

Response to Pharmaceutical Benefits Advisory Committee (PBAC) consultation:

1. Obesity Medicines - PBAC advice on equitable access to glucagon-like peptide-1 (GLP-1) receptor agonist medicines through the PBS for the treatment of obesity
2. Semaglutide - Wegovy®: Established cardiovascular disease with obesity

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

The leading voice in nutrition and dietetics

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

Dietitians Australia's credentialing program, the Accredited Practising Dietitian program, provides an assurance of safe, quality practice, and it is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians are uniquely trained to provide one-on-one medical nutrition therapy to consumers in a clinical context across a broad range of disease and health conditions. Dietitians must hold the Accredited Practising Dietitian credential and meet continuing professional development and recency of practice standards annually to access Medicare, Department of Veterans Affairs, National Disability Insurance Scheme, worker's compensation schemes and most private health insurers.

Accredited Practising Dietitians are integral to improving the health, function, and wellbeing of Australians, by delivering evidence-based care, including in weight management and prevention. Their expertise enhances quality of care, drives efficiency across the health system, and contributes to long-term cost-effectiveness.

Key recommendations

We call on the Government to:

- 1. Require referral to an Accredited Practising Dietitian before and on prescription of GLP-1 RA medicines for any therapeutic purpose.**
- 2. Ensure consumer access to Accredited Practising Dietitians before, during and after using GLP-1RA medicines.**

Introduction

The Pharmaceutical Benefits Advisory Committee (PBAC) seeks advice on obesity medicines and equitable access to glucagon-like peptide-1 receptor agonist (GLP-1RA) medicines through the PBS for the treatment of obesity. PBAC has highlighted the urgent need for equitable access to improve the health and wellbeing of all Australians. Nutrition and healthy eating is a proven driver of health and productivity, yet it remains under-recognised in current policy and funding structures for obesity medicines.

Dietitians Australia supports the goals of the *National Obesity Strategy 2022-2032*¹ to reduce obesity through prevention and treatment. However, to turn strategy into measurable impact, Australia must harness its most valuable resource in nutrition care, Accredited Practising Dietitians. As clinical experts in nutrition and behaviour change, dietitians are critical to translating policy into healthier lives and stronger communities. Involving Accredited Practising Dietitians before, during, and after the use of GLP-1 RA medicines ensures consumers are well-prepared, supported throughout therapy, and able to maintain long-term success beyond medication use. Embedding dietitian support alongside medication access will maximise treatment effectiveness, reduce nutritional risks, reduce weight regain and deliver the best value for the health system.

Challenges

Despite the ability of the breakthrough GLP-1RA medicines to produce significant weight reduction and related health benefits, challenges such as gastrointestinal side effects, risk of nutrient inadequacies, loss of muscle and bone mass, high costs, frequent discontinuation, and weight regain create challenges for the long term success of these medicines in individuals and populations^{2 3}

A 2025 study found over 20% of consumers using GLP-1RAs for diabetes and obesity developed nutrient deficiencies within a year. This finding underscores the need for carefully managed nutritional support to prevent deficiencies and ensure safe, effective nutritional outcomes.³

Without ongoing support, many people struggle to sustain lifestyle changes once they stop taking the medicine. Ensuring people have access to Accredited Practising Dietitians before, during and after use of these medicines would provide the wraparound care needed for safe and effective treatment. This is especially important for people living in low socioeconomic areas and rural, remote regions where overweight, obesity and chronic conditions are also more common.

¹ Department of Health and Aged Care, 2022. National Obesity Strategy 2022–2032. [online] Australian Government. Available at: https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032_0.pdf [Accessed 24 September 2025].

² Mozaffarian, D., Agarwal, M., Aggarwal, M., Alexander, L., Apovian, C. M., Bindlish, S., ... & Callahan, E. A. (2025). Nutritional priorities to support GLP-1 therapy for obesity: a joint Advisory from the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and The Obesity Society. *Obesity Pillars*, 100181.

³ Butsch et al, 2025. Nutritional deficiencies and muscle loss in adults with type 2 diabetes using GLP-1 receptor agonists: A retrospective observational study. *Obes Pillars*. 2025; 15:100186. <https://doi.org/10.1016/j.obpill.2025.100186>

Dietitians Australia is also concerned about the prescription of GLP-1 RA medicines by online telehealth providers who are often not the consumer's regular healthcare provider. Dietitians Australia is concerned telehealth may present lower screening thresholds and make it easier for people to access the medicines, no matter whether there is a medical contraindication such as risk or presence of eating disorders, other mental health conditions and gastrointestinal disorders.

Without the right dietetic support, people using GLP-1 RA medicines are at an increased risk of negative long-term health effects.

Longterm behavioural change approach required

Dietitians Australia members report that individuals experience weight interventions differently, particularly with respect to GLP-1RA medicines. Medications can suppress appetite and change food and eating behaviours. Both research evidence and anecdotal reports from our members show that eating patterns can revert to pre-treatment patterns when treatment stops. This underscores the need for interventions that support long-term and sustainable lifestyle management.

Accordingly, wraparound care through mandated referral to an Accredited Practising Dietitian for consumers prescribed these medicines for any therapeutic purpose is critical, especially since obesity management medicines are increasingly being prescribed widely, not just for diabetes but for broader purposes such as renal and cardiovascular disease.

How Accredited Practising Dietitians can help

Ensuring consumers have access to Accredited Practising Dietitians before, during, and after GLP-1RA treatment is key to achieving the best possible health outcomes:

1. **Before starting medication**, Accredited Practising Dietitians can help consumers build healthy, sustainable eating patterns and prepare for lifestyle changes that enhance treatment effectiveness.
2. **During treatment**, dietitians provide tailored support to manage side effects, optimise nutrition, and reinforce behaviour changes.
3. **After treatment**, they play a vital role in helping consumers maintain weight loss, prevent relapse, and manage related chronic conditions.

People prescribed GLP-1RA medicines benefit most when treatment is supported by structured lifestyle and dietary care. Early and sustained dietetic intervention improves outcomes, prevents disease progression, and protects muscle mass and bone health.

For this reason, all individuals using GLP-1RAs should be supported through multidisciplinary care plans that include **comprehensive nutrition and lifestyle counselling from an Accredited Practising Dietitian**.^{4,5} Such

⁴ Mozaffarian, D., Agarwal, M., Aggarwal, M., Alexander, L., Apovian, C. M., Bindlish, S., ... & Callahan, E. A. (2025). Nutritional priorities to support GLP-1 therapy for obesity: a joint Advisory from the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and The Obesity Society. *Obesity Pillars*, 100181.

⁵ Butsch et al, 2025. Nutritional deficiencies and muscle loss in adults with type 2 diabetes using GLP-1 receptor agonists: A retrospective observational study. *Obes Pillars*. 2025; 15:100186. <https://doi.org/10.1016/j.obpill.2025.100186>

comprehensive care will achieve outcomes beyond body weight alone and ensure effective use of GLP-1RA medicines and, ultimately, maintain and improve consumers' overall health.⁶

Dietitians are essential partners in making GLP-1 therapy safe and effective. Their work goes far beyond simple meal planning and helps consumers turn treatment by medication into lasting behaviour change:

- **Managing side effects and tailoring advice.** GLP-1 drugs often cause nausea, diarrhoea or constipation, so Accredited Practising Dietitians help consumers adjust eating patterns and macronutrient balance to ease these symptoms. They also make sure consumers understand that the medications are tools to support lifestyle change rather than a cure-all.
- **Ensuring adequate nutrition and promoting sustainable weight loss.** Because GLP-1 RA medications suppress appetite, consumers may eat too little protein or become deficient in important micronutrients. Accredited Practising Dietitians emphasise fruits, vegetables, whole grains and lean proteins and develop personalised meal plans that meet nutritional needs despite reduced energy intake. Accredited Practising Dietitians also advise when supplementation is appropriate and stress the importance of preserving muscle mass through resistance exercise and adequate protein.
- **Identifying risks early:** Accredited Practising Dietitians can work with other specialists to screen, monitor, diagnose and treat for disordered eating, gastrointestinal conditions and mental-health issues.
- **Supporting broader lifestyle changes.** Accredited Practising Dietitians coach consumers on healthy eating, sleep, physical activity and stress management. They address weight stigma and encourage people to celebrate improvements in energy or mobility rather than focusing solely on the number on the scale. Ongoing support helps consumers maintain healthy habits after the medication ends.
- **Coordinating care across providers.** Accredited Practising Dietitians can monitor adherence and side-effects, and share feedback with prescribers. Through clear communication and practical visual tools, dietitians help consumers better understand dosing and dietary needs. They can also play a key role in advocating for slower dose escalation to minimise side effects and improve tolerance.

It is also critical to list Accredited Practising Dietitians in prescribing criteria and mandate referral to them to prevent substitution with less qualified providers.

Accredited Practising Dietitians provide leadership in dietetic care and obesity management

Dietitian Australia's members report Accredited Practising Dietitians are often central to:

- Coordinating and overseeing complex care in fragmented or low-resourced teams
- Facilitating effective communication across disciplines
- Providing continuity of care, especially in community and outpatient settings, and
- Supporting clients through some of the most nutritionally complex aspects of obesity.

⁶ Mozaffarian, D., Agarwal, M., Aggarwal, M., Alexander, L., Apovian, C. M., Bindlish, S., ... & Callahan, E. A. (2025). Nutritional priorities to support GLP-1 therapy for obesity: a joint Advisory from the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and The Obesity Society. *Obesity Pillars*, 100181.

A wrap-around model of care with the Accredited Practising Dietitians at its centre highlights their pivotal role in ensuring the safe and effective use of obesity medicines. By positioning dietitians as the central point of care, clinical guidelines, prescribing criteria, training, and education can clearly demonstrate how Accredited Practising Dietitians integrate and coordinate the broader multidisciplinary team.

This approach ensures consumers receive consistent, evidence-based nutrition and behaviour support, maximises the benefits of medicines, and strengthens long-term outcomes. To achieve this, we propose that dietitians be **formally** recognised as an essential component of a 'Minimum Treatment Team', working in partnership with the prescribing medical practitioners and other accredited health professionals.

Equitable access

Requiring referral to an Accredited Practising Dietitian before and on prescription of GLP-1 RA medicines for any therapeutic purpose and access to Accredited Practising Dietitians before, during and after using GLP-1RA medicines will empower more Australians, particularly those in rural, remote, and lower socioeconomic communities, to gain lasting benefits from GLP-1RA medicines, reduce health inequities, and support long-term wellbeing.

Examples of models of care involving dietitians

i. Rural telehealth primary care model: HealthyRHearts ⁷

- Investing in dietitians within primary care can significantly improve health outcomes for Australians, particularly in rural areas where access to healthcare is limited.
- Australian evidence from the HealthyRHearts study demonstrates that Medical Nutrition Therapy (MNT) delivered by Accredited Practising Dietitians via telehealth leads to clinically relevant improvements in glycaemic control (HbA1c reduction), circumference and weight management for individuals at moderate to high risk of cardiovascular disease.
- These outcomes are critical for reducing the burden of chronic diseases like diabetes and obesity, which disproportionately affect rural populations.

Key points:

- **Cost-effective health improvement:** MNT is a proven adjunct therapy that supports usual care provided by GPs, leading to better management of chronic conditions without requiring extensive resources.
- **Addressing rural health inequities:** Telehealth delivery of MNT ensures access to dietetic services across vast geographical distances, overcoming workforce shortages in rural areas.
- **Preventative care:** Lifestyle interventions, including dietary changes guided by Accredited Practising Dietitians, are recommended as first-line therapy for managing CVD risk factors, reducing long-term healthcare costs and improving population health.

⁷ Schumacher, Tracy L., et al. "The effectiveness of medical nutrition therapy for people at moderate to high risk of cardiovascular disease in an Australian rural primary care setting: 12-month results from a pragmatic cluster randomised controlled trial." *BMC Health Services Research* 25 (2025): 956.

ii. DiRECT-Aus Diabetes Remission Trial (2021)

Below is an example of where Accredited Practising Dietitians have demonstrated health related outcomes in clinical settings and why it is critical to include Accredited Practising Dietitians in GLP-1 RA prescribing criteria.

South Western Sydney PHN (2021) conducted the DiRECT-Aus Diabetes Remission Trial (2021).

The PHN partnered with Tharawal Aboriginal Medical Service implementing an intensive weight management program (low-energy diet) for type 2 diabetes remission. Led by a team including a GP, nurse, and Accredited Practising Dietitian.

Outcomes: First cohort lost up to 15 kg with excellent glycemic control without medications; a second cohort saw ~7.7 kg loss in 4 weeks, also reducing blood glucose with little or no medication. Participants also reported improved energy, mood, and family members also adopting healthier diets.

Box 1 Example Multidisciplinary care South Western Sydney PHN (2021). DiRECT-Aus Diabetes Remission Trial (2021).⁸

iii. An example of a model of dietary assessment and Nutritional Management⁹

Before and during using GLP1s

Research indicates an initial evaluation by a registered dietitian, with follow-ups every 2–3 months during GLP-1 RA dose escalation, is ideal. Nutrition management should prioritize food quality over strict calorie counting, though some consumers may benefit from periodic tracking via apps, logs, or photos. Calorie targets should be individualized based on goals and activity. Accredited Practising Dietitians are trained to support consumers in this area.

The **MEAL** mnemonic offers a structured framework for dietary management in consumers on GLP-1 RA therapy (Mertash et al, 2025), which Accredited Practising Dietitians are specifically trained to implement:

- **Muscle maintenance:** adequate protein and physical activity to minimize muscle loss.
- **Energy balance:** such as, smaller, nutrient-dense meals, whole grains for satiety, and healthy fats for vitamin absorption and liver health.
- **Avoid side effects:** such as, fibre, hydration, and OTC laxatives for constipation; dietary modifications and behaviour change for nausea and reflux
- **Liquid intake:** at least 2–3 L/day fluids plus hydrating, electrolyte-rich foods to prevent dehydration.

This approach integrates nutrition and lifestyle strategies with pharmacotherapy to optimize outcomes and manage side effects.

⁸ South Western Sydney PHN (2021). DiRECT-Aus Diabetes Remission Trial (2021). Diabetes sufferers have success with weight management program. <https://swsphn.com.au/wp-content/uploads/2021/12/Diabetes-sufferers-have-success-with-weight-management-program.pdf#:~:text=Eight%20Tharawal%20AMS%20clients%20aged,Five%20general>

⁹ Mehrtash F, Dushay J, Manson JE. Integrating Diet and Physical Activity When Prescribing GLP-1s—Lifestyle Factors Remain Crucial. *JAMA Intern Med.* 2025;185(9):1151–1152. doi:10.1001/jamainternmed.2025.1794

Medication discontinuation and after treatment

Weight regain after discontinuation of GLP-1 RAs is common and should be discussed early in treatment planning with an Accredited Practising Dietitian. Mehrtash and colleagues (2025) reported that clinical trials confirmed a 7–12% weight rebound within one year of cessation, but frequency of follow up visits and lifestyle counselling differed between studies, limiting generalizability. Mehrtash and colleagues (2025) recommend tapering approaches over at least 20 weeks, with progressively less monitoring. Ongoing assessment of weight, appetite, metabolic health, diet, activity, sleep, mood, and muscle strength is essential after treatment. These monitoring activities can be performed by an Accredited Practising Dietitian.

As obesity is a chronic condition, long-term management is required; optimal outcomes with GLP-1 RAs depend on combining pharmacotherapy with tailored nutrition and physical activity interventions to sustain weight loss, preserve muscle mass, and reduce side effects.

Why the Call to Action?

Requiring referral to an Accredited Practising Dietitian on prescription of GLP-1RA medicines for any therapeutic purpose would ensure consistent, nationally coordinated care standards that support long-term health and wellbeing.

We cannot afford to overlook the importance of nutrition in the effective use of these medications.

Accredited Practising Dietitians are recognised professionals with qualifications and skills to provide expert nutrition and dietary advice. Accredited Practising Dietitians design and deliver personalised medical nutrition therapy, that forms an integral and effective part of improving nutritional intake, addressing weight related concerns and managing chronic and complex conditions.⁶

Medical nutrition therapy includes a detailed individualised nutrition assessment, setting individual goals and priorities, practical dietary advice and counselling with follow-up for the purpose of disease prevention or management and to improve quality of life.

Accredited Practising Dietitians facilitate long term behaviour change by encouraging the self-management of health through nutrition, diet and other lifestyle modifications, with a view to preventing and treating disease.

The advice and counselling provided considers the person's readiness to change, knowledge, skills and access to resources.

Accredited Practising Dietitians must be a core part of the care team for patients using GLP1-RA medicines, and they should be supported to access these services.

Dietitians Australia response:

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Savings to Government: Reducing Obesity Related Costs and Inequities Through Access to Accredited Practising Dietitians

- Overweight and obesity are now Australia's leading health risk, surpassing smoking.¹⁰
- The proportion of Australians living with overweight or obesity is greater in regional and remote areas (rates of around 70%) than in major cities (rates of 64%).¹¹
- Illnesses related to obesity cost Australian tax payers A\$11.8 billion in 2018. These costs are projected to increase 7-fold to A\$87.7 billion by 2032 if no action is taken.¹²
- In comparison, the cost of providing Medicare consumer rebates for 12 sessions/year to see an Accredited Practising Dietitian would only total approximately \$0.3 billion (or \$310 million) annually.

Conclusion

Accredited Practising Dietitians are uniquely positioned to deliver measurable gains, reducing malnutrition, preventing chronic disease, lowering potentially preventable hospitalisations, and improving quality of life for people using obesity medicines before, during and after treatment.

We urge the Australian Government to:

- Act immediately upon the recommendations detailed in this submission.
- Engage with Dietitians Australia to implement these recommendations.

We are available to discuss these matters further and support the development of policy to align with best practice.

DIETITIANS ARE ESSENTIAL IN WRAP AROUND CARE FOR PATIENTS PRESCRIBED GLP-1 RA MEDICINES

From creating personalised meal plans to supporting those managing chronic conditions, dietitians empower people to make informed, sustainable choices that support lifelong health.

¹⁰ <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/interactive-data-on-risk-factor-burden/changes-in-risk-factors-over-time>

¹¹ <https://www.obesityevidencehub.org.au/collections/trends/adults-australia#cite5956>

¹² https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032-at-a-glance-summary-with-a-logic-framework_0.pdf