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Cyffuriau rheoli pwysau a gofal atodol: adolygiad cyflym

Fersiwn 1.0

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Manylion yr Adroddiad Adolygu Tystiolaeth

Teitl: Cyffuriau rheoli pwysau a gofal atodol: adolygiad cyflym

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Dyddiad adolygu: TBC

Manylion y protocol: Mae protocol ar gael ar gais.

Cynnwys

1. Negeseuon allweddol / Crynodeb gweithredol

Nod yr adolygiad hwn oedd ymchwilio i gydrannau gofal atodol a gynigir ochr yn ochr â chyffuriau rheoli pwysau sy'n weithyddion derbynnydd GLP-1 (semaglutide a tirzepatide yn benodol) at ddibenion rheoli colli pwysau. Ein nod hefyd oedd archwilio a oedd unrhyw dystiolaeth yn gysylltiedig ag effeithiolrwydd gofal atodol a gynigir ochr yn ochr â semaglutide a tirzepatide ymhlith y boblogaeth hon. Gellir crynhoi'r negeseuon allweddol canlynol o'r adolygiad:

- Nodwyd 17 astudiaeth sylfaenol (15 o hap-dreialon dan reolaeth a dwy garfan ôl-weithredol gan ddefnyddio data byd go iawn) yn adrodd ar ganlyniadau colli pwysau yn gysylltiedig â semaglutide neu tirzepatide *ynghyd â* gofal atodol, a gafodd eu cyhoeddi rhwng 2021 a 2025.

- Ni ymchwiliodd unrhyw astudiaeth i effaith gofal atodol ac oherwydd nad oedd dosau cyffuriau ac ymyriadau gofal atodol yn gymharol ar draws astudiaethau, nid oedd yn bosibl pennu effaith gofal atodol ar y canfyddiadau cyffredinol ym mhob astudiaeth.

- Sesiynau cwnsela ffordd o fyw (yn ymwneud â deiet ac ymarfer corff), deiet calorïau isel, a chyngor i ymarfer corff am o leiaf 150 munud yr wythnos oedd y mathau mwyaf cyffredin o ofal atodol a gynigiwyd ar draws y treialon. Mewn un astudiaeth, cafodd deietau amnewid prydau bwyd eu cynnig i gyfranogwyr ac mewn astudiaeth arall, rhaglen ddeiet ac ymarfer corff bersonol.

- Ym mron pob astudiaeth, cafodd yr ymyriadau gofal atodol eu cynnig yn ystod cyfnod 'triniaeth' y prif dreial; mewn un astudiaeth, cafodd gofal atodol ei gynnig i gyfranogwyr yn ystod y cyfnod rhagarweiniol 12 wythnos yn ogystal ag yn ystod cyfnod y prif dreial.

- Mewn dwy astudiaeth, roedd sesiynau cwnsela ffordd o fyw yn seiliedig ar ddull therapiwteg penodol: *cyfweliadau ysgogol* a *Therapi Ymddygiad Dwys*. Yn y rhan fwyaf o astudiaethau, gofynnwyd yn aml i gyfranogwyr gofnodi eu cymeriant bwyd a'u hymarfer corff mewn fformat dyddiadur, ac yna cafodd trafodaeth ei chynnal amdanynt yn ystod sesiynau cwnsela.

- O ystyried bod treialon sy'n ymchwilio i effeithiolrwydd semaglutide a tirzepatide ar gyfer rheoli pwysau yn aml yn cynnwys ymyriadau deietegol ac ymarfer corff, gallai ymchwil yn y dyfodol hefyd ganolbwyntio ar gynnwys dadansoddiad o gyfraniad gofal atodol at yr effeithiolrwydd cyffredinol wedi'i adrodd yn y treialon hyn. Byddai hyn wedyn yn galluogi nodi'r math, y cyfuniadau a'r hyd mwyaf effeithiol o ofal atodol i'w gynnig i bobl sy'n cymryd y cyffuriau hyn at ddibenion colli pwysau.

- Ar ben hynny, o ystyried bod yr holl astudiaethau'n cynnwys gofal atodol am hyd yr ymyriad cyffuriau, gallai hyn gael goblygiadau sylweddol o ran adnoddau, pe bai'n cael ei ailadrodd yn GIG Cymru. Felly, mae angen mwy o dystiolaeth i ddeall y math a'r hyd mwyaf effeithiol o ofal atodol fel bod adnoddau hefyd yn cael eu defnyddio yn y modd mwyaf effeithiol.

- Roedd tystiolaeth yn brin ar effeithiolrwydd ymyriadau seicolegol ar gyfer canlyniadau colli pwysau ochr yn ochr â chyffuriau rheoli pwysau. Efallai y bydd angen i ymchwil yn y dyfodol archwilio'r ymyriadau seicolegol mwyaf effeithiol a allai gefnogi unigolion i gynnal newidiadau i'w ffordd o fyw wrth gymryd cyffuriau rheoli pwysau ac ar ôl rhoi'r gorau iddynt. Gallai hyn yn ei dro helpu i atal cylchoedd posibl o golli ac ennill pwysau bob yn ail.

- Mae hefyd yn bwysig i ymchwil yn y dyfodol ystyried effaith bosibl gofal atodol a gynigir ochr yn ochr â chyffuriau rheoli pwysau ar newid ymddygiad tymor hwy, ac a yw hyn yn dylanwadu ar gynnal pwysau ac adennill pwysau ar ôl i'r ymyriad ddod i ben.

2. Cefndir a phwrpas

Mae argymhellion NICE yn nodi bod tirzepatide a semaglutide yn cael eu hargymell ar gyfer cleifion penodol fel opsiynau i reoli gorbwysau a gordewdra *ochr yn ochr â* gofal atodol fel deiet calorïau isel a gweithgarwch corfforol (NICE 2023; NICE 2025). Mae cyffuriau rheoli pwysau newydd wedi'u cyflwyno i'r llwybr rheoli pwysau yng Nghymru, ac felly mae angen nodi'r mathau o ofal atodol y gellid eu darparu orau ochr yn ochr â'r cyffuriau hyn. Mae'r gwaith hwn yn adeiladu ar brosiectau blaenorol a gynhaliwyd gan y Gwasanaeth Tystiolaeth a oedd yn ymchwilio i effeithiolrwydd, diogelwch a chost-effeithiolrwydd cyffuriau rheoli pwysau (Hookway et al., 2024), ac yn nodi pa grwpiau poblogaeth sydd wedi'u harchwilio yn nhystiolaeth y treial ar gyfer y mathau gwahanol o gyffuriau sydd ar gael ar hyn o bryd at ddibenion rheoli pwysau yng Nghymru (Shaw et al., 2025). Mae'r adolygiadau systematig a'r astudiaethau sylfaenol wedi'u nodi yn y prosiectau blaenorol hyn yn ffurfio sail y gwaith hwn, ynghyd ag unrhyw astudiaethau perthnasol a nodwyd mewn chwiliad wedi'i ddiweddaru a gynhaliwyd.

Nod yr adolygiad hwn oedd ymchwilio i'r cwestiwn canlynol:

Beth yw cydrannau'r gofal atodol sy'n cael ei gynnig i bobl sy'n cymryd meddyginiaeth gweithyddion derbynnydd GLP-1 (semaglutide a thirzepatide yn benodol) at ddibenion rheoli pwysau, a pha gydrannau a allai fod fwyaf effeithiol ar gyfer y boblogaeth hon?

3. Dulliau

Canolbwyntiodd yr adolygiad cyflym hwn ar feddyginiaeth semaglutide a tirzepatide at ddibenion rheoli pwysau yn unig. I ddechrau, gofynnwyd i ni ganolbwyntio ar dri chyffur rheoli pwysau; liraglutide, semaglutide a tirzepatide (dyna pam mae ein chwiliadau'n cyfeirio at liraglutide). Fodd bynnag, ar ôl trafodaeth bellach gyda rhanddeiliaid ar ôl cwblhau'r chwiliad, gwnaed y penderfyniad i ganolbwyntio ar semaglutide a tirzepatide yn unig, gan mai'r rhain yw'r ymyriadau ffarmacolegol a gymeradwywyd fwyaf diweddar (ar adeg ysgrifennu) i'w defnyddio yng Nghymru yn rhan o'r llwybr rheoli pwysau. Felly cafodd astudiaethau a oedd yn archwilio liraglutide eu heithrio wedi hynny.

3.1. Meini prawf cymhwysedd

Mae Tabl 1 yn disgrifio'r categorïau PICO (Poblogaeth, Ymyriad, Cymharu, Canlyniadau [PYCC]) a ddefnyddiwyd i lunio'r cwestiwn ymchwil, ac mae Tabl 2 yn nodi'r meini prawf cynnwys ac eithrio a ddefnyddiwyd i sgrinio astudiaethau.

Tabl 1. Categorïau PICO a ddefnyddir i lunio'r cwestiwn ymchwil

Cwestiynau adolygu	
Beth yw cydrannau'r gofal atodol sy'n cael ei gynnig i bobl sy'n cymryd meddyginiaeth GLP-1 (yn benodol, semaglutide, tirzepatide) at ddibenion rheoli pwysau, a pha gydrannau a allai fod yn effeithiol ar gyfer y boblogaeth hon?	
Poblogaeth	Oedolion 18 oed a hŷn sydd dros bwysau neu'n ordew sy'n cael triniaeth GLP-1 at ddibenion rheoli pwysau. Gallant gael cydafiacheddau, ond dylai triniaeth GLP-1 fod at ddibenion rheoli pwysau (h.y. nid diabetes).
Ymyriad	Ffordd o fyw (deiet, ymarfer corff), cymorth ymddygiad (Therapi Gwybyddol Ymddygiadol ac ati) neu ymyriadau gofal atodol eraill a ddefnyddir ochr yn ochr â ffarmacoleg GLP-1 (tirzepatide neu semaglutide) at ddibenion rheoli pwysau
Cymharu	Triniaeth GLP-1 at ddibenion rheoli pwysau heb ofal atodol, neu blasebo ynghyd â gofal atodol, neu blasebo yn unig
Canlyniadau	Mesurau newid pwysau – kg/BMI/% ystyrlon yn glinigol ac ati a chylchedd y canol (*waist*)
Math o ymchwil	Astudiaethau sylfaenol (Gellir tynnu astudiaethau sylfaenol o adolygiadau systematig hefyd)
Ystyriaethau Eraill yr Astudiaethau (gweler y meini prawf cymhwysedd)	

Tabl 2. Meini prawf cynnwys ac eithrio

	Meini prawf cynnwys	Meini prawf eithrio
Poblogaeth	Pobl 18 oed a hŷn sydd dros bwysau ac yn ordew gyda neu heb gydafiacheddau sy'n cael presgripsiwn ar gyfer cyffuriau colli pwysau chwistrelladwy/isgroenol GLP-1 at ddibenion rheoli colli pwysau a chynnal colli pwysau yn unig (Semaglutide a Tirzepatide yn unig)	Astudiaethau sy'n ystyried cyffuriau GLP-1 *yn unig* heblaw semaglutide a tirzepatide. Er enghraifft, orlistat Astudiaethau sy'n ystyried cyffuriau GLP-1 ar ffurf geneuol Cleifion sy'n cael presgripsiwn ar gyfer cyffuriau GLP-1 at ddibenion heblaw colli pwysau (e.e. cyn-ddiabetes, diabetes, apnoea cwsg) Astudiaethau sy'n ystyried colli pwysau mewn cleifion â gordewdra hypothalamig Cleifion sy'n cael presgripsiwn ar gyfer cyffuriau GLP-1 at ddibenion colli pwysau *yn dilyn llawfeddygaeth Bariatrig* Astudiaethau lle mai'r canlyniad yw braster cyhyrau.
Ymyriad	Astudiaethau sy'n ystyried cyffuriau GLP-1 ynghyd â gofal atodol at ddibenion rheoli pwysau (gall gofal atodol gynnwys ymyriadau maethol/deietegol, ymarfer corff, neu ymddygiadol, er enghraifft)	Astudiaethau sy'n ystyried cyffuriau GLP-1 at ddibenion rheoli pwysau yn unig *heb* unrhyw ofal atodol
Cymharu	Astudiaeth gymharol, sylfaenol* a gynhaliwyd mewn unrhyw wlad *bydd adolygiadau systematig perthnasol yn cael eu cynnwys wrth sgrinio teitl/crynodeb ac wrth sgrinio astudiaethau sylfaenol unigol	Protocolau, trafodion cynadleddau
Ystyriaethau eraill	Astudiaethau a gyhoeddwyd yn Saesneg	

3.2. Dulliau chwilio

Defnyddiodd yr adolygiad hwn yr astudiaethau a oedd wedi'u cynnwys mewn adolygiad cwmpasu ystwyth blaenorol a gynhaliwyd ar gyffuriau rheoli pwysau (Hookway et al., 2025). Cafodd yr holl astudiaethau sylfaenol wedi'u cynnwys yn y darn hwn o waith (neu wedi'u cynnwys yn yr adolygiadau systematig wedi'u cynnwys) eu sgrinio i'w cynnwys yn yr adolygiad hwn.

Fodd bynnag, gan fod hwn yn faes ymchwil sy'n datblygu'n gyflym, fe wnaethom hefyd gynnal chwiliad atodol ym MEDLINE ac Epistomonikos ym mis Gorffennaf 2025, er mwyn casglu astudiaethau a allai fod wedi'u cyhoeddi ers i'n chwiliadau diwethaf gael eu cynnal ym mis Tachwedd 2024. Roedd y chwiliad hwn yn cynnwys allweddeiriau a phenawdau pwnc yn ymwneud â'n cyffuriau o ddiddordeb yn y lle cyntaf (semaglutide, liraglutide, a tirzepatide) neu GLP-1s yn ehangach, ynghyd ag allweddeiriau a phenawdau pwnc ar orbwysau, gordewdra a rheoli pwysau, a thermau yn ymwneud â dyluniad yr astudiaeth er mwyn ceisio cyfyngu ein canlyniadau i hap-dreialon dan reolaeth. Roedd chwiliadau wedi'u cyfyngu i astudiaethau wedi'u cyhoeddi o 2024 ymlaen, gan mai unig fwriad y chwiliad hwn oedd ychwanegu at ganlyniadau'r darn blaenorol o waith. Mae strategaethau chwilio llawn i'w gweld yn Atodiad 1.

3.3. Rheoli cofnodion astudio

Cafodd astudiaethau a nodwyd yn ystod y chwiliad atodol eu harbed yn EndNote yn gyntaf a chafodd astudiaethau dyblyg eu dileu. Yna cafodd y rhestr derfynol o astudiaethau unigryw eu lanlwytho i Rayyan i'w sgrinio. Cafodd astudiaethau dyblyg pellach eu nodi a'u tynnu gan ddefnyddio'r offeryn dyblygu ar Rayyan.

3.4. Proses ddethol

Cafodd canlyniadau chwilio eu sgrinio'n annibynnol yn ddyblyg yng ngham y teitl a'r crynodeb a hefyd yng ngham y testun llawn, gan ddefnyddio Rayyan. Cafodd unrhyw anghytundebau eu datrys gan drydydd adolygydd.

3.5. Arfarniad beirniadol

Cynhaliwyd arfarniad beirniadol gan ddefnyddio rhestr wirio CASP ar gyfer hap-dreialon dan reolaeth a rhestr wirio CASP ar gyfer astudiaethau carfanau. Cynhaliwyd arfarniad beirniadol yn annibynnol yn ddyblyg a chafodd unrhyw anghytundebau eu datrys gan drydydd adolygydd.

3.6. Casglu data

Cynhaliwyd y broses casglu data yn unigol ac yna cafodd cysondeb ei wirio gan ail adolygydd. Caiff y broses casglu data a chanlyniadau'r arfarniad beirniadol eu cyflwyno yn Atodiad 2 yn Nhablau Casglu Data 1 (Tirzepatide) a 2 (Semaglutide). Mae astudiaethau wedi'u grwpio gyda'i gilydd yn ôl treial.

4. Canlyniadau

4.1. Dethol Astudiaethau

Bodlonodd deg astudiaeth sylfaenol wedi'u cynnwys yn ein gwaith cwmpasu ystwyth blaenorol (neu wedi'u cynnwys mewn adolygiad systematig o fewn ein gwaith cwmpasu ystwyth blaenorol) y meini prawf cynnwys, a chawsant eu cynnwys yn yr adolygiad hwn wedi hynny.

Cafodd 532 o gofnodion eraill eu hallforio (ar ôl eu dad-ddyblygu) o Endnote i Rayyan. O'r rhain, nid oedd 461 yn bodloni ein meini prawf cynnwys a chawsant eu heithrio yng ngham y teitl a'r crynodeb. Adalwyd chwe deg saith ar gyfer y cam sgrinio'r testun llawn, a chafodd 29 o'r rhain eu heithrio wedi hynny wrth adolygu'r testun llawn. Roedd yna 38 o astudiaethau ychwanegol o'n chwiliad atodol, fodd bynnag, roedd 33 o'r rhain yn adolygiadau systematig. Yn hytrach na chynnwys yr adolygiadau systematig, fe wnaethom ail-sgrinio'r astudiaethau sylfaenol wedi'u cynnwys ar gyfer astudiaethau ychwanegol a oedd yn bodloni ein meini prawf cynnwys nad oeddent eisoes wedi'u nodi. O ganlyniad i'n dulliau cyfunol, roedd yna 17 astudiaeth sylfaenol a oedd yn bodloni'r meini prawf cynnwys ar gyfer yr adolygiad hwn (deg o'n hadolygiad cwmpasu ystwyth gwreiddiol, pump o'n chwiliad atodol a dau o adolygiadau systematig perthnasol wedi'u nodi yn ein chwiliad atodol).

4.2. Nodweddion yr astudiaethau

Caiff nodweddion yr astudiaeth eu cyflwyno yn Nhablau 1 a 2 yr Atodiad. Fe wnaeth chwe astudiaeth ystyried canlyniadau colli pwysau yn gysylltiedig â tirzepatide ynghyd â gofal atodol, gan drafod pum hap-dreial dan reolaeth gwahanol (SURMOUNT; SURMOUNT 3; SURMOUNT 4; SURMOUNT-J; SURMOUNT-CN). Fe wnaeth un ar ddeg astudiaeth ystyried canlyniadau colli pwysau yn gysylltiedig â semaglutide ynghyd â gofal atodol. Adroddodd naw astudiaeth ganlyniadau o saith hap-dreial dan reolaeth gwahanol (STEP 1; STEP 3; STEP 4; STEP 5; STEP 6; STEP 7; STEP 8), ac roedd dwy astudiaeth yn astudiaethau byd go iawn ôl-weithredol (Tzoulis et al 2024; Talay a Vickers, 2024). Roedd un o'r astudiaethau'n disgrifio canlyniadau colli pwysau o raglen Juniper yn y DU (Talay a Vickers, 2024).

Cynigiodd pob astudiaeth ofal atodol maethol ac ymarfer corff. Cynhaliwyd y rhan fwyaf o hap-dreialon dan reolaeth mewn sawl gwlad wahanol yn fyd-eang. Roedd hyd y treialon yn amrywio o 44 wythnos i 193 wythnos. Roedd pwysau corff cymedrig ar y dechrau yn amrywio o 84 i 108 kg ar draws yr astudiaethau. Ym mron pob astudiaeth, cafodd yr ymyriadau gofal atodol eu cynnig yn ystod cyfnod y prif dreial; mewn un astudiaeth, cafodd gofal atodol ei gynnig i gyfranogwyr yn ystod y cyfnod rhagarweiniol 12 wythnos yn ogystal ag yn ystod cyfnod y prif dreial (Wadden et al., 2023). Ni pharhaodd unrhyw astudiaethau â'r gofal atodol y tu hwnt i'r cyfnod prawf.

4.3. Arfarniad beirniadol

Caiff crynodebau o'r arfarniad beirniadol eu cyflwyno yn y tablau casglu data yn yr Atodiad. Canfuwyd bod yr holl hap-dreialon dan reolaeth o ansawdd uchel, yn defnyddio dull dwbl-ddall, yn recriwtio cyfranogwyr â nodweddion sylfaenol tebyg, a gyda gwerthoedd-p a chyfyngau hyder

wedi'u hadrodd. Cafodd gwerthoedd coll eu hegluro ac aethpwyd i'r afael â nhw mewn modd priodol.

Roedd y ddwy astudiaeth byd go iawn a oedd yn adrodd ar ganlyniadau colli pwysau yn gysylltiedig â semaglutide o ansawdd is. Yn yr astudiaeth adolygiad siartiau ôl-weithredol gan Tzoulis et al (2024), er bod pwysau wedi'u mesur yn wrthrychol, roedd dadansoddiad cyfyngedig o newidynnau drysu posibl a allai fod wedi bod yn gysylltiedig â cholli pwysau, yn ogystal â diffyg adrodd ar arwyddocâd ystadegol. Yn yr astudiaeth a oedd yn adrodd ar ganfyddiadau rhaglen Juniper yn y DU (Talay a Vickers, 2024), roedd nifer o ddiffygion. Er enghraifft, ni chafodd unrhyw wybodaeth ei rhoi am sut y cafodd aelodau'r garfan eu recriwtio na phwy oeddent, cwblhaodd ychydig iawn o gyfranogwyr yr holiadur, ac ni ddarparwyd rhesymau dros beidio ag ymateb na gwybodaeth am nodweddion y cyfranogwyr a wnaeth roi'r gorau iddi, a allai arwain at ragfarn yn y sampl. Nid oedd y sampl terfynol yn cynrychioli'r boblogaeth gyffredinol; roedd y cyfranogwyr yn bennaf yn wyn (85%) ac yn fenywod (91%). Efallai bod rhagfarn hunan-adrodd hefyd wedi'i chyflwyno i'r astudiaeth gan y gofynnwyd i gyfranogwyr bwyso eu hunain, a chafodd y data hyn eu defnyddio yn y dadansoddiad. Nid oedd y dystiolaeth o ansawdd digon uchel i ddod i'r casgliad bod colli pwysau yn ganlyniad uniongyrchol i raglen Juniper, yn enwedig gan na chafodd ffactorau drysu eu hystyried ac nad oedd grŵp cymharu yn yr astudiaeth hon.

4.4 Canlyniadau synthesisau

Cafodd dau gategori o ofal atodol eu canfod yn y llenyddiaeth: maeth ac ymarfer corff. Ar gyfer pob astudiaeth wedi'i chynnwys yn yr adolygiad hwn, cafodd yr un gofal atodol ei gynnig i bob cyfranogwr (h.y. y rhai yn y grŵp rheoli a'r grwpiau ymyriad). Felly, nid oedd yn bosibl nodi'r effaith a gafodd gofal atodol ar ganlyniadau colli pwysau.

Mae Tabl 1 yn crynhoi'r mathau gwahanol o ymyriadau gofal atodol yn ôl astudiaeth. Mae'r mathau gwahanol o ofal atodol wedi'u cynnig i gyfranogwyr wedi'u crynhoi isod, yn y tabl.

Tabl 3. Crynodeb o ymyriadau gofal atodol yn ôl astudiaeth (glas yw'r ymyriadau o astudiaethau tirzepatide a phinc yw'r ymyriadau o astudiaethau semaglutide)

Ymyriad gofal atodol	Cwnsela ffordd o fyw (deiet ac ymarfer corff)	Deiet calorïau isel	Deiet amnewid prydau bwyd	Cynllun deiet ac ymarfer corff personol	Isafswm o 150 munud yr wythnos o ymarfer corff a argymhellir
Tirzepatide					
Jastreboff et al. 2025					
Jastreboff et al. 2022					
Wadden et al. 2023					
Aronne et al. 2024					
Kadowaki et al. 2025					
Zhao et al. 2024					
Ymyriad gofal atodol	Cwnsela ffordd o fyw (deiet ac ymarfer corff)	Deiet calorïau isel	Deiet amnewid prydau bwyd	Cynllun deiet ac ymarfer corff personol	Isafswm o 150 munud yr wythnos o ymarfer corff a argymhellir
Semaglutide					
Wilding et al. 2021					
Wilding et al. 2022					
Wadden et al. 2021					
Rubino et al. 2021					
Garvey et al. 2022					
Kadowaki et al. 2022					
Mu et al. 2024					
Gu et al. 2025					
Rubino et al. 2022					
Tzoulis et al. 2024					
Talay & Vickers, 2024					

Gofal maethol atodol

Roedd gofal maethol atodol yn cynnwys pedwar math o ymyriadau: **cwnsela deietegol**, **deiet calorïau isel**, **deietau amnewid prydau bwyd** a **chynllun deiet personol**. Diffiniad cwnsela deietegol neu faethol yw'r 'dull cyffredinol o arwain cleientiaid i newid eu deiet' ac mae'n cynnwys pennu nodau a chynlluniau gweithredu ar gyfer hunanreoli (Barkmeijer et al., 2022). Yn yr astudiaethau wedi'u disgrifio yn yr adolygiad hwn, roedd cwnsela deietegol fel arfer yn gysylltiedig â'r disgrifiad ehangach o 'gwnsela ffordd o fyw', lle cafodd cwnsela ar ymarfer corff ei gynnig i gyfranogwyr hefyd. Roedd deietau calorïau isel yn amrywio ond fe'u disgrifiwyd amlaf fel diffyg o 500 o galorïau, ac roedd deietau amnewid prydau bwyd yn cynnwys hylifau, bariau solet, neu brydau bwyd wedi'u paratoi ymlaen llaw.

Tirzepatide

Cynigiodd treialon tirzepatide ystod gwahanol o ofal maethol atodol ar ffurf cwnsela deietegol a deiet calorïau isel. Yn gyffredinol, cafodd y rhain eu cynnig yn ystod y cyfnod 'triniaeth', gyda dim ond un treial yn cynnig deiet calorïau isel yn rhan o'r cyfnod rhagarweiniol cyn yr ymyriad cyffuriau (Wadden et al., 2023).

Roedd **cwnsela deietegol** (yn rhan o gwnsela ffordd o fyw) yn cynnwys rhoi cyngor ar ddewisiadau bwyd iach drwy gydol cyfnod y prif dreial (pan oedd cyfranogwyr hefyd yn cymryd tirzepatide) (Jastreboff et al., 2025; Jastreboff et al., 2022; Kadowaki et al., 2025; Zhao et al., 2024). Roedd hefyd yn cynnwys strategaethau annog ac addasu ymddygiad er mwyn helpu cyfranogwyr i gadw at yr argymhellion deietegol (Aronne et al., 2024; Wadden et al., 2023). Mewn rhai treialon, gofynnwyd i gyfranogwyr gadw dyddiadur bwyd ac ymarfer corff 3 diwrnod cyn eu hymweliadau. Yna, cafodd y dyddiadur ei adolygu ym mhob ymweliad cwnsela a darparwyd 'cyngor i gadw mor agos â phosibl at y deiet' os oedd angen (Jastreboff et al., 2025; Jastreboff et al., 2022; Kadowaki et al., 2025; Zhao et al., 2024). Cafodd cwnsela ffordd o fyw ei gynnig yn Wythnosau 0, 4, 8 a 12 yn ystod cyfnod cynyddu'r dos ac yna yn ystod Wythnos 24 a bob 12 wythnos wedi hynny hyd at wythnos 72 (Jastreboff et al., 2025; Jastreboff et al., 2022; Kadowaki et al., 2025; Zhao et al., 2024).

Cafodd cyfranogwyr eu cynghori hefyd i ddilyn **deietau calorïau isel** amrywiol. Yn nhreial SURMOUNT-4, cafodd cyfranogwyr eu cynghori i gadw at ddeiet iach â diffyg o 500 kcal y dydd (Aronne et al., 2024). Yn nhreial SURMOUNT-1, cafodd cyfranogwyr eu cynghori i fwyta uchafswm o 30% o egni o fraster; oddeutu 20% o egni o brotein; oddeutu 50% o egni o garbohydradau; diffyg o oddeutu 500 kcal y dydd o'i gymharu â chyfanswm amcangyfrifedig yr egni a ddefnyddir (Jastreboff et al., 2025; Jastreboff et al., 2022). Yn nhreial SURMOUNT-J, cafodd cyfranogwyr eu cynghori i ddilyn deiet hypo-calorïau gyda chyfansoddiad macrofaetholion o oddeutu 50% i 60% o egni o garbohydradau; oddeutu 15% i 20% o egni o brotein; oddeutu 20% i 25% o egni o fraster, a chymeriant egni dyddiol hyd at 25 kCal/kg × pwysau corff safonol (fel y'i pennir gan BMI = 22 kg/m2) ar gyfer y cyfranogwyr y mae eu BMI ≥27 kg/m2 a 20 i 25 kcal/kg × pwysau corff safonol ar gyfer y cyfranogwyr y mae eu BMI ≥35 kg/m2. Yn nhreial SURMOUNT-CN (Tsieina), cafodd cyfranogwyr eu cynghori i ddilyn deiet hypo-calorïau gyda'r cyfansoddiad macrofaetholion canlynol: oddeutu 20%-30% o egni o fraster; oddeutu 15%-20% o egni o brotein; oddeutu 40-55% o egni o garbohydradau, a gyda diffyg o oddeutu 500 kcal y dydd o'i gymharu â chyfanswm yr egni

a ddefnyddir yn ddyddiol neu drwy ddefnyddio'r hafaliad: (taldra'r corff (cm) - 105) × 25 kcal y dydd fel y targed ar gyfer deiet cyfyngu calorïau (Zhao et al., 2024).

Yn nhreial Cam 3 SURMOUNT-3, derbyniodd y cyfranogwyr ymyriad cwnsela rheoli ffordd o fyw yn ystod y cyfnod *paratoi* 12 wythnos, ac yna yn ystod y cyfnod treial 72 wythnos ochr yn ochr â thirzepatide (Wadden et al., 2023). Yn ystod y cyfnod paratoi, cafodd cyfranogwyr eu cynghori i leihau eu cymeriant egni dyddiol i oddeutu 1200 kcal y dydd ar gyfer menywod neu 1500 kcal y dydd ar gyfer dynion (Wadden et al., 2023). Ar ôl y broses o'u rhoi ar hap, cafodd y cyfranogwyr eu cynghori i gynnal eu cymeriant egni dyddiol ar 500 kcal islaw eu gofynion egni unigol am hyd/gweddill y cyfnod treial (Wadden et al., 2023).

Semaglutide

Cynigiodd y treialon semaglutide ystod gwahanol o ofal maethol atodol ar ffurf cwnsela deietegol, deietau amnewid prydau bwyd a deiet calorïau isel. Mewn un astudiaeth byd go iawn, roedd y cyfranogwyr yn rhydd i ddewis y gofal atodol hwn, ond mewn pob astudiaeth arall, roedd y gofal atodol yn orfodol.

Yn yr astudiaethau semaglutide, cafodd sesiynau cwnsela deietegol rheolaidd gyda dietegydd neu weithiwr proffesiynol â chymwysterau tebyg, a oedd yn ymdrin ag addysg bwyta'n iach, eu cynnig i gyfranogwyr drwy gydol y cyfnod treial, (Wadden et al., 2021; Wilding et al., 2021; Wilding et al., 2022; Rubino et al., 2021; Garvey et al., 2022; Kadowaki et al., 2022; Rubino et al., 2022). Mewn un astudiaeth byd go iawn, roedd y sesiynau hyn ar ffurf *cyfweliadau ysgogol* (Tzoulis et al., 2024). Yn gyffredinol, cafodd cyfranogwyr eu hannog i gofnodi dyddiadur bwyd neu ddefnyddio ap ffôn clyfar i gofnodi eu cymeriant bwyd, a chafodd hyn ei adolygu yn ystod ymweliadau cwnsela (Wadden et al., 2021; Wilding et al., 2021; Wilding et al., 2022; Rubino et al., 2021; Kadowaki et al., 2022; Mu et al., 2024; Gu et al., 2025). Yn yr astudiaeth byd go iawn wedi'i disgrifio gan Tzoulis et al., (2024), roedd sesiynau gyda dietegydd ar ffurf *cyfweliadau ysgogol* (Tzoulis et al., 2024).

Mewn un treial (Wadden et al., 2021), cafodd sesiynau cwnsela eu cynnig gyda *Therapi Ymddygiad Dwys* i gyfranogwyr fel y disgrifir isod:

'Roedd pob sesiwn gwnsela Therapi Ymddygiad Dwys yn ymdrin â phwnc penodol, er enghraifft, cyngor ar addasu deiet neu weithgarwch corfforol yn ogystal â strategaethau ymddygiadol i hwyluso'r newidiadau hyn (e.e. monitro cymeriant bwyd, herio meddyliau negyddol, cael cefnogaeth gymdeithasol). O'r ymweliad ar hap hyd at wythnos 12, derbyniodd y cyfranogwyr sesiwn gwnsela Therapi Ymddygiad Dwys wythnosol gan ddietegydd (neu weithiwr gofal iechyd proffesiynol â chymwysterau tebyg). Trafododd gynnydd y cyfranogwyr, adolygodd ddyddiaduron bwyd a gweithgarwch, ac aeth i'r afael ag unrhyw broblemau o ran cadw at y deiet, a pharataodd ar gyfer pontio i gam nesaf y deiet. Roedd aseiniad gwaith cartref yn cyd-fynd â'r rhan fwyaf o'r pynciau, a geir yn y taflenni dosbarthu, i gyfranogwyr ei gwblhau cyn yr ymweliad nesaf yn unol ag amserlen yr ymweliad. O wythnosau 12 i 24, cafodd ymweliadau cwnsela Therapi Ymddygiad Dwys eu cynnal bob yn ail wythnos, ac o wythnosau 24 i 68 cawsant eu cynnal bob 4 wythnos (sef cyfanswm o 30 o ymweliadau Therapi Ymddygiad Dwys dros y 68 wythnos). Parhaodd y tri ymweliad Therapi Ymddygiad Dwys cyntaf am 30–45 munud, ac yna parhaodd yr ymweliadau dilynol am 20–30munud.'

Cafodd **deietau amnewid prydau bwyd** eu darparu i gyfranogwyr yn yr un treial hefyd: '*roedd yr 8 wythnos gyntaf [o gyfnod y prif dreial ac ymyriad cyffuriau] yn cynnwys deiet calorïau isel 1000–1200 kcal y dydd, a oedd yn cynnwys pethau yn lle prydau bwyd (e.e. hylifau a bariau solet) a phrydau bwyd i'w cynhesu a'u gweini, wedi'u paratoi ymlaen llaw. Cafodd y bwydydd hyn eu gwneud gan Nutrisystem a'u cyflenwi i gyfranogwyr yn rhad ac am ddim gan Novo Nordisk. Ar ôl 8 wythnos ar ddeiet calorïau isel, cafodd y cyfranogwyr eu rhoi yn raddol ar ddeiet hypo-calorïau llai llym a oedd yn cynnwys bwydydd confensiynol.*'

Ar ôl yr 8 wythnos gychwynnol, cafodd y cyfranogwyr eu cynghori i ddilyn **deiet calorïau isel**, yn seiliedig ar yr algorithm canlynol: '*Cafodd deiet o 1200 kcal y dydd ei ragnodi i gyfranogwyr oedd yn pwyso llai na 200 pwys (91 kg); cafodd deiet wedi'i gyfrifo fel a ganlyn ei ragnodi i gyfranogwyr oedd yn pwyso rhwng 200 pwys (91 kg) a 300 pwys (136 kg): Targed calorïau dyddiol (kcal) = pwysau'r corff (pwys) * 6 (kcal/pwys); cafodd 1800 kcal y dydd eu rhagnodi i gyfranogwyr oedd yn pwyso mwy na 300 pwys (136 kg). Cafodd y targed calorïau hwn ei gynnal am weddill y treial. Os oedd cyfranogwyr yn sicrhau BMI ≤22.5 kg/m2, cafodd y cymeriant egni a argymhellir ei ailgyfrifo heb unrhyw ddiffyg o ran calorïau am weddill y treial'* (Wadden et al., 2021).

Fe wnaeth treialon semaglutide eraill gynghori cyfranogwyr i ddilyn **deiet calorïau isel** gyda '*diffyg o 500-kcal y dydd o'i gymharu â chyfanswm amcangyfrifedig yr egni a ddefnyddir ar yr adeg y cawsant eu rhoi ar hap'* (Wilding et al., 2021; Wilding et al., 2021; Garvey et al., 2022; Rubino et al., 2021; Kadowaki et al., 2022; Mu et al., 2024; Gu et al., 2025; Rubino et al., 2022).

Yn rhaglen Juniper, a gynhaliwyd yn y DU, cafodd tîm amlddisgyblaethol ei neilltuo ar gyfer cyfranogwyr. Roedd yn cynnwys meddyg, hyfforddwr iechyd a swyddog cymorth meddygol, a roddodd **ddeiet personol** i gyfranogwyr. Gellid addasu hyn ar unrhyw gam trwy ymgynghori â'r Tîm Amlddisgyblaethol drwy'r ap (Talay a Vickers, 2024).

Gofal atodol ymarfer corff

Roedd gofal atodol ymarfer corff ar ffurf **cyngor** a **chwnsela**, a **chynllun ymarfer corff personol.** Roedd yr elfen ymarfer corff yn tueddu i amrywio o ran hyd ond roeddent yn cael eu dosbarthu amlaf fel dwyster cymedrol. Fodd bynnag, roedd gwybodaeth gyfyngedig ar gael am y math o ymarfer corff wedi'i awgrymu a sut cafodd yr hyd wedi'i argymell ei rannu dros gyfnod o wythnos.

Tirzepatide

Roedd gofal atodol ymarfer corff yn yr astudiaethau tirzepatide yn cynnwys yn bennaf y **cyngor** i ymarfer corff am o leiaf 150 munud yr wythnos am hyd y treial. (Aronne et al., 2024; Jastreboff et al. 2025; Jastreboff et al., 2022; Wadden et al., 2023; Zhao et al., 2024). Er enghraifft, cerdded yn gyflym (Wadden et al., 2023). Yn nhreial SURMOUNT-J, defnyddiwyd canllawiau JASSO. Roedd y rhain yn dangos faint o weithgarwch corfforol oedd yn cael ei wneud yn ôl pwrpas colli pwysau: *at ddibenion atal magu pwysau; 150 i 250 munud (1,200-2,000 kcal) yr wythnos; at ddibenion colli pwysau, gweithgarwch corfforol dwyster cymedrol, llai na 150 munud yr wythnos; at ddibenion colli pwysau cymedrol yn unig, gweithgarwch corfforol dwyster cymedrol, rhwng 225 a 420 munud yr*

wythnos er mwyn colli 5 i 7.5 kg, neu symiau mwy o weithgarwch corfforol er mwyn colli rhagor o bwysau (Kadowaki et al., 2025).

Semaglutide

Cafodd cyfranogwyr yn y treialon semaglutide eu **cynghori** i ymarfer corff am 150 munud yr wythnos (Wilding et al., 2021; Wilding et al., 2022; Rubino et al., 2021; Kadowaki et al., 2022; Mu et al., 2024; Gu et al., 2025; Rubino et al., 2022). Yr enghreifftiau a gafodd eu rhoi oedd cerdded a dringo'r grisiau (Wilding et al., 2021; Kadowaki et al., 2022). Yn y treial wedi'i ddisgrifio gan Wadden et al. (2021), cafodd *targed o 100 munud o weithgarwch corfforol yr wythnos* ei ragnodi i gyfranogwyr. *Cafodd y cyfranogwyr eu cynghori i fod yn gorfforol egnïol mewn cyfnodau o >10 munud gyda dwyster cymedrol (fel cerdded yn gyflym), a chafodd y gweithgarwch corfforol ei gynnal yn gyfartal ar draws 4-5 diwrnod bob wythnos. Yn raddol, ychwanegwyd 25 munud i'r targed gweithgarwch corfforol bob 4 wythnos (hyd at 200 munud yr wythnos), sy'n gyson â thargedau sy'n ofynnol ar gyfer cynnal pwysau wedi'u colli.* Yn rhan o astudiaeth byd go iawn Juniper, cafodd **cynllun ymarfer corff personol** ei roi i gyfranogwyr gan eu tîm amlddisgyblaethol, lle'r oedd *cleifion yn gallu addasu eu deiet a'u cynllun ymarfer corff mewn ymgynghoriad â'u hyfforddwr iechyd ar unrhyw gam o'u taith gofal* trwy sgwrs yn yr ap neu e-bost (Talay a Vickers, 2024).

Gofynnwyd hefyd i rai cyfranogwyr y treial gofnodi eu hymarfer corff mewn dyddiadur neu ap ffôn clyfar, a chafodd hyn ei adolygu yn ystod **sesiynau cwnsela** (yn rhan o sesiynau cwnsela ffordd o fyw), a gafodd eu cynnal bob pedair wythnos yn ystod y cyfnod treial (Wilding et al., 2021; Rubino et al., 2021; Kadowaki et al., 2022). Roedd y sesiynau hyn ar ffurf *cyfweliadau ysgogol* mewn un astudiaeth byd go iawn, a chawsant eu cynnig bob 12 wythnos (Tzoulis et al., 2024).

5. Trafodaeth

5.1. Crynodeb o'r dystiolaeth

Nod yr adolygiad hwn oedd ymchwilio i gydrannau'r gofal atodol a gynigir i bobl sy'n cymryd meddyginiaeth rheoli pwysau semaglutide a tirzepatide, ac a oedd unrhyw dystiolaeth mewn perthynas â pha gydrannau a allai fod yn effeithiol ar gyfer y boblogaeth hon. Er i ni nodi 17 o astudiaethau sylfaenol a archwiliodd ganlyniadau colli pwysau yn gysylltiedig â chyffuriau semaglutide a tirzepatide ynghyd â gofal atodol, ni ddarparodd unrhyw astudiaethau dystiolaeth ar effeithiolrwydd cynnwys gofal atodol wrth gymryd cyffuriau GLP-1. Roedd pob cyfranogwr yn y treialon a'r astudiaethau a oedd wedi'u cynnwys, felly, wedi derbyn rhyw fath o ofal atodol, waeth pa ran yr oeddent yn ymwneud â hi (h.y. rhannau rheoli neu ymyriad).

Sesiynau cwnsela ffordd o fyw, deiet calorïau isel, a chyngor i ymarfer corff am 150 munud yr wythnos oedd y gofal atodol wedi'i gynnig gan mwyaf yn y treialon. Mewn dwy astudiaeth, roedd y sesiynau cwnsela yn seiliedig ar therapi seicolegol penodol: *cyfweliadau ysgogiadol* (Tzoulis et al., 2024), a *Therapi Ymddygiad Dwys* (Wadden et al., 2021). Gofynnwyd yn aml i gyfranogwyr gofnodi eu cymeriant bwyd a'u hymarfer corff mewn fformat dyddiadur, ac yna cafodd trafodaeth ei chynnal amdanynt yn ystod sesiynau cwnsela.

Er bod y gofal atodol wedi'i gynnig yn y treialon wedi'u cynnwys yn debyg, roedd ganddynt wahaniaethau cynnil sy'n golygu ei bod yn anodd gwneud cymhariaeth uniongyrchol. Yn ogystal, roedd protocolau'r treialon hyn yn cynnwys y wybodaeth fwyaf defnyddiol yn ymwneud â'r cydrannau gofal atodol wedi'u cynnig. Felly nid yw'n bosibl bod yn sicr a gynhaliwyd y rhain *air am air* yn ystod y treialon, neu a oedd yna unrhyw wyriadau.

Roedd y rhan fwyaf o'r treialon wedi'u cynnwys yn yr adolygiad hwn yn cynnwys rhyw fath o ofal atodol am hyd yr ymyriad cyffuriau. Pe bai hyn yn cael ei ailadrodd yn GIG Cymru, gallai gael goblygiadau mawr o ran adnoddau ar gyfer gwasanaethau rheoli pwysau sy'n cynnig cyffuriau colli pwysau. Felly, byddai angen ystyried yn ofalus ac, yn ddelfrydol, rhagor o dystiolaeth yn gyntaf i sefydlu'r math a'r dwyster mwyaf effeithiol o ofal atodol a gynigir, a hefyd pa sgiliau arbenigol fyddai eu hangen ar y rhai sy'n gweithredu'r rhan gofal atodol.

5.2. Cryfderau a chyfyngiadau

Mae'r adolygiad hwn wedi nodi'r prif dreialon ac astudiaethau byd go iawn sy'n ymchwilio i ganlyniadau colli pwysau yn gysylltiedig â semaglutide a tirzepatide. Mae'r adolygiad hefyd wedi disgrifio'r gofal atodol wedi'i ddarparu yn yr astudiaethau hyn yn fanwl. Fodd bynnag, gan fod cyfranogwyr ym mhob astudiaeth wedi cael yr un gofal atodol, nid oedd yn bosibl gwneud sylwadau ar effeithiolrwydd yr ymyriadau gofal atodol.

Nid yw'r adolygiad hwn wedi gallu archwilio'n fanwl pam mae yna wahaniaethau mewn cydrannau gofal atodol rhwng y treialon wedi'u cynnwys. Byddai'n ddefnyddiol ystyried nodweddion y cyfranogwyr i weld a yw'r gwahaniaethau yn y cydrannau gofal atodol mewn ymateb i nodweddion gwahanol.

5.3. Goblygiadau ar gyfer ymarfer, polisi ac ymchwil yn y dyfodol

Mae'r adolygiad hwn wedi rhoi trosolwg disgrifiadol o'r mathau o ofal atodol a ddefnyddiwyd mewn treialon semaglutide a tirzepatide ac mewn dwy astudiaeth bywyd go iawn. Deietau calorïau isel ac o leiaf 150 munud o ymarfer corff wedi'i ragnodi oedd y cyngor mwyaf cyffredin, ochr yn ochr â chwnsela i gefnogi unigolion i gynnal y newidiadau ffordd o fyw hyn.

Mae treialon sy'n ymchwilio i effeithiolrwydd semaglutide a tirzepatide at ddibenion rheoli pwysau yn aml yn cynnwys ymyriadau deietegol ac ymarfer corff ochr yn ochr â chyffuriau rheoli pwysau. Gallai hyn gael goblygiadau sylweddol o ran adnoddau pe bai'n cael ei ailadrodd yn GIG Cymru. Fodd bynnag, ni ddarparodd yr un o'r astudiaethau yn yr adolygiad hwn dystiolaeth ar yr ymyriad gofal atodol mwyaf effeithiol. Felly, rydym yn pwysleisio bod angen ystyriaeth a thystiolaeth bellach i ddeall y math a'r hyd mwyaf effeithiol o ofal atodol.

Yn ogystal â hyn, efallai y bydd angen i ymchwil yn y dyfodol gynnwys dadansoddiad o gyfraniad gofal atodol at yr effeithiolrwydd cyffredinol wedi'i adrodd yn y treialon hyn. Byddai hyn wedyn yn galluogi nodi'r math, y cyfuniadau a'r hyd mwyaf effeithiol o ofal atodol i'w gynnig i bobl sy'n cymryd y cyffuriau hyn at ddibenion colli pwysau. Hefyd, o ystyried prinder tystiolaeth ar effeithiolrwydd ymyriadau seicolegol ochr yn ochr â chyffuriau rheoli pwysau, efallai y bydd angen i ymchwil yn y dyfodol archwilio'r ymyriadau seicolegol mwyaf effeithiol a allai gefnogi unigolion i

gynnal newidiadau i'w ffordd o fyw wrth gymryd cyffuriau rheoli pwysau ac ar ôl rhoi'r gorau iddynt. Gallai hyn yn ei dro helpu i atal cylchoedd posibl o golli ac ennill pwysau bob yn ail.

6. Casgliadau

Nododd yr adolygiad hwn 17 o astudiaethau sylfaenol a adroddodd am ganlyniadau colli pwysau yn gysylltiedig â semaglutide neu tirzepatide ynghyd â gofal atodol. Ni roddodd unrhyw astudiaethau dystiolaeth o effeithiolrwydd ychwanegu gofal atodol at gyfundrefn GLP-1. Fodd bynnag, mae'r gwaith hwn wedi casglu gwybodaeth ddefnyddiol sy'n canolbwyntio ar y gofal atodol sydd ar gael mewn treialon sy'n gysylltiedig â defnyddio semaglutide a tirzepatide at ddibenion rheoli pwysau. Mae angen ymchwil pellach i nodi'r gofal atodol mwyaf effeithiol i bobl sy'n defnyddio cyffuriau GLP-1 at ddibenion colli pwysau, gan y bydd hyn yn helpu i lywio sut olwg fyddai ar ofal atodol yn rhan o raglenni rheoli pwysau yng Nghymru.

7. Cyfeiriadau

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8. Gwybodaeth ychwanegol

8.1. Cymorth cyllido

Ni ddarparwyd unrhyw ffynonellau cymorth ariannol nac anariannol ar gyfer yr adolygiad.

8.2. Buddiannau sy'n cystadlu

Nid oes unrhyw fuddiannau sy'n cystadlu rhwng awduron adolygiadau.

8.3. Gwybodaeth atodol/Atodiadau

Atodiad 1: Strategaeth Chwilio MEDLINE

	Ovid MEDLINE(R) ALL <1946 to July 22, 2025>	Hits
1	Liraglutide/ or Glucagon-Like Peptide-1 Receptor Agonists/ or Glucagon-Like Peptides/ or Anti-Obesity Agents/ or Tirzepatide/	14850
2	(tirzepatide* or semaglutide* or liraglutide* or "glucagon-like peptide-1 receptor agonist*" or "GLP-1*" or wegovy or saxenda or ozempic or rybelsus or victoza or mounjaro or zepbound).ti,ab.	25429
3	1 or 2	32663
4	(overweight or obese or obesity or "body weight*" or "body mass*").ti,ab.	866209
5	Obesity/ or Overweight/ or Adipose Tissue/ or Body Weight/ or weight loss/ or Obesity, Abdominal/ or Obesity, Morbid/	546609
6	((manage adj3 weight) or (weight adj3 loss) or (weight adj3 reduc*) or (fat adj3 reduc*) or (fat adj3 loss)).ti,ab.	180976
7	4 or 5 or 6 1170435	
8	3 and 7	16357
9	limit 8 to (english language and yr="2024 -Current")	3756
10	("randomi#ed controlled trial*" or "RCT").ti,ab.	318745
11	Randomized Controlled Trial/	642490
12	10 or 11	851992
13	9 and 12	521

Atodiad 2: Tablau Casglu Data

Tabl 1: Casglu Data-Tirzepatide

Tirzepatide: SURMOUNT 1- Jastreboff et al. (2025); Jastreboff et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Jastreboff, A., et al. (2025) Tirzepatide for Obesity Treatment and Diabetes Prevention. The New England journal of medicine, 392(10), 958–971. **DOI: 10.1056/NEJMoa2410819** **Nod yr Astudiaeth:** To report the 3-year safety and efficacy outcomes with tirzepatide, including its effect on achieving and sustaining longer-term weight reduction and preventing type 2 diabetes in participants with prediabetes at baseline. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** Argentina, Brazil, Mexico, China, Japan, Taiwan, India, Russian Federation, US. **Hyd yr astudiaeth:** 193 weeks (Participants with obesity and without prediabetes at baseline were offered treatment for 72	**Dietary: Counselling & reduced-calorie diet** At Visit 3 and subsequent visits, study participants will receive diet counselling by a dietician/nutritionist, or equivalent qualified delegate, according to local standard. Dietary counselling will consist of advice on healthy food choices and focus on calorie restriction using a hypocaloric diet with macronutrient composition of: maximum 30% of energy from fat; approximately 20% of energy from protein; approximately 50% of energy from carbohydrates; an energy deficit of approximately 500 kcal/day compared to the participant's estimated total energy expenditure (TEE). To encourage adherence, it is recommended that a 3-day diet and exercise diary be completed prior to each counselling visit. During each visit, the	At 176 weeks, the mean percent change in body weight among the participants who received tirzepatide was −12.3% with the 5-mg dose, −18.7% with the 10-mg dose, and −19.7% with the 15-mg dose, as compared with −1.3% among those who received placebo (P<0.001 for all comparisons with placebo).	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Tirzepatide: SURMOUNT 1- Jastreboff et al. (2025); Jastreboff et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
weeks, whereas participants with obesity and prediabetes at baseline were offered treatment for 176 weeks.) **Poblogaeth:** Tirzepatide 5mg- N=172 (Age= 49.3; Female sex= 160 (64.8%); Body weight= 104.6 kg) Tirzepatide 10mg- N=185 (Age= 47.4; Female sex= 168 (64.1%); Body weight= 108.9 kg) Tirzepatide 15mg- N=184 (Age= 48.4; Female sex= 161 (63.6%); Bodyweight= 108.6kg) **Ymyriad:** Participants were randomly assigned in a 1:1:1:1 ratio to receive tirzepatide at a dose of 5 mg, 10 mg, or 15 mg or placebo, administered subcutaneously once weekly for 176 weeks, followed by a 17-week off-treatment period (safety follow-up), for a total trial duration of 193 weeks. **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** In the current analysis, the trial participants had a body-mass index (BMI, the weight in kilograms divided by the square of the height in meters) of at least 30 or at least 27 with at least one obesity-related complication, and all had prediabetes. A key exclusion criterion was diabetes mellitus.	participant's diet is reviewed and advice to maximize adherence is provided if needed. The hypocaloric diet is continued after randomization and throughout the treatment period. If a BMI ≤22 kg/m2 is reached, the recommended energy intake should be recalculated with no kcal deficit for the remainder of the trial. Total energy expenditure (TEE) is calculated by multiplying the estimated Basal Metabolic Rate (BMR) (see table below) with a Physical Activity Level value of 1.3(FAO/WHO/UNU 2004), which reflects an inactive lifestyle. **Exercise: minimum of150 minutes/week advised.** At Visit 3 and all subsequent visits, participants will be advised to increase their physical activity to at least 150 minutes per week. **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period.		

Tirzepatide: SURMOUNT 1- Jastreboff et al. (2025); Jastreboff et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Jastreboff, A. et al. (2022) Tirzepatide Once Weekly for the Treatment of Obesity. The New England journal of medicine, 387(3), 205–216. DOI: 10.1056/NEJMoa2206038 **Nod yr Astudiaeth:** The SURMOUNT-1 trial evaluated the efficacy and safety of tirzepatide in adults with obesity or overweight who did not have diabetes. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** Argentina, Brazil, Mexico, China, Japan, Taiwan, India, Russian Federation, US. **Hyd yr astudiaeth:** 72 weeks **Poblogaeth:** Tirzepatide 5 mg-N = 630 (Age- 45.6; female sex- 426 (67.6%), Body weight- 102.9kg) Tirzepatide 10 mg-N = 636 (Age- 44.7; Female sex- 427 (67.1%); Body weight- 105.8kg) Tirzepatide 15 mg-N = 630 (Age-44.9; Female sex- 425(67.5%); Body weight- 105.6kg) Placebo-N = 643 (Age- 44.4; Female sex- 436 (67.8%); Body weight- 104.8kg)	As above	The mean percentage change in weight at week 72 was −15.0% (95% confidence interval [CI], −15.9 to −14.2) with 5-mg weekly doses of tirzepatide, −19.5% (95% CI, −20.4 to −18.5) with 10-mg doses, and −20.9% (95% CI, −21.8 to −19.9) with 15-mg doses and −3.1% (95% CI, −4.3 to −1.9) with placebo (P<0.001 for all comparisons with placebo). The percentage of participants who had weight reduction of 5% or more was 85% (95% CI, 82 to 89), 89% (95% CI, 86 to 92), and 91% (95% CI, 88 to 94) with 5 mg, 10 mg, and 15 mg of tirzepatide, respectively, and 35% (95% CI, 30 to 39) with placebo; 50% (95% CI, 46 to 54) and 57% (95% CI, 53 to 61) of participants in the 10-mg and 15-mg	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Tirzepatide: SURMOUNT 1- Jastreboff et al. (2025); Jastreboff et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Ymyriad: Participants were randomly assigned in a 1:1:1:1 ratio to receive tirzepatide at a dose of 5 mg, 10 mg, or 15 mg or placebo, administered subcutaneously once weekly for 72 weeks as an adjunct to lifestyle intervention. **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** Adults who were 18 years of age or older, with a body-mass index (BMI, the weight in kilograms divided by the square of the height in meters) of 30 or more, or a BMI of 27 or more and at least one weight-related complication (e.g., hypertension, dyslipidemia, obstructive sleep apnea, or cardiovascular disease), and who reported one or more unsuccessful dietary effort to lose weight were eligible to participate. Key exclusion criteria were diabetes, a change in body weight of more than 5 kg within 90 days before screening, previous or planned surgical treatment for obesity, and treatment with a medication that promotes weight loss within 90 days before screening.		groups had a reduction in body weight of 20% or more, as compared with 3% (95% CI, 1 to 5) in the placebo group (P<0.001 for all comparisons with placebo).	

Tirzepatide: SURMOUNT 3-Wadden et al. (2023)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Wadden, T. et al. (2023) Tirzepatide after intensive lifestyle intervention in adults with overweight or obesity: the SURMOUNT-3 phase 3 trial. Nat Med 29, 2909–2918 DOI: 10.1038/s41591-023-02597-w **Nod yr Astudiaeth:** To evaluate the efficacy of tirzepatide at 72 weeks post randomization in adults with obesity or overweight (but not diabetes) who successfully lost ≥5% of baseline weight during a 12-week lead-in period that provided intensive lifestyle intervention. **Dyluniad yr astudiaeth**: Randomised controlled trial **Gwledydd:** USA, Argentina and Brazil. **Hyd yr astudiaeth:** 12 week lead in period followed by 72 week trial period **Poblogaeth:** Tirzepatide MTD-N=287 (Age=45.4; Female sex= 181 (63.1%) Placebo-N= 292 (Age=45.7 Female sex= 183 (62.7%) **Ymyriad:** Tirzepatide and matched placebo were administered once weekly as a subcutaneous injection using a single-dose pen. The starting dose of tirzepatide was 2.5 mg, increasing by 2.5 mg every 4 weeks until an MTD dose of 10 or 15 mg was reached.	**Dietary: Counselling on behaviour modification strategies; reduced-calorie diet** During the intensive lifestyle modification lead-in period, participants will receive instruction from a dietician, or equivalent qualified delegate, to reduce their daily caloric energy intake to approximately 1200 kcal/day for women or 1500 kcal/day for men for 12 weeks. During this lead-in period, up to 2 liquid meal replacements per day are permitted, but not required, to achieve the targeted energy deficit. **Exercise: Counselling on behaviour modification strategies; minimum of 150 mins/week advised** In addition to the diet modification, participants will be encouraged to exercise on a regular basis, with a recommendation of at least 150 minutes per week of moderate intensity activity (for example, brisk walking). Participants will be counselled on behaviour modification strategies to help implement and adhere to the diet and exercise recommendations. Participants who achieve a ≥5.0% body weight loss at the end of the 12-week lead-in period (Week 0)	The coprimary endpoint of additional mean per cent weight change from randomization to week 72 was met with changes of −18.4% (standard error (s.e.) 0.7) with tirzepatide and 2.5% (s.e. 1.0) with placebo (estimated treatment difference −20.8 percentage points (95% confidence interval (CI) −23.2%, −18.5%; $P < 0.001$). The coprimary endpoint of the percentage of participants achieving additional weight reduction ≥5% was met with 87.5% (s.e. 2.2) with tirzepatide and 16.5% (s.e. 3.0) with placebo achieving this threshold (odds ratio 34.6%; 95% CI 19.2%, 62.6%; $P < 0.001$).	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported

Tirzepatide: SURMOUNT 3-Wadden et al. (2023)			
Cymharu: Placebo **Meini Prawf Cynnwys a Hepgor:** Adults with body mass index ≥30 or ≥27 kg/m2 and at least one obesity-related complication (excluding diabetes), who achieved ≥5.0% weight reduction after a 12-week intensive lifestyle intervention, to tirzepatide maximum tolerated dose (10 or 15 mg) or placebo once weekly for 72 weeks (n = 579).	will proceed to randomization to either tirzepatide or placebo. After randomization, participants will be advised to maintain their daily energy intake at 500 kcal below their individualized energy requirements (Garvey et al. 2016), as calculated by the Food and Agriculture Organization of the United Nations/World Health Organization [WHO]/United Nations University (FAO/WHO/UNU) estimates of human energy requirements, using a “sedentary” physical activity level (PAL) of 1.3 (FAO/WHO/UNU 2004). **Pryd y cafodd gofal atodol ei ddarparu?** 12-week lead-in period and during main trial period.		

Tirzepatide: SURMOUNT 4-Aronne et al. (2024)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
Cyfeirnod: Aronne, L. et al. (2024). Continued Treatment With Tirzepatide for Maintenance of Weight Reduction in Adults With Obesity: The SURMOUNT-4 Randomized Clinical Trial. JAMA, 331(1), 38–48. DOI: 10.1001/jama.2023.24945 **Nod yr Astudiaeth:** To assess the effect of tirzepatide, with diet and physical activity, on the maintenance of weight reduction. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** Argentina, Brazil, Taiwan, and the US **Hyd yr astudiaeth:** 36-week, lead-in period followed by a 52-week, double-blind, placebo-controlled period. **Poblogaeth:** Tirzepatide-N=335 (Age=49 years; Female sex= 236 (70.4%); Body weight= 84.6kg) Placebo-N=335 (Age=48 years; Female sex= 237 (70.7%); Body weight= 85.8kg) **Ymyriad:** Tirzepatide was administered once weekly as a subcutaneous injection. During the 36-week, open-label lead-in period, the starting dose of tirzepatide was 2.5 mg and was increased by 2.5 mg every 4 weeks until a maximum tolerated dose of 10 or 15 mg was achieved. At the end of the lead-in period, participants who attained the maximum tolerated dose of tirzepatide (10 or 15 mg) were randomized	**Dietary: Counselling; reduced calorie diet.** **Exercise: Minimum of 150 minutes/week advised** All participants received lifestyle counselling by a qualified health care professional throughout the study to encourage adherence to a healthy 500 kcal/d deficit diet and at least 150 minutes of physical activity per week. **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period.	Participants (n = 670; mean age, 48 years; 473 [71%] women; mean weight, 107.3 kg) who completed the 36-week lead-in period experienced a mean weight reduction of 20.9%. The mean percent weight change from week 36 to week 88 was −5.5% with tirzepatide vs 14.0% with placebo (difference, −19.4% [95% CI, −21.2% to −17.7%]; P < .001). Overall, 300 participants (89.5%) receiving tirzepatide at 88 weeks maintained at least 80% of the weight loss during the lead-in period compared with 16.6%	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Tirzepatide: SURMOUNT 4-Aronne et al. (2024)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
in a 1:1 ratio by a computer-generated random sequence using an interactive web-response system to either continue receiving the maximum tolerated dose of tirzepatide or switch to matching placebo for an additional 52 weeks. **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** Eligible participants (18 years or older) had a body mass index (BMI) greater than or equal to 30 or greater than or equal to 27 and at least 1 weight-related complication (ie, hypertension, dyslipidemia, obstructive sleep apnea, or cardiovascular disease). Key exclusion criteria included diabetes, prior or planned surgical treatment for obesity, and treatment with a medication that promotes weight loss within 3 months prior to enrolment.			

Tirzepatide: SURMOUNT-J -Kadowaki et al. (2025)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
Cyfeirnod: Kadowaki, T., et al. (2025). Efficacy and safety of once-weekly tirzepatide in Japanese patients with obesity disease (SURMOUNT-J): a multicentre, randomised, double-blind, placebo-	**Dietary: Counselling & reduced-calorie diet** Participants will receive diet counselling by a dietician/nutritionist, or equivalent qualified	Estimated treatment differences relative to placebo in change in bodyweight at week 72	This was a double blind trial, with participants

Tirzepatide: SURMOUNT-J -Kadowaki et al. (2025)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
controlled phase 3 trial. The lancet. Diabetes & endocrinology, 13(5), 384–396. https://doi.org/10.1016/S2213-8587(24)00377-2 **Nod yr Astudiaeth:** This study aimed to gain a better understanding of tirzepatide for treatment of Japanese patients with obesity disease (BMI ≥25 kg/m² with excessive fat accumulation) as defined by the Japanese Society for the Study of Obesity. **Dyluniad yr astudiaeth:** Randomised controlled tiral **Gwledydd:** Japan **Hyd yr astudiaeth:** 72 weeks **Poblogaeth:** Tirzepatide 10mg-N= 73 (Age=49.0; Female sex=43 (59%); Body weight= 92.4kg) Tirzepatide 15mg-N=77 (Age=51.1; Female sex= 32(42%); Body weight= 91.7kg) Placebo- N=75 (Age= 52.3; Female sex=30(40%); Body weight=92.0kg) **Ymyriad:** Participants were randomly assigned 1:1:1 to receive tirzepatide (10 mg or 15 mg) or placebo vehicle (disodium hydrogen phosphate heptahydrate and sodium chloride in water, adjusted to pH 7·0), administered subcutaneously via a single-use pen. **Cymharu:** Placebo	delegate, according to JASSO guidelines. Dietary counselling will consist of advice on healthy food choices and focus on calorie restriction using a hypocaloric diet with macronutrient composition of- approximately 50% to 60% of energy from carbohydrate; Approximately 15% to 20% of energy from protein. Approximately 20% to 25% of energy from fat, and daily energy intake up to 25 kCal/kg × standard body weight (as determined by BMI = 22 kg/m2) for the participant whose BMI is ≥27 kg/m2 and 20 to 25 kcal/kg × standard body weight for the participant whose BMI is ≥35 kg/m2 . To encourage adherence, it is recommended that a 3-day diet and exercise diary be completed prior to each counselling visit. During each visit, the participant's diet is reviewed and advice to maximize adherence is provided if needed. **Exercise: Minimum of 150 minutes/week advised.** The JASSO guideline indicated the amount of physical activity according to the purpose of weight loss; for prevention of weight gain; 150 to 250 minutes (1,200-2,000 kcal) per week for weight loss; moderate-intensity physical activity less than 150 minutes per week to provide only modest weight loss; moderate-intensity physical activity between 225 and 420 minutes per week to provide 5 to 7.5 kg weight loss o greater amounts of physical activity	were −16·1% (95% CI −18·7 to −13·5; p<0·0001) and −21·1% (95% CI −23·6 to −18·5; p<0·0001) following tirzepatide 10 mg and 15 mg, respectively. At week 72, a higher proportion of participants achieved at least 5% bodyweight reduction with tirzepatide 10 mg (67 [94%] of 71) and 15 mg (73 [96%] of 76) compared with placebo (15 [20%] of 75; both p<0·0001).	randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Tirzepatide: SURMOUNT-J -Kadowaki et al. (2025)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Meini Prawf Cynnwys a Hepgor: Eligible participants were aged 20 years or older with a BMI of 27 kg/m² or greater and less than 35 kg/m² and at least two obesity-related health disorders or with a BMI of 35 kg/m² or greater and at least one obesity-related health disorder at screening. Obesity-related health disorders included impaired glucose tolerance, hyperlipidaemia, or MASLD. Impaired glucose tolerance was defined as having an oral glucose tolerance test (OGTT) 0-h glucose of at least 110 mg/dL or 2-h glucose of at least 140 mg/dL, or both, inclusive of borderline type impaired fasting serum glucose as defined by Japanese clinical practice guidelines for diabetes.13 Hyperlipidaemia was defined as fasting triglycerides of 150 mg/dL or greater. MASLD was defined as having a hepatic fat fraction of 5% or greater as measured by MRI-proton density fat fraction (MRI-PDFF). Key exclusion criteria included all diabetes, as defined by Japanese clinical practice guidelines;13 treatment with dipeptidyl peptidase-4 (DPP-4) inhibitors, oral GLP-1 receptor agonists, or any injectable type 2 diabetes therapy within 3 months before screening; and liver disease other than MASLD.	to provide more weight loss. For example, moderate-intensity physical activities (3-6 METs) are slightly fast walking (4 km/hour) and bicycle commuting (<16 km/hour), etc. **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period		

Tirzepatide: SURMOUNT-CN -Zhao et al. (2024)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Zhao, L., et al. (2024). Tirzepatide for Weight Reduction in Chinese Adults With Obesity: The SURMOUNT-CN Randomized Clinical Trial. JAMA, 332(7), 551–560. https://doi.org/10.1001/jama.2024.9217 **Nod yr Astudiaeth:** To assess the efficacy and safety of treatment with tirzepatide for weight reduction in Chinese adults with obesity or overweight and weight-related comorbidities. **Dyluniad yr astudiaeth:** Randomised controlled tiral **Gwledydd:** China **Hyd yr astudiaeth:** 52 weeks **Poblogaeth:** Tirzepatide 10mg-N= 70 (Age=34.7; Female sex=35 (50%); Body weight= 92.2kg) Tirzepatide 15mg- N=71 (Age=35.8; Female sex= 35(49.3%); Body weight= 91.3kg) Placebo-N= 69 (Age= 37.8; Female sex=33(47.8%); Body weight=92.0kg) **Ymyriad:** Participants received self-administered subcutaneous injections of tirzepatide 10 mg, tirzepatide 15 mg, or placebo once a week, plus a lifestyle intervention, for 52 weeks, followed by a 4-week safety follow-up period without treatment.	**Dietary: Counselling; reduced-calorie diet** At Visit 2 and subsequent visits study participants will receive diet counselling by a dietician/nutritionist, or equivalent qualified delegate, according to local standard. Dietary counselling will consist of advice on healthy food choices and focus on calorie restriction using a hypocaloric diet with macronutrient composition of: approximately 20%-30% of energy from fat; approximately 15%-20% of energy from protein; approximately 40-55% of energy from carbohydrates, and with an energy deficit of approximately 500 kcal/day compared to the participant's total daily energy or use the equation: (body height (cm) - 105); 25 kcal/day as calorie restrict diet energy target (Committee of China expert consensus of medical nutrition therapy to patients who are overweight or obese, 2016; Ge et al. 2018) To encourage adherence, it is recommended that a 3-day food and exercise diary be completed prior to each counselling visit. During each visit, the participant's diet is reviewed and advice to maximize adherence is provided if needed. The hypocaloric diet is continued after randomization and throughout the treatment period. If a %0,0 kg/m2 is reached the recommended energy intake should be recalculated with no kcal deficit for the remainder of the trial.	Of 210 randomized participants (103 [49.0%] female; mean [SD] age, 36.1 [9.1] years; body weight, 91.8 [16.0] kg; BMI, 32.3 [3.8]), 201 (95.7%) completed the trial. The mean change in body weight at week 52 was −13.6% (95% CI, −15.8% to −11.4%) with tirzepatide 10 mg, −17.5% (95% CI, −19.7% to −15.3%) with tirzepatide 15 mg, and −2.3% with placebo (difference between 10 mg and placebo, −11.3% [95% CI, −14.3% to −8.3%; P < .001]; difference between 15 mg and placebo, −15.1% [95% CI, −18.2% to −12.1%; P < .001]). The percentage of participants achieving body weight reductions of 5% or greater was 87.7% with tirzepatide 10 mg, 85.8% with tirzepatide 15 mg, and 29.3% with placebo (P <	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Tirzepatide: SURMOUNT-CN -Zhao et al. (2024)			
Cymharu: Placebo **Meini Prawf Cynnwys a Hepgor:** Key inclusion criteria were adults (aged 18 years or older) with a BMI greater than or equal to 28, or greater than or equal to 24 with at least 1 weight-related comorbidity (eg, hypertension, dyslipidemia, cardiovascular disease), and who reported at least 1 unsuccessful dietary effort to lose weight. Key exclusion criteria included diabetes, a self-reported change in body weight of 5 kg or more within 3 months before screening, a previous or planned surgical treatment for obesity, and treatment with medications or alternative remedies intended for weight reduction within 3 months before randomization.	Also, it is recommended total daily energy is at least 1000 kcal for women and at least 1200 kcal for men. **Exercise: Minimum of 150 minutes/week advised.** At Visit 2 and all subsequent visits, participants will be advised to increase their physical activity to at least 150 minutes per week. **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period.	.001 for comparisons with placebo). .	

Tabl 2: Casglu Data-Semaglutide

Semaglutide: STEP 1-Wilding et al. (2021); STEP 1 extension -Wilding et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Wilding, J., et al. (2021) Once-Weekly Semaglutide in Adults with Overweight or Obesity. The New England journal of medicine, 384(11), 989–1002. DOI: 10.1056/NEJMoa2032183 **Nod yr Astudiaeth:** To evaluate the efficacy and safety of semaglutide as compared with placebo as an adjunct to lifestyle intervention for reducing body weight and meeting other related end points in adults with overweight or obesity and without diabetes. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** 16 countries in Asia, Europe, North America, and South America. **Hyd yr astudiaeth:** 68 weeks **Poblogaeth:** Semaglutide group: N=1212 (Female sex: 955 (73.1%); Age: 46; Weight: 105.4 kg) Placebo group: N=577 (Female sex= Female: 498 (76.0%); Age: 47; Weight: 105.2 kg) **Ymyriad:** Semaglutide at a dose of 2.4 mg administered subcutaneously once a week for 68 weeks or matching placebo, in addition to lifestyle	**Dietary & exercise: Counselling; reduced calorie diet; minimum of 150 minutes/week advised** All participants received individual counselling sessions every 4 weeks to help them adhere to a reduced-calorie diet (500-kcal deficit per day relative to the energy expenditure estimated at the time they underwent randomization) and increased physical activity (with 150 minutes per week of physical activity, such as walking, encouraged). Both diet and activity were recorded daily in a diary or by use of a smartphone application or other tools and were reviewed during counselling sessions. **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period.	The mean change in body weight from baseline to week 68 was −14.9% in the semaglutide group as compared with −2.4% with placebo, for an estimated treatment difference of −12.4 percentage points (95% confidence interval [CI], −13.4 to −11.5; P<0.001). More participants in the semaglutide group than in the placebo group achieved weight reductions of 5% or more (1047 participants [86.4%] vs. 182 [31.5%]), 10% or more (838 [69.1%] vs. 69 [12.0%]), and 15% or more (612 [50.5%] vs. 28 [4.9%]) at week 68 (P<0.001 for all three comparisons of odds). The change in body weight from baseline to week 68 was −15.3 kg in the semaglutide group as compared with	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Semaglutide: STEP 1-Wilding et al. (2021); STEP 1 extension -Wilding et al. (2022)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
intervention; this 68-week period was followed by a 7-week period without receipt of semaglutide or placebo or lifestyle intervention. Semaglutide, administered with a prefilled pen injector, was initiated at a dose of 0.25 mg once weekly for the first 4 weeks, with the dose increased every 4 weeks to reach the maintenance dose of 2.4 mg weekly by week 16 (lower maintenance doses were permitted if participants had unacceptable side effects with the 2.4-mg dose). **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** Adults (18 years of age or older) with one or more self-reported unsuccessful dietary efforts to lose weight and either a BMI of 30 or greater or a BMI of 27 or greater with one or more treated or untreated weight-related coexisting conditions (i.e., hypertension, dyslipidemia, obstructive sleep apnea, or cardiovascular disease). A subgroup of participants with a BMI of 40 or less underwent dual-energy x-ray absorptiometry (DXA) to assess body composition. All participants provided written informed consent. Key exclusion criteria were diabetes, a glycated hemoglobin level of 48 mmol per mole (6.5%) or greater, a history of chronic pancreatitis, acute pancreatitis within 180 days before enrollment, previous surgical obesity treatment, and use of anti-obesity medication within 90 days before enrollment.		–2.6 kg in the placebo group (estimated treatment difference -12.7 kg; 95% CI, –13.7 to –11.7).	
Cyfeirnod: Wilding, J., et al. (2022) Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension.	**Dietary & exercise: Counselling; reduced calorie diet; minimum of 150 minutes/week advised**	From week 0 to week 68, mean weight loss was 17.3% (SD: 9.3%) with semaglutide and 2.0% (SD: 6.1%) with	This was a double blind trial, with participants

Semaglutide: STEP 1-Wilding et al. (2021); STEP 1 extension -Wilding et al. (2022)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
Diabetes, obesity & metabolism, 24(8), 1553–1564. DOI: 10.1111/dom.14725 **Nod yr Astudiaeth:** To explore changes in body weight and cardiometabolic risk factors after treatment withdrawal in the STEP 1 trial extension. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** The extension was offered in five selected countries (Canada, Germany, Japan, the UK and the United States) that were representative of the global trial population and aimed to include approximately 300 participants. **Hyd yr astudiaeth:** 68 weeks treatment period, followed by 52 week off-treatment follow-up period. **Poblogaeth:** Extension analyses set included 327 participants: Semaglutide group: (Female sex: 152 (66.7); age-48; weight-105.6kg) Placebo group: (Female sex= 67 (67.7%); age= 50; weight= 105.4 kg) **Ymyriad:** Once weekly semaglutide 2.4 mg (n = 1306), plus lifestyle intervention. **Cymharu:** Placebo plus lifestyle intervention	The lifestyle intervention consisted of counselling every 4 weeks on diet (500 kcal deficit per day relative to total estimated energy expenditure at randomization) and physical activity (150 minutes per week). **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period.	placebo. Following treatment withdrawal, semaglutide and placebo participants regained 11.6 (SD: 7.7) and 1.9 (SD: 4.8) percentage points of lost weight, respectively, by week 120, resulting in net losses of 5.6% (SD: 8.9%) and 0.1% (SD: 5.8%), respectively, from week 0 to week 120	randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported. No power calculations were performed to determine the sample size. All extension phase analyses were exploratory and performed in the extension analysis set (ExAS), which included all participants eligible for the extension who attended at least one visit on week 75, 80, 104 or 120]

Semaglutide: STEP 1-Wilding et al. (2021); STEP 1 extension -Wilding et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Meini Prawf Cynnwys a Hepgor: To be eligible for the extension, participants were required to have completed treatment with semaglutide 2.4 mg or placebo at week 68 and to provide informed consent for the extension. Exclusion criteria included pregnancy or intention of becoming pregnant during the extension and any factor that could have jeopardized compliance (as judged by the investigator).			

Semaglutide: STEP 3 -Wadden et al. (2021)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Wadden, T., et al. (2021) Effect of Subcutaneous Semaglutide vs Placebo as an Adjunct to Intensive Behavioral Therapy on Body Weight in Adults With Overweight or Obesity: The STEP 3 Randomized Clinical Trial. JAMA, 325(14), 1403–1413. DOI: 10.1001/jama.2021.1831 **Nod yr Astudiaeth:** To compare the effects of once-weekly subcutaneous semaglutide, 2.4 mg vs placebo for weight management as an adjunct to intensive behavioral therapy with initial low-calorie diet in adults with overweight or obesity.	**Dietary: First eight weeks-meal replacement diet; after eight weeks-reduced calorie diet; counselling sessions underpinned by Intensive Behavioural Therapy.** Dietary intervention started after randomization. The first 8 weeks consisted of a 1000–1200 kcal/day low-calorie diet (LCD), provided as meal replacements (e.g. liquid shakes and solid bars) and heat-and-serve, pre-prepared meals. These foods were manufactured by Nutrisystem and supplied to participants free of charge by Novo Nordisk. After 8	At week 68, the estimated mean body weight change from baseline was −16.0% for semaglutide vs −5.7% for placebo (difference, −10.3 percentage points [95% CI, −12.0 to −8.6]; P < .001). More participants treated with semaglutide vs placebo lost at least 5% of baseline body weight (86.6% vs 47.6%,	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and

Semaglutide: STEP 3 -Wadden et al. (2021)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Dyluniad yr astudiaeth: Randomised controlled trial **Gwledydd:** US **Hyd yr astudiaeth:** 68 weeks **Poblogaeth:** Semaglutide group: n=407(Female sex: 315 (77.4%); Age: 46; Weight: 106.9 kg) Placebo group: n=204 (Female sex: 180 (88.2%); Age: 46; Weight: 103.7 kg) **Ymyriad:** Once weekly subcutaneous semaglutide, 2.4 mg, or visually identical placebo for 68 weeks. **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** Eligible participants were aged 18 years or older, reported 1 or more unsuccessful dietary efforts to lose weight, and had either body mass index (BMI) of 27 or higher with at least 1 weight related comorbidity (cardiovascular disease, dyslipidemia, hypertension, or obstructive sleep apnea) or BMI of 30 or higher. Participants were excluded if they had diabetes, glycated hemoglobin levels of 6.5% or more (≥48 mmol/mol), self-reported body weight change greater than 5 kg within 90 days before screening, or prior or planned obesity treatment with surgery or a weight loss device.	weeks on LCD, participants were gradually transferred to a less strict hypo-caloric diet comprised of conventional foods. From week 8 to the end of treatment, the daily caloric target was calculated based on body weight at randomization (Visit 2) according to the algorithm below: • Participants weighing less than 200 lbs (91 kg) were prescribed a diet of 1200 kcal/day • Participants weighing between 200 lbs (91 kg) and 300 lbs (136 kg) were prescribed a diet calculated as: Daily caloric target (kcal) = body weight (lb) * 6 (kcal/lb) • Participants weighing more than 300 lbs (136 kg) were prescribed 1800 kcal/day This caloric target was kept for the remainder of the trial. If a participant achieved a BMI ≤22.5 kg/m2, the recommended energy intake was re-calculated with no caloric deficit for the remainder of the trial. **Exercise: 100-200 mins/week advised**. Physical activity was initiated from randomization and was prescribed with a target of 100 minutes physical activity/week. Participants were counselled to be physically active in bouts of >10 minutes in duration with moderate intensity (such as brisk walking), and the physical activity was spread equally across 4–5 days each week. The physical activity target progressed gradually by 25 minutes every 4 weeks and up to 200 minutes/week,	respectively; P < .001). A higher proportion of participants in the semaglutide vs placebo group achieved weight losses of at least 10% or 15% (75.3% vs 27.0% and 55.8% vs 13.2%, respectively; P < .001).	adjusted for in the analyses. P-values and confidence intervals were reported.

Semaglutide: STEP 3 -Wadden et al. (2021)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
	consistent with targets required for maintenance of lost weight. Psychological: Intensive Behavioural Therapy Each IBT counselling session covered a specific topic, for example, advice on modifying diet or physical activity as well as behavioural strategies to facilitate these changes (e.g. monitoring food intake, challenging negative thoughts, obtaining social support). From the randomization visit through week 12, participants received weekly IBT counselling from a dietitian (or a similarly qualified healthcare professional) who discussed participants' progress, reviewed food and activity diaries, addressed any adherence problems, and prepared for transition to the next phase of the diet. Most of the topics were accompanied by a homework assignment, found in the participant hand-outs to be completed before the next visit according to the visit schedule. From weeks 12 to 24, IBT counselling visits decreased to every other-week, and from weeks 24 to 68 were every 4 weeks (for a total of 30 IBT visits over the 68 weeks). The first three IBT visits lasted for 30–45 minutes, while the remaining visits lasted for 20–30 minutes. Participants received and used an activity tracker and were instructed to record their food intake in		

Semaglutide: STEP 3 -Wadden et al. (2021)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
	order to facilitate behaviour change. The activity tracker, food diary/app and content of the participant hand-out from an IBT guide were used for counselling purposes by the dietitian or a similarly qualified healthcare professional at all visits. Data from the activity tracker collected in this trial were used for exploratory purposes. Participants were allowed to keep the activity tracker after approval by the independent ethics committee/institutional review board. Participants could use a food diary of their choice (e.g. paper/app/other tool) for dietary recording, provided it could be reviewed during the counselling sessions. All participants were instructed on how to capture food intake and were encouraged to keep the diary on a daily basis. **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period		

Semaglutide: STEP 4 -Rubino et al. (2021)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
Cyfeirnod: Rubino, D., et al. (2021) Effect of Continued Weekly Subcutaneous Semaglutide vs Placebo on Weight Loss Maintenance in Adults With Overweight or Obesity: The STEP 4 Randomized Clinical Trial. JAMA, 325(14), 1414–1425. DOI: 10.1001/jama.2021.3224 **Nod yr Astudiaeth:** To compare continued once-weekly treatment with subcutaneous semaglutide, 2.4mg, with switch to placebo for weight maintenance (both with lifestyle intervention) in adults with overweight or obesity after a 20-week run-in with subcutaneous semaglutide titrated to 2.4mg weekly. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** Ukraine, Portugal, Spain, Sweden, Switzerland, US, Israel, Denmark, South Africa, Netherlands **Hyd yr astudiaeth:** Weeks 0-20: run-in period where all participants were given semaglutide dose escalated. Weeks 20-68: participants randomised to either continue semaglutide or switch to placebo **Poblogaeth:** Semaglutide arm: N=535 (Female sex: 429 (80.2%); Age: 47; Weight= 96.5 kg) Placebo arm: N=268 (Female sex: 205 (76.5%); Age: 46; Weight: 95.4 kg)	**Dietary & exercise: Dietary counselling; reduced-calorie diet; minimum of 150 min/week advised** All participants received a lifestyle intervention from week 0 to week 68, including monthly counselling by qualified health care professionals, in person or by telephone. Participants were prescribed a reduced-calorie diet (500-kcal/d deficit relative to estimated energy expenditure calculated at week 0) and increased physical activity (150 min/wk), recorded daily by participants (using paper diaries, apps, or other tools) and reviewed during counselling visits. **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period	With continued semaglutide, mean body weight change from week 20 to week 68 was −7.9% vs +6.9% with the switch to placebo (difference, −14.8 [95% CI, −16.0 to −13.5] percentage points; P < .001).	Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Semaglutide: STEP 4 -Rubino et al. (2021)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Ymyriad: All participants initially received open-label once-weekly subcutaneous semaglutide, 0.25mg, increased every 4 weeks to the maintenance dose of 2.4mg once weekly by week 16, and continued to week 20 (run-in period). Participants receiving semaglutide, 2.4 mg, at week 20 were randomized in a 2:1 ratio using a blocking schema (block size of 6) in a double-blind manner, via an interactive web-based response system, to continue this treatment or switch to matching placebo for 48 weeks (weeks 20-68; randomized period), with a 7-week follow-up. Participants unable to tolerate semaglutide, 2.4mg/wk, during the randomized period were permitted to receive 1.7mg/wk at the treating investigator's discretion and were recommended to make at least 1 attempt to re-escalate. **Cymharu:** Matched placebo given between weeks 20-68. **Meini Prawf Cynnwys a Hepgor:** Adults (≥18 years old) with at least 1 self-reported unsuccessful dietary effort to lose weight and with a body mass index (BMI; calculated as weight in kilograms divided by height in meters squared) of 30 or higher or a BMI of 27 or higher with at least 1 treated or untreated weight-related comorbidity (hypertension, dyslipidemia, obstructive sleep apnea, cardiovascular disease; type 2 diabetes was excluded) were enrolled. Key exclusion criteria were a hemoglobin A1c of 6.5% (48 mmol/mol) or greater and a self-reported change in body weight of more than 5 kg within 90 days of screening.			

Semaglutide: STEP 5 -Garvey et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Garvey, W., et al. (2022) Two-year effects of semaglutide in adults with overweight or obesity: the STEP 5 trial. Nature medicine, 28(10), 2083–2091. DOI: 10.1038/s41591-022-02026-4 **Nod yr Astudiaeth:** To assess the efficacy and safety of once-weekly subcutaneous semaglutide 2.4 mg versus placebo (both plus behavioural intervention) for long-term treatment of adults with obesity, or overweight with at least one weight-related comorbidity, without diabetes. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** Canada, Italy, Hungary, Spain and the United States **Hyd yr astudiaeth:** 104 weeks **Poblogaeth:** Semaglutide group: N=148 (Female sex: 123 (80.9%); Age: 47.3; Weight: 105.6 kg) Placebo group: N=134 (Female sex: 113 (74.3%); Age: 47.4; Weight: 106.5 kg) **Ymyriad:** Participants received subcutaneous semaglutide 2.4 mg or placebo once weekly for 104 weeks, in addition to standard behavioural intervention, followed by 7 weeks without treatment. Semaglutide was initiated at 0.25 mg per week for the first 4 weeks, escalating in a fixed-dose regimen every 4 weeks to reach the	**Dietary & exercise: Dietary counselling; reduced calorie diet; minimum of 150 minutes/week advised** All subjects in both treatment arms will receive counselling with regards to diet (500 kcal deficit per day relative to the estimated total energy expenditure (TEE) calculated once at randomisation) and physical activity (150 min of physical activity per week is encouraged e.g. walking or, use the stairs). Counselling should be done by a dietician or a similar qualified healthcare professional every 4th week via visits/phone contacts. **Pryd y cafodd gofal atodol ei ddarparu?** During the main trial period.	The mean change in body weight from baseline to week 104 was −15.2% in the semaglutide group (n = 152) versus −2.6% with placebo (n = 152), for an estimated treatment difference of −12.6 %-points (95% confidence interval, −15.3 to −9.8; P < 0.0001). More participants in the semaglutide group than in the placebo group achieved weight loss ≥5% from baseline at week 104 (77.1% versus 34.4%; P < 0.0001).	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and adjusted for in the analyses. P-values and confidence intervals were reported.

Semaglutide: STEP 5 -Garvey et al. (2022)			
maintenance dose of 2.4 mg by week 16 (lower maintenance doses were permitted if participants were unable to tolerate 2.4 mg). **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** Participants were eligible to be included in the trial only if all of the following criteria applied: Informed consent obtained before any trial-related activities. Trial-related activities were any procedures that were carried out as part of the trial, including activities to determine suitability for the trial; Male or female, aged ≥18 years at the time of signing informed consent; BMI ≥ 30.0 kg m–2 or ≥27.0 kg m–2 with the presence of at least one of the following weight-related comorbidities (treated or untreated): hypertension, dyslipidemia, obstructive sleep apnea or cardiovascular disease; History of at least one self-reported unsuccessful dietary effort to lose body weight. Participants were excluded from t he trial if any of the following criteria applied: Glycemia-related; HbA1c ≥ 48 mmol mol–1 (6.5%) as measured by the central laboratory at screening; History of type 1 or type 2 diabetes; Treatment with glucose-lowering agent(s) within 90 days before screening. Obesity-related; A self-reported change in body weight >5 kg (11 lbs) within 90 days before screening irrespective of medical records; Treatment with any medication for the indication of obesity within the past 90 days before screening; Previous or planned (during the trial period) obesity treatment with surgery or a weight loss device. However, the following were allowed: (1) liposuction and/or abdominoplasty, if performed >1 year before screening; (2) lap banding, if the band had been removed >1 year before screening; (3) intragastric balloon, if the balloon had been removed >1 year before screening; or (4) duodenal-jejunal bypass sleeve, if the sleeve had been removed >1 year before screening; Uncontrolled thyroid disease, defined as thyroid-stimulating hormone			

Semaglutide: STEP 5 -Garvey et al. (2022)			
>6.0 mIU l–1 or <0.4 mIU l 1 as measured by the central laboratory at screening. Mental health; History of major depressive disorder within 2 years before screening; Diagnosis of other severe psychiatric disorder (for example, schizophrenia, bipolar disorder); A Patient Health Questionnaire-9 score of ≥15 at screening; A lifetime history of a suicidal attempt; Suicidal behavior within 30 days before screening; Suicidal ideation corresponding to type 4 or 5 on the Columbia-Suicide Severity Rating Scale within the past 30 days before screening.			

Semaglutide: STEP 6 -Kadowaki et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Kadowaki, T., et al. (2022). Semaglutide once a week in adults with overweight or obesity, with or without type 2 diabetes in an east Asian population (STEP 6): a randomised, double-blind, double-dummy, placebo-controlled, phase 3a trial. The lancet. Diabetes & endocrinology, 10(3), 193–206. https://doi.org/10.1016/S2213-8587(22)00008-0 **Nod yr Astudiaeth:** to assess the effect of semaglutide versus placebo for weight management in adults from east Asia with obesity, with or without type 2 diabetes.	**Dietary: Dietary counselling; reduced-calorie diet** Participants were counselled every fourth week via visits or telephone contact by a dietician or similar qualified health-care professional with regard to diet and exercise. Instructions on how to measure food intake and physical exercise were provided and participants were encouraged to record these measurements daily using paper, an app, or similar tool. The dietary intervention included a 500 kcal deficit per day relative to the estimated total daily energy	From baseline to week 68, greater reductions in bodyweight were observed in the semaglutide 2·4 mg and 1·7 mg groups than the placebo group. The percentage change from baseline to week 68 was –13·2% (SEM 0·5) in the semaglutide 2·4 mg group, –9·6% (0·8) in the semaglutide 1·7 mg group, and –2·1% (0·8) in the	This was a double blind trial, with participants randomised to treatment or placebo groups. Groups had similar baseline characteristics. Any missing values were accounted for and

Semaglutide: STEP 6 -Kadowaki et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Dyluniad yr astudiaeth: Randomised controlled trial **Gwledydd:** Japan & South Korea **Hyd yr astudiaeth:** 68 weeks **Poblogaeth:** Semaglutide 2.4mg group: N=199 (Female sex: 85 (43%); Age: 52; Weight: 86.9 kg) Semaglutide 1.7mg group: N=101 (Female sex: 37 (37%); Age: 51; Weight: 86.1 kg) Placebo group: N=101 (Female sex: 26 (26%); Age: 50; Weight: 90.2 kg) **Ymyriad:** Participants received subcutaneous semaglutide 2·4 mg, semaglutide 1·7 mg, or placebo once a week for 68 weeks, followed by a 7 week follow-up period without treatment. Semaglutide was initiated at 0·25 mg and escalated in a fixed-dose regimen (0·5 mg, 1·0 mg, 1·7 mg, 2·4 mg) every 4 weeks until the target dose was achieved (week 12 for semaglutide 1·7 mg and week 16 for semaglutide 2·4 mg). **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** Eligible participants were adults (aged ≥18 years in South Korea; ≥20 years in Japan), with at least one self-reported unsuccessful dietary attempt to lose bodyweight. Other key	expenditure, calculated at the time of randomisation by multiplying the estimated basal metabolic rate by a physical activity level of 1·3. **Exercise: minimum of 150 mins/week advised** Participants were advised to do 150 min of physical activity per week (eg, walking or climbing the stairs). **Pryd y cafodd gofal atodol ei ddarparu?** During main trial period	placebo group. The estimated treatment difference for semaglutide 2·4 mg versus placebo was –11·1 percentage points (95% CI –12·9 to –9·2) and –7·5 percentage points (–9·6 to –5·4) for semaglutide 1·7 mg versus placebo (both p<0·0001). A higher proportion of participants achieved a reduction in bodyweight of 5% or more from baseline at week 68 in the semaglutide 2·4 mg group (160 [83%] of 193 participants with an assessment at the visit) and semaglutide 1·7 mg group (71 [72%] of 98 assessed participants) than the placebo group (21 [21%] of 100 assessed participants). The likelihood of achieving a reduction in bodyweight of 5% or more from baseline was higher with semaglutide 2·4 mg than	adjusted for in the analyses. P-values and confidence intervals were reported.

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eligibility criteria were a BMI of at least 27·0 kg/m² with two or more treated or untreated weight-related comorbidities, or a BMI of at least 35·0 kg/m² with one or more treated or untreated weight-related comorbidity according to the JASSO guidelines.2 At least one comorbidity had to be hypertension or dyslipidaemia, or, in Japan only, type 2 diabetes. A subset consisting of a maximum of 100 randomised Japanese participants were to have type 2 diabetes as a comorbidity at screening, representing a clinically relevant population for pharmacotherapy evaluation; participants in this subset were eligible if they had a type 2 diabetes diagnosis 180 days or more before screening, had a HbA1c 7·0–10·0% (53–86 mmol/mol) at screening, and were receiving treatment with either diet and exercise alone or stable treatment with up to three oral glucose-lowering drugs (metformin, sulfonylureas, SGLT-2 inhibitors, or thiazolidinediones). A subset consisting of a maximum of 180 Japanese participants (with and without type 2 diabetes) had abdominal visceral fat area assessed by CT scan at selected sites where CT scanning was available. Participants were not eligible if they had self-reported changes in bodyweight of 5 kg or more 90 days before screening and had previous or planned (ie, set to occur during the trial period) obesity treatment with surgery or any medication for the indication of obesity.		placebo (odds ratio [OR] 21·7 [95% CI 11·3–41·9]; p<0·0001) and higher with semaglutide 1·7 mg than placebo (OR 11·1 [5·5–22·2]; both p<0·0001; treatment policy estimand; table 2). Additionally, a higher proportion of participants achieved a reduction in bodyweight of at least 10, 15, and 20% after 68 weeks of treatment in the semaglutide 2·4 mg and 1·7 mg groups than did those in the placebo group (≥20% reduction weight loss threshold was not part of the statistical testing hierarchy). Results were similar for the on-treatment observation period and for the trial product estimand. CI –11·0 to –7·6) and for semaglutide 1·7 mg versus placebo was –5·9 cm (–7·8 to –3·9; both p<0·0001; table 2).	

Semaglutide: STEP 7- Mu et al. (2024); Gu et al. (2025)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Mu, Y., et al. (2024). Efficacy and safety of once weekly semaglutide 2·4 mg for weight management in a predominantly east Asian population with overweight or obesity (STEP 7): a double-blind, multicentre, randomised controlled trial. The lancet. Diabetes & endocrinology, 12(3), 184–195. https://doi.org/10.1016/S2213-8587(23)00388-1 **Nod yr Astudiaeth:** To compare the efficacy and safety of semaglutide 2.4mg versus placebo as an adjunct to a reduced-calorie diet and increased physical activity in a predominantly east Asian population with obesity or with overweight and weight-related comorbidities. **Dyluniad yr astudiaeth:** RCT **Gwledydd:** Multiregional; China, Hong Kong, Brazil & South Korea. **Hyd yr astudiaeth:** Dec 8, 2020 – Aug 23, 2022. 44 weeks on treatment. **Poblogaeth:**448 participants (249 assigned to intervention group, 126 to placebo group). **Ymyriad:** Semaglutide 2.4 mg injection (dose escalation from 0.25 with increases every 4 weeks to 0.5, 1.0, 1.7 and 2.4mg reached at week 16) **Cymharu:** Placebo injection	**Dietary: Dietary counselling; reduced calorie diet** To be eligible for the study participants had to have been either treated with diet and exercise alone or received stable treatment for at least 60 days before the day of screening with up to three oral anti-diabetes drugs. **Exercise :150 mins/week advised** All participants received a lifestyle intervention that involved counselling on diet (500 kcal deficit per day related to total energy expenditure) and physical activity (150 min of physical activity per week). Participants were instructed to record their food intake daily. **Pryd y cafodd gofal atodol ei ddarparu?** Counselling delivered every 4th week via clinic visits or telephone during main trial period.	Using the treatment policy estimand, the mean percentage change in bodyweight at week 44 was –12·1% (SE 0·5) with semaglutide 2·4 mg versus –3·6% (0·7) with placebo (coprimary endpoint ETD –8·5 percentage points, 95% CI –10·2 to –6·8; p<0·0001) From baseline to week 44, bodyweight was reduced in about 95% of participants on semaglutide 2·4 mg and in about 75% of participants on placebo. The proportion of participants with a weight loss of at least 5% of bodyweight was higher in the semaglutide 2·4 mg group than in the placebo group (coprimary endpoint: 203 [85%] of 238 participants in the semaglutide 2·4 mg group	Random assignment Participant/Investigator blinding Intention to treat analysis Balanced baseline characteristics between groups Subgroup analyses undertaken Range of outcomes studied, P values and CI's reported

Semaglutide: STEP 7- Mu et al. (2024); Gu et al. (2025)			
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Meini Prawf Cynnwys a Hepgor: Participants with or without type 2 diabetes were included. Eligible participants were 18+ with a history of at least one self-reported unsuccessful dietary effort to lose bodyweight. Patients without T2D had to have a BMI of at least 30kg/m^2, or a BMI of 27kg/m^2 with at least one weight related comorbidity. Participants with T2D had to have been diagnosed at least 180 days prior, have a BMI of at least 27kg/m^2 and HbA of 7.0-10.0% (53-86 mmol/mol). Participants were excluded if they had self-reported changes in bodyweight of more than 5kg within 90 days before screening. A HbA of 6.5% or higher were excluded, as were those with uncontrolled T2D or potentially unstable diabetic retinopathy or maculopathy.		*vs* 36 [31%] of 116 participants in the placebo group.	
Cyfeirnod: Gu, W., et al. (2025). Efficacy and safety of once weekly semaglutide 2.4 mg for weight management in participants from China: A prespecified analysis of the STEP 7 randomized clinical trial. Diabetes, obesity & metabolism, 27(5), 2540–2551. https://doi.org/10.1111/dom.16253 **Nod yr Astudiaeth:** Prespecified analysis compare the efficacy and safety of semaglutide 2.4mg versus placebo as an adjunct to a reduced-calorie diet and increased physical activity in Chinese participants enrolled in STEP 7. **Dyluniad yr astudiaeth:** Sub analysis of a RCT	As above	The mean body weight change at Week 44 was _11.8% with semaglutide 2.4 mg versus _3.5% with placebo (estimated treatment difference [ETD] –8.3 percentage points; 95% CI –10.2, -6.4; p< 0.0001), for the treatment policy estimand. During the in-trial observation period, a greater proportion of participants receiving	Random assignment Participant/Investigator blinding Intention to treat analysis Balanced baseline characteristics between groups Subgroup analyses undertaken

Semaglutide: STEP 7- Mu et al. (2024); Gu et al. (2025)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Gwledydd: China & Hong Kong **Hyd yr astudiaeth:** As above **Poblogaeth:** 300 participants from China/Hong Kong (subset of Mu, et al. study above). 195 in Intervention group, 105 in placebo group. **Ymyriad:** As above **Cymharu:** Placebo **Meini Prawf Cynnwys a Hepgor:** As above		semaglutide 2.4 mg versus placebo had a body weight loss of ≥5% (85.4% vs. 26.8%); the odds of achieving this threshold also favoured semaglutide 2.4 mg (odds ratio [OR] 16.1; 95% CI 8.4, 30.9; p < 0.0001) for the treatment policy estimand.	Range of outcomes studied, P values and CI's reported

Semaglutide: STEP 8-Rubino et al. (2022)			
Cyfeirnod a manylion y treial	Disgrifiad o ofal atodol	Canlyniadau colli pwysau	Arfarniad beirniadol
Cyfeirnod: Rubino, D. et al. (2022) Effect of Weekly Subcutaneous Semaglutide vs Daily Liraglutide on Body Weight in Adults With Overweight or Obesity Without Diabetes: The STEP 8 Randomized Clinical Trial. JAMA, 327(2), 138–150. DOI: 10.1001/jama.2021.23619 **Nod yr Astudiaeth:** To compare the efficacy and adverse event profiles of once-weekly subcutaneous semaglutide, 2.4 mg, vs once-daily	**Dietary & exercise: Dietary counselling; reduced calorie diet; minimum of 150/mins/week advised** All participants received counselling (from qualified health care professionals, every 4-6 weeks, via in-person visits or telephone) to adhere to diet (500-kcal/d deficit relative to baseline estimated energy expenditure) and physical activity recommendations (≥150 minutes/week)	The mean weight change from baseline was –15.8% with semaglutide vs –6.4% with liraglutide (difference, –9.4 percentage points [95% CI, –12.0 to –6.8]; P < .001); weight change with pooled placebo was –1.9%.	This was a double blind trial, with participants randomised to treatment or placebo groups. Any missing values were accounted for and adjusted for in the analyses.

subcutaneous liraglutide, 3.0 mg (both with diet and physical activity), in people with overweight or obesity. **Dyluniad yr astudiaeth:** Randomised controlled trial **Gwledydd:** US **Hyd yr astudiaeth:** 68 weeks **Poblogaeth:** Semaglutide group: N=126 (Female sex: 102 (81.0%); Age: 48; Weight: 102.5 kg) Liraglutide group: N=127 (Female sex: 97 (76.4%); Age: 49; Weight: 103.7 kg) Placebo group: N=85 (Female sex: 66 (77.6%); Age: 51; Weight: 108.8 kg) **Ymyriad:** Once-weekly subcutaneous semaglutide, 2.4mg, or once-daily subcutaneous liraglutide, 3.0 mg **Cymharu:** Matched placebo **Meini Prawf Cynnwys a Hepgor:** (≥18 years old) with 1 or more self-reported unsuccessful dietary weight loss efforts and a body mass index (BMI, calculated as weight in kilograms divided by height in meters squared) of 30 or greater or 27 or greater with 1 or more weight-related comorbidities (hypertension, dyslipidemia, obstructive sleep apnea, or cardiovascular disease) were eligible (eAppendix 1 in Supplement 3). Key exclusion criteria included diabetes, hemoglobin A1c (HbA1c) level of 6.5% (48 mmol/mol) or greater, and self-reported body weight changes of more than 5 kg 90 days or less before screening.	**Pryd y cafodd gofal atodol ei ddarparu?** During main trial period	Participants had significantly greater odds of achieving 10% or more, 15% or more, and 20% or more weight loss with semaglutide vs liraglutide (70.9% of participants vs 25.6% [odds ratio, 6.3 {95% CI, 3.5 to 11.2}], 55.6% vs 12.0% [odds ratio, 7.9 {95% CI, 4.1 to 15.4}], and 38.5% vs 6.0% [odds ratio, 8.2 {95% CI, 3.5 to 19.1}], respectively; all P < .001)	P-values and confidence intervals were reported. * Demographics and baseline characteristics were similar between active treatment groups, whereas the placebo group had a slightly greater baseline body weight, greater proportions of participants in higher BMI groups, and a greater proportion of participants with 5 or more comorbidities (Table 1).

Semaglutide: Real-World Study -Tzoulis et al. (2024)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
Cyfeirnod: Tzoulis, P., Batavanis, M., & Baldeweg, S. (2024). A Real-World Study of the Effectiveness and Safety of Semaglutide for Weight Loss. Cureus, 16(5), e59558. https://doi.org/10.7759/cureus.59558 **Nod yr Astudiaeth:** This study evaluated the effectiveness and adverse events of semaglutide for weight management in a real-life setting, excluding patients with diabetes mellitus. **Dyluniad yr astudiaeth:** Real world retrospective chart review **Gwledydd:** Greece **Hyd yr astudiaeth:** November 2021 – November 2022 **Poblogaeth:** Forty individuals (28 females and 12 males) treated with semaglutide for weight management in an endocrine clinic in Athens, Greece. **Ymyriad:** Semaglutide use: commenced at a dose of 0.25mg once weekly for the first four weeks, then increased to 0.5mg and after eight weeks to 1mg. **Cymharu:** N/A **Meini Prawf Cynnwys a Hepgor:** Adults had to meet the following criteria: • BMI greater than 27kg/m^2 combined with at least one weight related complication	**Dietary & exercise: Counselling sessions (motivational interviewing principles)** All individuals received counselling sessions about nutrition and regular exercise at the time of semaglutide initiation and every 12 weeks thereafter by an endocrinologist, following the principles of motivational interviewing. It was left to the discretion of each individual whether they sought regular dietician input, participated in a structured physical activity program, or received behavioural/psychological therapy. **Pryd y cafodd gofal atodol ei ddarparu?** Initiation onto semaglutide, and every 12 weeks thereafter whilst taking semaglutide.	After three months of semaglutide administration, the median (IQR) weight loss was 7 (5.3) kg, equivalent to 6.6% (5.5%) percentage weight loss. Out of 40 patients, 28 (70%) and eight (20%) patients achieved greater than 5% (5.6 kg) and 10% (11.2 kg) weight loss, respectively. Among 25 individuals who completed 6 months of semaglutide treatment, those on a 1mg dose (N=16) experienced a median weight loss of 13.6% (14.9kg) compared to 12.8% (14kg) for those on a 2mg dose (n=9).	Weight was measured objectively. * Very limited analyses of potential confounding variables – mostly just exploring effect in different groups * Lack of reporting of statistical significance

• Being on semaglutide for weight management • Minimum of 3 months duration of semaglutide therapy with data recorded at the end of this period. Adults were excluded if they were diagnosed with diabetes mellitus. Individuals who had undergone bariatric surgery or had taken other AOMs in the past were not excluded, but the concomitant administration of other AOMs during the study period was an exclusion criterion.			

Semaglutide: Juniper -Talay & Vickers, (2024)			
Cyfeirnod a manylion y treial	**Disgrifiad o ofal atodol**	**Canlyniadau colli pwysau**	**Arfarniad beirniadol**
Cyfeirnod: Talay, L., & Vickers, M. (2024). Effectiveness and care continuity in an app-based, glucagon-like peptide-1 receptor agonist-supported weight-loss service for women with overweight and obesity in the UK: A real-world retrospective cohort analysis. Diabetes, obesity & metabolism, 26(7), 2984–2987. https://doi.org/10.1111/dom.15607 **Nod yr Astudiaeth:** The study aimed to analyse several care continuity markers in the Juniper UK weight-loss programme, along with the programme's effectiveness. **Dyluniad yr astudiaeth:** Retrospective cohort analysis. **Gwledydd:** UK	**Dietary & exercise: Counselling and personalised diet** All Juniper UK patients were allocated a coordinated multidisciplinary care team (MDT) consisting of a prescribing doctor, a health coach and a medical support officer. MDTs guided patients through personalized diet and exercise pro-grammes and semaglutide therapy, communicating via the Juniper in-app chat feature or email. Patients were able to modify their diet and exercise plan in consultation with their health coach at any stage of their care journey. MDTs are required to check in with patients once a month and use their professional discretion	In the final analysis cohort, follow-up questionnaires were completed at an average of 153.84 (±6.66) days after programme initiation. The mean weight loss at this point was 10.73%. Regarding milestones, 82.36% of the programme's adherers lost ≥5% of their baseline weight, 52.07% lost ≥10%, and 23.22% lost at least	No information given on how cohort was recruited or who they were. Only 22.7% of participants completed questionnaire (1882/8276); reasons for non-completion were not provided. We don't have information on characteristics of participants who dropped

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Hyd yr astudiaeth: The study analysed a retrospective cohort of 8276 UK-based patients who commenced Juniper weight-management treatment between 28 April 2022 and 1 April 2023. To be included in the final analysis, patients were required to complete the first follow-up questionnaire between 140 and 170 days after programme initiation and to have received a minimum of six semaglutide orders by the completion of this questionnaire. The follow-up questionnaire contains 15 standard questions pertaining to patient experience, side effects and weight and often includes additional questions if MDTs seek further information. Patients measure weight with a standardized set of Juniper scales and report weight data themselves. **Poblogaeth:** 1882 patients were included in the final analysis. Mean age= 45.2; female sex=1716 (91.2%); mean baseline weight=95.3kg. **Ymyriad:** Juniper- a digital weight loss service. **Cymharu:** N/A **Meini Prawf Cynnwys a Hepgor:** To be included in the final analysis, patients were required to complete the first follow-up questionnaire between 140 and 170 days after programme initiation and to have received a minimum of six semaglutide orders by the completion of the questionnaire	to determine the frequency of additional communication. **Pryd y cafodd gofal atodol ei ddarparu?** Ongoing whilst signed up to the programme	15%. The median BMI loss was 3.18 kg/m. Pearson test revealed that weight loss was not significantly associated with monthly message volume [r (1880) = 0.04, p > .1], and a Spearman test found that the relationship between weight loss and maximum period without MDT contact was not statistically significant [r (1872) = 0.03, p > .1].	out so there could have been sample bias. Final sample does not seem representative of the general population- patients were pre-dominantly White (85%) and female (91%). Although this study is only looking at female users of the Juniper Unable to tell if patients always took drug as it was self-administered. We also don't know if patients followed the dietary and exercise plan. Potential self-report bias as participants were given the same set of scales but were asked to weigh themselves.

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Exclusion criteria included weight loss or gain of>30% from baseline and doses >1 mg of weekly semaglutide (Ozempic).			We can't say for sure if weight loss is directly a result of the Juniper programme. It may be a result of the weight loss drug only; it may be a result of weight plus adjunct care. It could also have been from something external. Maybe patients also followed their own diet. There is no comparison group.

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