

## How Can an Obese Person Lose 18 kg in 3 to 5 Months

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### 1. Case Reports

Obesity is a chronic disease, as emphasized by many reputable medical organizations. It can last a lifetime and requires an ongoing treatment. Obesity is linked to more than 200 overweight-related diseases, including heart diseases, type 2 diabetes, and many types of cancer. Obesity also affects the overall quality of life and well-being. But obesity may be controlled and treated, like another diseases, e.g. diabetes mellitus 2nd type and hypertension. Even total remission of these diseases without pharmacotherapy need could be reached. Obesity control and treatment is precisely the key moment today [1]. Sometimes therapeutic lifestyle changes are sufficient, sometimes pharmacotherapy for obesity is also necessary. This is supported by the following 2 case reports, in which weight loss has been impressive in a relatively short time, although complete remission of obesity has not yet been achieved.

#### 1. Weight reduction through lifestyle change, including partial fasting (8/16-hour system, i.e., 8 hours daily of usual food intake, 16 hours of fasting, intake of only water with lemon):

##### 1.1. 03/05/2025: 75-year-old female, initial examination:

**Subj:** hypertension, about 5 years, up to 220 mmHg, occasional pinching at the heart, diazepam and Mg helps, even now during the ECG examination she had a feeling of pinching, family medical history – type 2 DM

**Obj:** ECG: within standard limits, BP 133/66 mmHg, waist circumference 117cm, weight 114kg

Glucose 6.23, total cholesterol 6, 24, LDL 4.4, TG 1.5 mmol/l

The skin is clean, dry, turgor good, pink mucous membranes, white sclera, thyroid gland not enlarged, cervical and supraclavicular lymph nodes not palpable, regular heart activity, heart sounds well defined, discrete proto-systolic murmur, soft abdomen, palpable, painless, liver, spleen in rib arches, legs without oedema and calf pain

**Dg:** A. controlled hypertension, prediabetes, abdominal obesity, hypercholesterolemia

**Recommendation:** partial fasting with the 8/16-hour system, i.e.

after 2 p.m. do not eat anymore, only drink water with lemon, include aerobic and strength exercises in our cardio fitness programme, Linola fat for dry skin, beta-blocker with vasodilator ability, ACEI, amlodipine 5mg, add rosuvastatin with ezetimibe 20/10 1 tbl., check-up on 26/08, 10 a.m., check lipids and glucose before check-up.

##### 1.2. 14/10/2025: follow-up examination:

**Subj:** she lost 18kg on the 8/16-hour diet system, she feels much better, she was on a cholesterol diet, she came to our facility to exercise, then to a physiotherapist for strength exercises. Now she walks faster, she can even carry a load up the stairs. In her youth, she played sports, her muscles seem to remember her training in her youth.

**Obj:** BP 114/64 mmHg, heart rate 68/min, waist circumference 104cm, weight 96kg, total fat 42.6%, visceral fat 13, muscle mass 25.7%, BMI 33.5, basal metabolism 1769 kcal, LDL 1.7, TG 0.9 mmol/l, glycated Hb 5.1%

**Conclusion:** excellent reduction of weight, waist circumference, LDL cholesterol, remission of prediabetes.

#### 2. Weight reduction after the introduction of daily strength training and pharmacotherapy for obesity according to EASO (European Association for the Study of Obesity)

##### 2.1. 20/06/2025: 70-year-old male, initial examination:

**Subj:** treated for high BP. He gained weight, is being treated for osteoarthritis of the knees, and had to significantly reduce the range of his usual mobility due to pain. He does not have diabetes, nor does he have pancreatic disease, colonoscopy negative. He is planned for knee surgery, the condition for performing the surgery is a significant weight reduction.

**Obj:** waist 143cm, thyroid gland not enlarged, skin sweaty, striae absent.

Height 175cm, weight 148 kg, muscles mass 67 kg, total fat 52.4%, visceral fat 39, metabolic age 85 years, BMI 48

**Dg:** Obesitas gravis, extreme visceral and total fat content

**Recommended:** the principles of weight reduction explained, in accordance with the EASO recommendations for the treat-

ment of obesity in osteoarthritis of the knee (2) I add semaglutide 1.0mg s.c. once a week, include in the food more proteins, vegetables, strength exercises twice a day, checkup on 22/09 at 8AM, Plan 140kg.

## 2.2. 22/09/2025: follow-up examination:

**Subj:** He showed up to have his body composition measured, bought a multi-gym tower for strength exercises, he exercises 2 times a day for 1 hour. He applies semaglutide once a week, he is less hungry, eats smaller portions, regularly three times a day, does not snack between meals.

**Obj:** Weight 130kg, muscle mass 74kg, total fat 40%, visceral fat 28.5, BMI 42.6

**Dg:** excellent weight loss of 18 kg, loss of total and visceral fat, increase in muscle mass by 7 kg

**Conclusion:** excellent effect of combining strength training together with semaglutide pharmacotherapy

A prerequisite for such significant body weight losses, as well as other related parameters, is effective obesity management by the attending health care professionals and the patient's adherence to the proposed therapeutic lifestyle changes and, as needed, to pharmacotherapy [3]. It is especially important to emphasize not only the change in diet, but also the importance of strength exercises. Finally, long-term adherence to pharmacotherapy and

its long-term effectiveness can be achieved by including 2-3 strength training sessions/week. Otherwise, with pharmacotherapy itself, without strength training, not only the proportion of total and visceral fat, but also muscle mass is reduced. And this means a problem in maintaining the reduced weight after ending of pharmacotherapy, because when the proportion of muscle mass is reduced, the basal metabolism decreases. In recent years, I personally have devoted most of my professional career as a cardiologist to the topic of overweight and obesity treatment, and opening this topic in dialogue with my patients is a daily mission for me. I am sure that it is also useful as part of standard patient care in a cardiology clinic settings. At the same time, I know that this is a sensitive topic and if a healthcare professional does not have a view on it supported by professional facts and their own experience, they can lose the patient's trust. A patient senses bias very quickly and cuts off the conversation before it has even started. Therefore, professional communities continue to shape the view of obesity as a chronic disease, and at the same time, they help to create a new approach towards patient education and, in indicated cases, also towards the indication of pharmacotherapy for obesity. Examples are the set "5 principles of obesity" from the workshop of the International Obesity Collaborative [1] and the EASO Summary Obesity Management Algorithm [2].

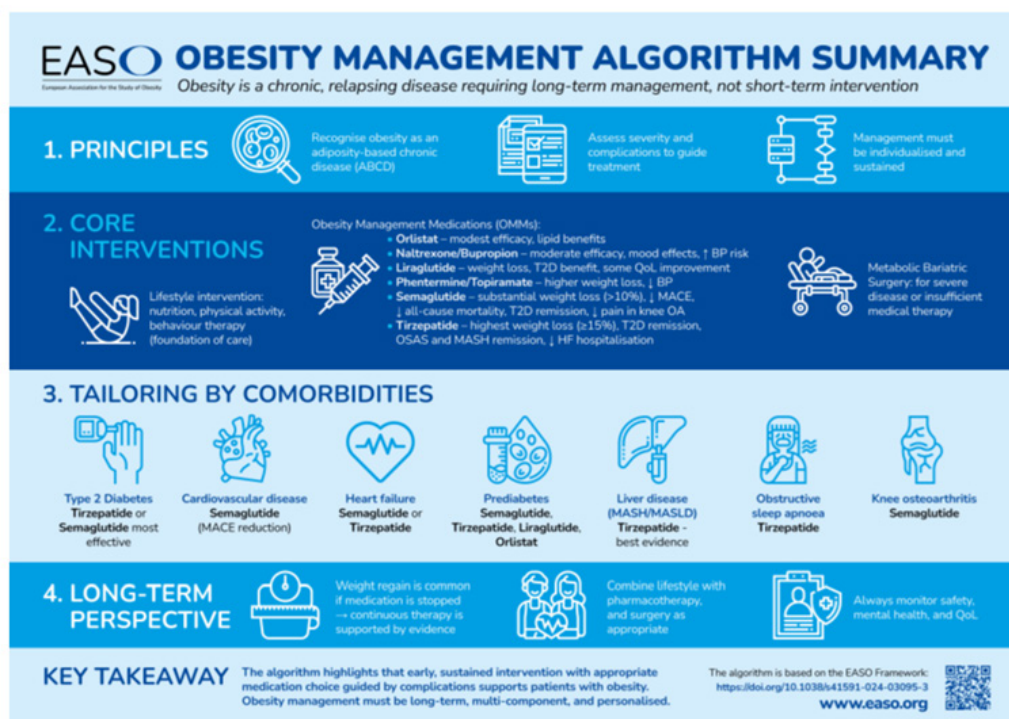


Figure 1: EASO Obesity Management Algorithm Summary.

## References

1. International Obesity Collaborative 5 Principles of Obesity.
2. EASO Obesity Management Algorithm Summary.
3. Sharma AM, Birney S, Crotty M, Finer N, Segal-Lieberman G, Vázquez-Velázquez V, et al. Determinants of adherence to obesity medication: A narrative review. *Obesity Reviews*. 2025;26:e13885.