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In response to: Pharmacotherapy for adults with overweight and obesity: a systematic review and network meta-analysis of randomised controlled trials

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While Shi et al's meta-analysis of pharmacotherapy for obesity¹ appears well-conducted, we believe that the interpretation of the findings is not person-centred, and is perhaps even misleading, for several reasons.

Their stated aim is to “summarise the...benefits and harms of weight-lowering drugs”, but the main findings and discussion focus on weight loss, without due consideration to the lack of evidence for benefits to health and wellbeing. For instance, quality of life and depression data are reported as low quality or insufficient and there is no mention of the absence of long-term cardiovascular outcomes. A recent review on long-term effects of weight-reducing pharmacotherapy included only one trial with cardiovascular outcomes; it found no benefit².

Similarly, we believe the documented medication harms are given insufficient attention in the abstract and discussion. This could influence the ‘take home message’ of the paper, especially for readers who don't look beyond the abstract. Other potential harms not considered include cost, stigma³, and impact on eating habits, nutritional adequacy, and interpersonal relationships.

We note that the multidisciplinary panel had no patient representation.

Finally, there is no attention to the funding of studies within the analysis despite the well documented influence of pharmaceutical funding of research⁴.

We strongly advocate for data demonstrating long-term health and wellbeing benefits of pharmacotherapy, use of standardised outcomes for obesity-related research⁵, and involvement of people of higher weight in decisions about what matters most. Person-centred care requires balanced information on benefits and harms of different treatment approaches to allow informed shared decision-making.

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