Acta Medica Young Doctors

Editorial Letter

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Semaglutide Use and Clinical Experience: Editorial Letter

Semaglutide has emerged in recent years as a prominent pharmaceutical agent used to treat Type 2 diabetes. Its mechanism of action is based on its role as a glucagon-like peptide-1 receptor agonist. A multicenter phase three study was conducted, in which 1,197 participants were observed over a period of 240 weeks. As indicated by the findings of the study, there was a substantial decline in the identification of steatohepatitis, concurrent with a notable decrease in body mass index among obese patients (1, 2).

Semaglutide has been associated with a variety of adverse effects, including gastrointestinal complaints, renal and biliary problems. Gastrointestinal adverse effects encompass a range of symptoms, including but not limited to: nausea, vomiting, abdominal pain, diarrhea, and constipation (3). In biliary pathologies, cholelithiasis and cholecystitis have been reported, and cases of pancreatitis are documented in the literature (4).

Dear Editor,It is worth noting that analogous observations have been made in the patients under our supervision. In the subsequent follow-up of patients using

semaglutide, a reduction in weight was observed, and the conditions of hepatosteatosis and steatohepatitis demonstrated regression. In addition to the Conversely, no significant adverse effects have been observed in patients exhibiting dyspeptic abdominal pain. However, subsequent patient monitoring has demonstrated that these adverse effects can lead to a decline in medication adherence and the cessation of weight loss after a certain duration. It is imperative that patients receive comprehensive information observed decrease in body weight, it was noted that patients frequently exhibited gastrointestinal symptoms, particularly during the medication adaptation process. regarding any findings pertaining to the gastrointestinal system during subsequent follow-up appointments. In cases where such symptoms are present, it is imperative to provide supportive treatment and symptomatic relief.

Keywords: Semaglutide, Diabetes, Clinical Experience

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