so you've been doing this for 20 years? **Dr. Dr. W. Scott Butsch:** 18 or so.

Dr. Amanda Velasquez: 0:19:4.990 --> 0:19:7.220 Yeah, it wasn't mainstream then - we didn't have TikTok. That was our problem.

Oprah: 0:19:8.80 --> 0:19:10.90 OK, alright.

Oprah's Personal Experience

Oprah: 0:19:10.480 --> 0:19:38.920 I would have to say that I felt exactly what Amy described here. I'm not constantly thinking about what the next meal is gonna be. I use it as a tool, also combined with hiking 3 to 5 miles a day or running because I have found that in order to balance everything so it's not just one thing, it's multiple things for me. It's also weight resistance training and all the things that go along with eating a healthy diet.

Dr. Amanda Velasquez: 0:19:38.930--> 0:19:56.900 Yeah, a multi prong approach is the way it has to be and I think a lot of times people think I can just pick up this medication, take it without any other counseling.

And the key is that you're working with the health care team.

That's multidisciplinary.

They're coming at it from all different angles the same way we would treat cancer.

You wouldn't just go in and grab some chemo. **Oprah:** And do you have to be on it for the rest of your life?

Dr. Amanda Velasquez: 0:19:56.970 --> 0:20:7.240 Yeah, the data would support that. I mean, we have good trials showing that when these patients stop the medication, the disease comes back. **Oprah:** Both of you are consultants to the drug companies. What does that mean?

Dr. Amanda Velasquez: 0:20:7.480 --> 0:20:12.230 What that means is that they're looking for our expert opinion to be able to deliver high quality care to patients.

Dr. W. Scott Butsch: 0:20:13.70 --> 0:20:26.540 You know, I've been involved with some of these companies and developing educational programs and modules for medical students and medical trainees to learn more about the disease of obesity. I'm also running clinical trials with future medications.

Children and Weight Loss Medications

Oprah: 0:20:26.690 --> 0:20:33.960 OK, so the obesity epidemic among children shows no signs of slowing, which raises a controversial question. Should children be prescribed, these medications will meet a 16 year old who was nearly 300 pounds by the time she was 11 years old back in a moment.

Maggie's mother: 0:20:48.300 --> 0:20:59.60 I took her to obesity clinics. I took her to camps. It was always eat less exercise, more calories in, calories out. If you're fat, you're lazy.

Oprah: 0:21:3.200 --> 0:21:39.100 Last year, for the first time, the American Academy of Pediatrics recommended the use of weight loss medications for children ages 12 years or older for the treatment of obesity, along with healthy eating and exercise. So I recently read a compelling article in the cut by writer Lisa Miller about a mother and father faced with an agonizing decision for their daughter. So a few weeks ago, we traveled to Missouri to meet the Harvey family.

The Harvey Family Introduction

Harvey Family: 0:21:42.210 --> 0:22:22.730 We live in Marceline, Missouri, which is a small farming community - Middle America. I'm a train conductor and Erica works at Marshall High School as a Spanish teacher our son Brody and our daughter of Maggie are very close. In age 14 months apart, Maggie was always a really good eater, even as a baby, we would eat dinner a lot with Papa and Nanny and my father-in-law at one point giggled and said "Look at that." "She doesn't have a tooth in her head, and she's already eaten a whole pork steak." And I remember thinking as a mother that something wasn't right with that. That was too much food for a child of her age.

Maggie Harvey: I remember as a kid I used to eat lots and lots. I genuinely never knew what it was like to be full because my brain always told me "I need like, I'm hungry" and I just couldn't stop eating.

The Struggles with Weight

Harvey Family: 0:22:43.500 --> 0:23:53.240 It became increasingly difficult to find clothes that would fit Maggie. We had to start buying adult sizes and have them altered one time. I even had a custom made dress for her so that she could be a Disney Princess. So by the time Maggie was 11 years old, she was actually nearing 300 pounds. I enrolled her in every sport she ever wanted to play. I took her to obesity clinics. I took her to camp. It was always "eat less, exercise more, calories in, calories out." "If you're fat, you're lazy." None of those things were true for my daughter. There was Maggie's pediatrician that brought it to our attention. He believed it was a genetic issue and that she needed extra help. And it was a severe case. Maggie was 13 years old in 8th grade when she had bariatric surgery. But just as a mom, seeing your child wheeled into an operating room, there's that moment of "Am I doing the right thing?" Around the time of the bariatric surgery, Maggie was also prescribed Victoza. Victoza is a liraglutide. Early predecessor of Ozempic, or a semaglutide that a lot of people take.

Maggie: 0:23:59.570 --> 0:24:14.720 Now I remember whenever I was in 3rd or 4th grade, a little girl came out to me and told me that I was fat and in that moment it was the first time in my life that I realized that I was different, or that I felt different from everybody else.

Harvey Family: 0:24:16.70 --> 0:24:21.350 Don't forget to take your medicine before church

Maggie: OK, the Victoza helps me not eat as much.

Harvey Family: 0:24:24.70 --> 0:24:29.590 When she started to lose that weight, it was like a butterfly coming out of a cocoon.

Maggie: 0:24:30.710 --> 0:24:32.650 Guys, I'm going to prom for my first time.

Harvey Family: 0:24:35.210 --> 0:24:45.820 For Maggie, obviously it was all about fashion and clothes and friends and parties, but for me it was no more fatty liver disease.

A1C levels are normal two years after surgery was the first time she had ever had normal blood work come back.

Maggie: 0:24:54.0 --> 0:24:54.610 I'm coming through.

Harvey Family: 0:24:54.620 --> 0:25:2.960 I was like it prepared her for a life of health and fitness and Wellness. Oh my God. My God, you're so pretty.

Oprah: 0:25:9.30 --> 0:25:19.400 So Maggie is now a sophomore in high school and recently got her drivers license. She's lost 108 pounds. Say hello to Erica and Maggie. Thank you for being here.

Harvey Family: 0:25:19.410 --> 0:25:20.420 Thank you for having us.

Oprah: 0:25:20.430 --> 0:25:54.740 You're taking Victoza because it's cleared for adolescence, correct? Because Mounjaro and Zepbound are not approved for adolescence, Maggie's parents pay out of pocket for Maggie's Victoza. Well, thank you for being brave enough to come on here and talk about this. Thank you, national prime time television, Maggie.

I read that "The Cut" article that Lisa Miller did and I know what I've lived with my life being publicly shamed. I can't imagine what it has been like for you. Can you share with us what that's been like?

Maggie: 0:25:54.890 --> 0:26:16.10 Well, I didn't feel like I was different from anybody else except for like in 7th grade or 6th grade when I got made fun of.

0:26:2.790 --> 0:26:5.140 I was like, I mean, maybe. Maybe I am different, like maybe I should start doing something different because that's when it started getting really bad.

Oprah: and what were you feeling all of these years for your daughter watching that Erica?

Maggie's mother, Erica: 0:26:18.690 --> 0:26:46.60 I struggle with my weight my whole life too. And I know what that feels like. I mean, when we started this journey with her team of doctors that she has now, the entire goal was to have bariatric surgery because we thought that was going to be the answer. But the first appointment that we had with her doctor's post surgery, they looked at her charts and they said "This is not having the effect that we had hoped that it would."

Oprah: 0:26:46.470 --> 0:27:29.560 Maggie was one of the first teenagers in the country to be prescribed these medications. So what were you told were the risks? If your daughter did take the Victoza and the risk if she did not? **Maggie's mother, Erica:** Well,

the risk obviously have not taking the medicine and not trying to find another solution for her obesity was that she would come diabetic. She was already diagnosed with prediabetes and the fatty liver disease, and I had a healthcare professional at one point. Tell me that she would be 500 pounds by the time she was 16 and that she would die. I mean, just flat out, she will die young.

Oprah: 0:27:29.720 --> 0:27:37.400 So you're taking the Victoza, but you really wanna be taking one of the other medications, but those other medications have not been...

Maggie: 0:27:37.470 --> 0:27:40.460 They're not covered by insurance and you know we cannot afford them.

Oprah: 0:27:40.550 --> 0:27:55.350 OK, I know that there are many people who are watching who think putting a minor on medications for weight loss is unthinkable or too risky. You've received a lot of criticism for that. and your family. What do you want to say about that?

Maggie's mother, Erica: 0:27:57.340 --> 0:28:12.870 I would say walk a mile in our shoes. You don't have any idea what it's like to live with obesity and tell you have and you have no idea what it's like to raise a child who's suffering from a disease that you don't have access to the medicine for?

Oprah: 0:28:12.980 --> 0:28:13.190 Yeah. When did you know it was a disease? Did you get that memo in 2013?

Maggie's mother, Erica: 0:28:17.210 --> 0:28:17.970 I did not. No, no one ever told that.

Oprah: 0:28:21.80 --> 0:28:35.230 Yeah. So are you now on the medication too?

Maggie's mother, Erica: I also take Victoza. It's not as effective for me. I have also been prescribed Wegovy and Zepbound but I cannot access it financially.

Oprah: 0:28:35.370 --> 0:28:39.330 Hmm. Maggie, have people treated you differently?

Maggie: 0:28:40.540 --> 0:28:52.980 People have for sure treated me differently like before. I mean, I feel more noticed that makes like I feel more noticed and I before I wouldn't have tried out on the cheer team.

Oprah: 0:28:53.30 --> 0:28:53.660 Mm-hmm.

Maggie: 0:28:53.700 --> 0:28:56.900 And I tried out for cheer just a week ago and I made this squad again.

Oprah: 0:28:57.90 --> 0:29:14.80 Good, good, good, good for you. Good for you. And you're going to the prom? I know going to the prom, we hope you have a great time at the

prom. That's wonderful. Thank you, Erica and Maggie and the whole family or every family. Thank you so much for letting us come to your home.

Maggie: 0:29:14.190 --> 0:29:14.660 Thank you.

Oprah: 0:29:15.830 --> 0:29:19.870 Next, I invited the CEO of Weight Watchers to join this conversation. We'll be right back.

Marissa and Jewel - Follow-up

Oprah: 0:29:24.480 --> 0:29:36.30 It was in September when I met Marissa and her daughter Jewel on Oprah Daily.com on the state of weight and Jewel, I remember at the time that you were nearing 370 pounds. I heard you shared that with us when you started on the medication and how is it going now?

Jewel: 0:29:36.40 --> 0:29:41.490 It's amazing. It's completely changed my relationship with food and it's honestly changed my entire life. It's been a domino effect and I'm down now to 308 pounds, which is 85 pounds total, 55 I've started.

0:29:47.200 --> 0:29:55.80

Oprah: 0:29:55.450 --> 0:30:0.580 Wow. In September, when we were talking, you were reluctant for her to do it. And what changed for you?

Marissa: 0:30:1.140 --> 0:30:21.180 I learned new vocabulary, I learned new ways of supporting her new understanding, her experience. So as she now begins to get to a new body like but the but but the mindset that she needs to love it along with it is just like beyond.

Oprah: 0:30:21.190 --> 0:30:28.470 And I think that happened... You tell us why that happened.= That you're able to show up. I think that's I'm gonna cry too. And now we cannot start crying. What?

Jewel: 0:30:28.970 --> 0:30:30.260 Where's it coming from?

Oprah: 0:30:30.430 --> 0:30:56.270 I think the reason that happens is because there is now a sense of hope. Number one and number two, you no longer blame yourself.

Because when I tell you how many times I have blamed myself because you think "I'm smart enough to figure this out." And then to hear all along, it's you fighting your brain.

Maggie's mother, Erica: 0:30:56.740 --> 0:31:21.110 That guilt that you feel where you blame yourself?

0:30:59.780 --> 0:31:2.50 Yeah, it's two fold when you're the mom.

And that's why when you said knowing the right way to support your child, hit my heart.

Because there are people who criticize what we have done for our daughter because I had to weigh that, like, how do I treat her to love herself? Exactly as she is right now. Yeah, and still support her desire to be in a different body.

Oprah: 0:31:21.120 --> 0:31:22.390 Yeah, that's wonderful.

Weight Watchers CEO - Sima Sistani

Oprah: 0:31:22.700 --> 0:32:27.860 OK so I recently made the decision to not continue serving on the Board of Weight Watchers and I made that decision because I wanted no perceived conflict of interest for this special and I also donated all of my shares at Weight Watchers to the Smithsonian National Museum of African American History and Culture so that I could have a conversation with you.

Sima Sistani, the CEO of Weight Watchers.

And I'm glad you're here because I joined Weight Watchers and joined the board back in 2015. And at the time, I was really very excited. I was excited about. I was counting those points and I said "This is it, this is it." This is it and I did. I lost some weight I put back on some weight and now Weight Watchers has changed its philosophy and has purchased a company that is in the weight loss medications. Can you tell us why that philosophy changed?

Sima Sistani: 0:32:28.450 --> 0:33:3.270 We are the most clinically tested evidence based science backed behavior change program. What we were missing? The third prong, which was biology.

There could be somebody who needs medications because they have that biological underpinning and therefore what is so important is for us to provide that care and also to help people release the shame for all those people who came side by side and took on the behavior change. Some of them walked away without the success. And to those people, I wanna say it's not your fault.

Oprah: 0:33:3.860 --> 0:33:23.650 Why do we need Weight Watchers if we've got Zepbound and Wegovy? **Sima Sistani:** Weight Watchers is not just about weight loss, it's about community. It's about education and it is about care.

0:33:17.260 That's our new philosophy is to help people live longer, happier lives with weight healthcare.

Oprah: 0:33:23.780 --> 0:33:31.40 OK. Thank you very much. Let's get into the side effects. You all. It's not all pretty. We're coming up with that next.

Side Effects Discussion

Oprah: 0:33:35.980 --> 0:34:5.320 A comprehensive study on this class of medicines found that nearly 17% of patients discontinued medication because of side effects. Now, the vast majority of which were gastro intestinal, and we asked Doctor Jennifer Ashton, Chief medical correspondent for ABC News, to share her expertise on the side effects. She is board certified in obesity medicine, a practicing OBGYN, has a master's degree in nutrition. Here's Doctor Jen.

Dr. Jennifer Ashton - ABC News

Dr. Jennifer Ashton: 0:34:6.50 --> 0:35:37.320 Oprah. I'm so glad we're talking about this. Let me give you some historical context and perspective on this class of medication. The GLP one agonist people often don't realize that these were first FDA approved in the United States for help in managing Type 2 diabetes almost 20 years ago. So we have extensive safety and efficacy data. They have a good track record. However, when you talk about risks, I think you need to ask 4 questions. What are the risks of taking these drugs versus what are the risks of not taking these drugs? What are the benefits of taking these drugs and what are the benefits of not taking these drugs? We know conclusively that if you do not treat or manage the conditions of overweight or obesity, the risks are significant. Increased risks of heart attacks. Stroke various types of cancer that has to be part of this decision making analysis. So take a very rare potential risk or side effect of this class of medication. But if a risk is noted to occur, one out of every 100,000 times, that's rare. That's one case, but if all of a sudden a million people are on that drug, you're going to see that rare risk or side effect 10 times. What I tell patients is if you had high blood pressure, fewer high cholesterol, if you had depression, you would treat it. It is conclusively known that the conditions of overweight and obesity are complex. Chronic disease states not character flaws, Oprah, so they should be managed accordingly.

Oprah: 0:35:38.750 --> 0:35:56.0 Ooh, I love that so much. Doctor Jen, thank you. It's a disease, not a character flaw, so we have Rolanda in our audience. She started taking the medications after her doctor prescribed them for weight loss. Hi Rolanda, and I heard you took them for how long?

Rolanda: 0:35:56.410 --> 0:35:58.330 Four months, about four months.

Oprah: 0:35:58.340 --> 0:36:0.780 Four months. And then you stop taking them. Why?

Rolanda: 0:36:0.790 --> 0:36:8.180 It Yeah, I was very nauseous. It started off, it was manageable for a little bit and I just it just got worse for me.

Oprah: 0:36:8.740 --> 0:36:19.70 So you came off? **Rolanda:** Well, I had no choice. I was just throwing up and when I went to the ER, that was it. I saw blood. It was just time for me to get off. It was just bad for me at that point.

Oprah: 0:36:19.80 --> 0:36:23.650 So did your doctor then say these medications are not right for you?

Rolanda: 0:36:23.660 --> 0:36:25.970 He said that one wasn't.

Oprah: 0:36:25.980 --> 0:36:28.430 That one wasn't. So did you then try another one?

Rolanda: 0:36:28.500 .--> 0:36:30.640 I haven't. Not yet. Not yet.

Oprah: 0:36:30.650 --> 0:36:32.490 OK. Are you thinking about trying another one?

Rolanda: 0:36:33.220 --> 0:36:36.790 I'm a little nervous about it. Yeah, I'm thinking about. It was hard for me.

Oprah: 0:36:36.800 --> 0:36:37.290 Yeah.

Medical Expert Response to Side Effects

Oprah: 0:36:37.300 --> 0:36:39.920 So, Doctor Velasquez, what do you want to say about that?

Dr. Amanda Velasquez: 0:36:40.60 --> 0:36:55.800 Yeah, I think that it's about education of the side effects. It's about effective management of the the side effects.

Oprah: But they do have side effects. **Dr. Amanda Velasquez:** I think that they've gotten overhyped. Medicines have side effects, but the important part is that they're mild to moderate in the research studies.

Oprah: 0:36:55.850 --> 0:36:58.920 yeah, I wanna talk to... have you answer this question about serious health effects down the road?

Dr. Amanda Velasquez: 0:36:59.110 --> 0:37:35.670 Yeah, like we can speak to that. So there's been a lot of hype around, like pancreatitis, gallbladder complications, concerns for thyroid cancer. So there this is really not been shown in human studies that this is a downstream complication and that really that the risk is less than one percent.

Oprah: So when we're talking about any medication, people who have it, it is an issue for the? **Dr. Amanda Velasquez:** So if anybody has a history specifically of medullary thyroid cancer, medullary thyroid cancer is very, very rare. So if they do have that, we are not prescribing that medication. So we have to be able to keep up with knowing the data and recognizing that it's rare, but it's there and we have to always screen.

Oprah: 0:37:36.120 --> 0:37:47.370 Next, I'm going to talk with two global pharmaceutical companies behind these meds, Novo Nordisk and Eli Lilly appearing together here for the first time here right back.

Pharmaceutical Companies Introduction

Oprah: 0:37:53.440 --> 0:38:2.470 We know how many ramifications health problems you have if you have severe obesity, why wouldn't your insurance company want to cover that?

Dr. W. Scott Butsch: 0:38:2.540 --> 0:38:15.60 Think about this. If you don't believe it, obesity is a disease and you're running a policy plan. What are you going to convince your Members who are making those decisions? You're gonna say, "Why should we bother giving you a drug to somebody who should just eat less?"

Oprah: 0:38:15.340 --> 0:38:48.240 OK. The two pharmaceutical companies who are behind the meds, Ozempic and Wegovy, Mounjaro and Zepbound, are here.

Negelle Morris is a senior vice president for Novo Nordisk, the Danish company behind Ozempic and Wegovy, and Rhonda Pacheco is the group vice president for Eli Lilly, the American Pharma company that manufacturers and sells Mounjaro and Zepbound. And they've been sitting together this entire hour.

Oprah: 0:38:49.400 --> 0:39:1.610 I wanted to ask you in the Novo Nordisk offices when this hit TikTok and became like a sensation, what was it going on back there?

Negelle Morris: 0:39:1.780 --> 0:39:41.860 It was actually over 2 decades ago that Novo Nordisk made a stand that obesity is a disease and that the shame that society keeps on people who are dealing with excess weight and obesity needs to stop. And both of those things were equally important and I'll say it over and over again as someone who's still myself struggles with excess weight and obesity, I have to remind myself constantly, this is not a personal failing. Yes, even surrounded by all this education and data, and doing what I do for a living. **Oprah:** So can you both talk about access, first of all, running out of the drugs. I guess that's because the demand was so high, correct?

Rhonda Pacheco: 0:39:41.950 --> 0:39:59.730 Unprecedented demand. I think people are getting the memo like you're talking about and people are really understanding that this is a disease. They're seeing treatments that are showing this efficacy and so they're going out and they're speaking to their physicians. And so it is unprecedented.

Oprah: 0:39:59.870 --> 0:40:4.690 There are a lot of physicians who are not informed about it, correct?

Rhonda Pacheco: 0:40:4.700 --> 0:40:6.830 Yes, correct. So the job's not done.

Oprah: 0:40:6.900 --> 0:40:11.170 And now after a show like this, you're going to have people debating it all over the place and people...

Negelle: 0:40:11.180 --> 0:40:24.660 But it's a healthy discourse, right? And I think that that's important to have that discussion. So access is complex, just like the disease itself is complex. Obesity medications are not covered to the same extent, and that's why that out of pocket cost is what it is.

Rhonda: 0:40:25.70 --> 0:40:30.340 When you look at obesity that it's nowhere near the coverage that we need.

Oprah: 0:40:30.560 --> 0:40:40.440 Well, I thank you both for being here the first time in 100 years. This has happened and I hope that this has been an eye opening conversation for everybody.

Oprah's Closing Thoughts

Oprah: 0:40:40.490 --> 0:41:39.190 I hope it has for people who feel happy and healthy and celebrating life in a bigger body and don't want the medications I say bless you.

And for all the people who believe diet and exercise is the best and only way to lose excess weight, bless you too. If that works for you and for the people who think that this could be the relief and support and freedom, as you said earlier that you've been looking for your whole life, bless you because there is space for all points of view.

And if you want to know more about how the weight loss meds are impacting everything from our relationships to our culture and our future, join me over at Oprahdaily.com. We're talking a lot about this. I wanna say thank you to all of my guests for your courage and for your candor and the most vital thing is to get trusted information and also let's stop the shaming and blaming. Stop the shaming and blaming. It's no place for it. Bye everybody.