

Medications for obesity; calls for their use as preventatives represent a public and patient safety issue

Stuart W. Flint,^{1,2} Adrian Brown,^{3,4,5} Verónica Vázquez-Velázquez,^{6,7} Jonathan M. Hazlehurst^{8,9,10}

¹School of Psychology, University of Leeds, Leeds, UK

²Scaled Insights, Nexus, University of Leeds, Leeds, UK

³Centre for Obesity Research, University College London, London, UK

⁴Bariatric Centre for Weight Management and Metabolic Surgery, University College London Hospital NHS Trust, London, UK

⁵UCLH Biomedical Research Centre, National Institute of Health Research, London, UK

⁶Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Obesity and Eating Disorders Clinic, Department of Endocrinology and Metabolism, Mexico City, Mexico

⁷Obesidades SC, Mexico City, Mexico

⁸Institute of Applied Health Research, University of Birmingham, Birmingham, UK

⁹Department of Diabetes and Endocrinology, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

¹⁰Centre for Endocrinology, Diabetes and Metabolism, Birmingham Health Partners, Birmingham, UK

Corresponding Author: Stuart W Flint, School of Psychology, University Road, University of Leeds, Leeds, LS2 9JU, UK; s.w.flint@leeds.ac.uk; telephone: 0113 343 5724

A new wave of injectable medications for obesity (MO) have become available globally, with more undergoing clinical trials.¹⁻²

Of concern are the recent calls for MO to be made available as preventatives for obesity.³ Whilst this may be a direction for future product development and much needed clinical trials, these calls appear premature and potentially dangerous as they have not been clinically tested or approved for use in people without obesity.

Such calls, as well as continued openness and apparent acceptability of using MO amongst people who are not living with obesity represents a patient and public safety issue. Indeed, there are continued and rising use of MO amongst people without obesity, reportedly for cosmetic reasons. Their use by social media influencers and high-profile individuals who do not meet the eligibility criteria, has contributed to the high public visibility and demand amongst the general public – which may have influenced perceptions that they could be used as preventatives or cosmetically, and led to supply issues for people with obesity and type 2 diabetes (T2DM). Thus, current MO should not be considered in primary preventative initiatives or for cosmetic reasons, at least in their existing form in people without obesity.

This issue requires the attention and action of policymakers, regulators, and legislators alongside the pharmaceutical companies to educate and actively advocate for the use of MO for their intended purpose, at least until clinically tested and approved for other populations. The deleterious effects of MO use by the general public are already being observed with increasing reports of people without obesity using MO for rapid weight loss, experiencing significant side effects including disordered eating behaviour, psychological dependence, and admission to hospital emergency units and clinical treatment rehabilitation centres. These concerning reports highlight the need for multidisciplinary support, including the provision of psychological, dietary and behavioural advice, and the monitoring of side effects aligned to clinical guidance for their use as treatment for obesity or T2DM, not as preventatives.

The continued misconceptions about weight management and obesity have inevitably fuelled this issue, where public perception reflects a belief that weight gain and loss is simple and a matter of personal responsibility. This is incongruent with empirical evidence regarding the causes of obesity,⁴ and the biology of weight regulation that shows that MO are not for short-term use, with clinical evidence highlighting that people with obesity regain weight when ceasing their use.⁵ This is likely to influence the belief that medications clinically tested and approved for obesity can be used by people without obesity and thus, as a preventative, despite no current evidence of their safety, suitability or effectiveness. Medications for other long-term health conditions are not prescribed or used by people who have not been diagnosed with these conditions and any use or advocacy for using them would be strongly discouraged and such information actively removed. There is a need for platforms such as social media, where unqualified individuals including influencers are disseminating and encouraging the use of MO to be used by people without obesity, to prohibit and take action to prevent such distribution given the potential damage and safety issues.

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The authors declare that they have no competing interests.

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