

Analysis and Characterization of Variations in Conceptual and Operational Definitions for GLP-1 Agonist Treatment Eligibility for Weight Management

Jared H. W. Kamauu,¹ Michael Buck,¹ Craig G. Parker,¹ Amanda Shields,² Aaron W. C. Kamauu¹

¹Navidene Inc., Cottonwood Heights, Utah, USA, ²Navidene Inc., Chapel Hill, North Carolina, USA

Scan here
or follow link
for this poster
and more*



Copies of this poster obtained through the QR code or link are for personal use only and may not be reproduced without permission

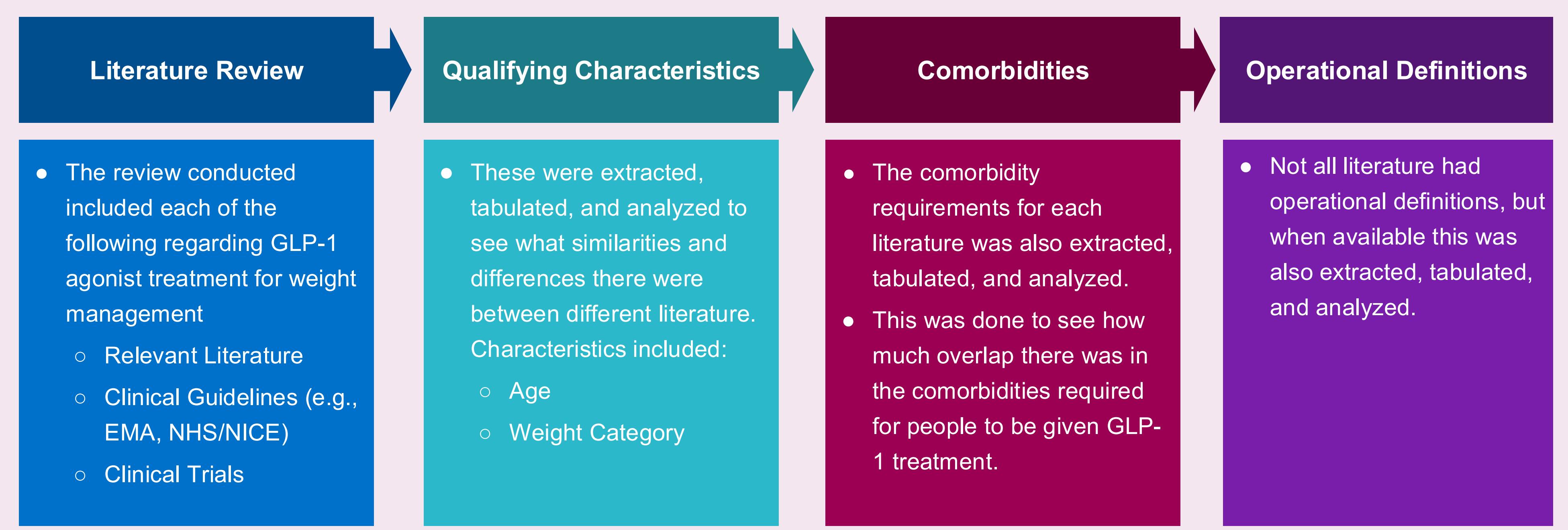
Why is this important?

- Real-world research may include complex clinical concepts to define a cohort indication for treatment (e.g., inclusion/exclusion criteria), outcome measures, or other study elements.
- However, often there is not clear agreement on conceptual definitions, nor operational definitions.

Objective: To demonstrate significant variations in conceptual and operational definitions from reputable sources for people indicated for glucagon-like peptide-1 (GLP-1) agonist treatment for weight management.

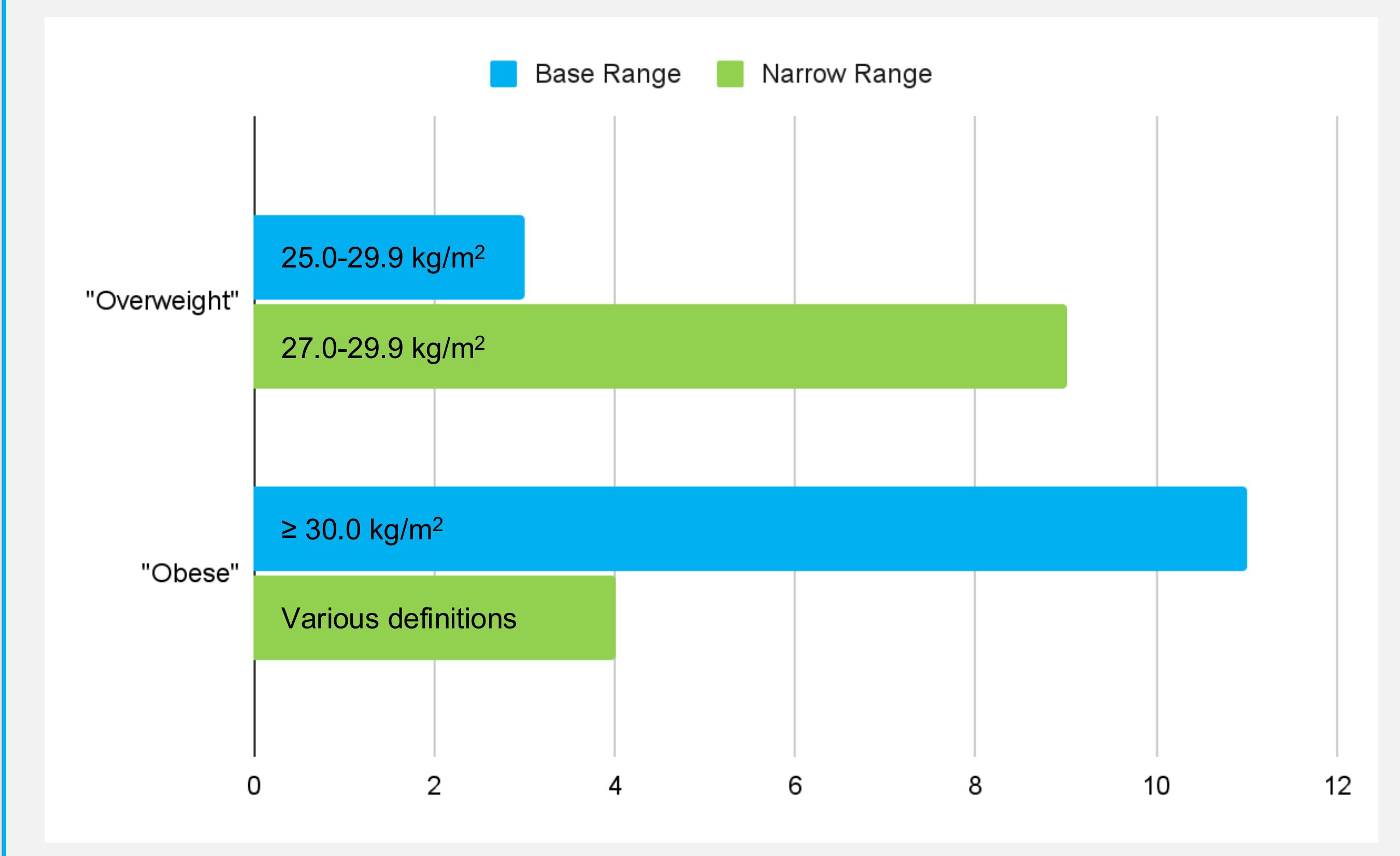
How did we perform this research?

- The following stepwise approach was used



Weight Categories

Figure 1. Number of sources including the base range vs. a narrow range for "overweight" and "obese" definitions



➤ 12 sources included "overweight" persons:

- 3 as BMI range of 25.0-29.9 kg/m² [Figure 1]
- 9 narrow the definition of "overweight" to 27.0-29.9 kg/m² (or regionally-appropriate equivalents) [Figure 1]

➤ 13 sources included "obese" persons:

- 11 as a BMI range of ≥30 kg/m² [Figure 1]
- 4 narrow the definition of "obesity" to various categories [Figure 1]
 - i.e. 30-34.9 kg/m², ≥35 kg/m², 35-39.9 kg/m², ≥40 kg/m²

➤ The most common definitions of weight categories were:

- "Overweight" defined with a BMI range of 27.0-29.9 kg/m² with that being included in 64.3% of the total literature reviewed.
- "Obese" defined with a BMI range of ≥30 kg/m² with that being included in 78.6% of references.

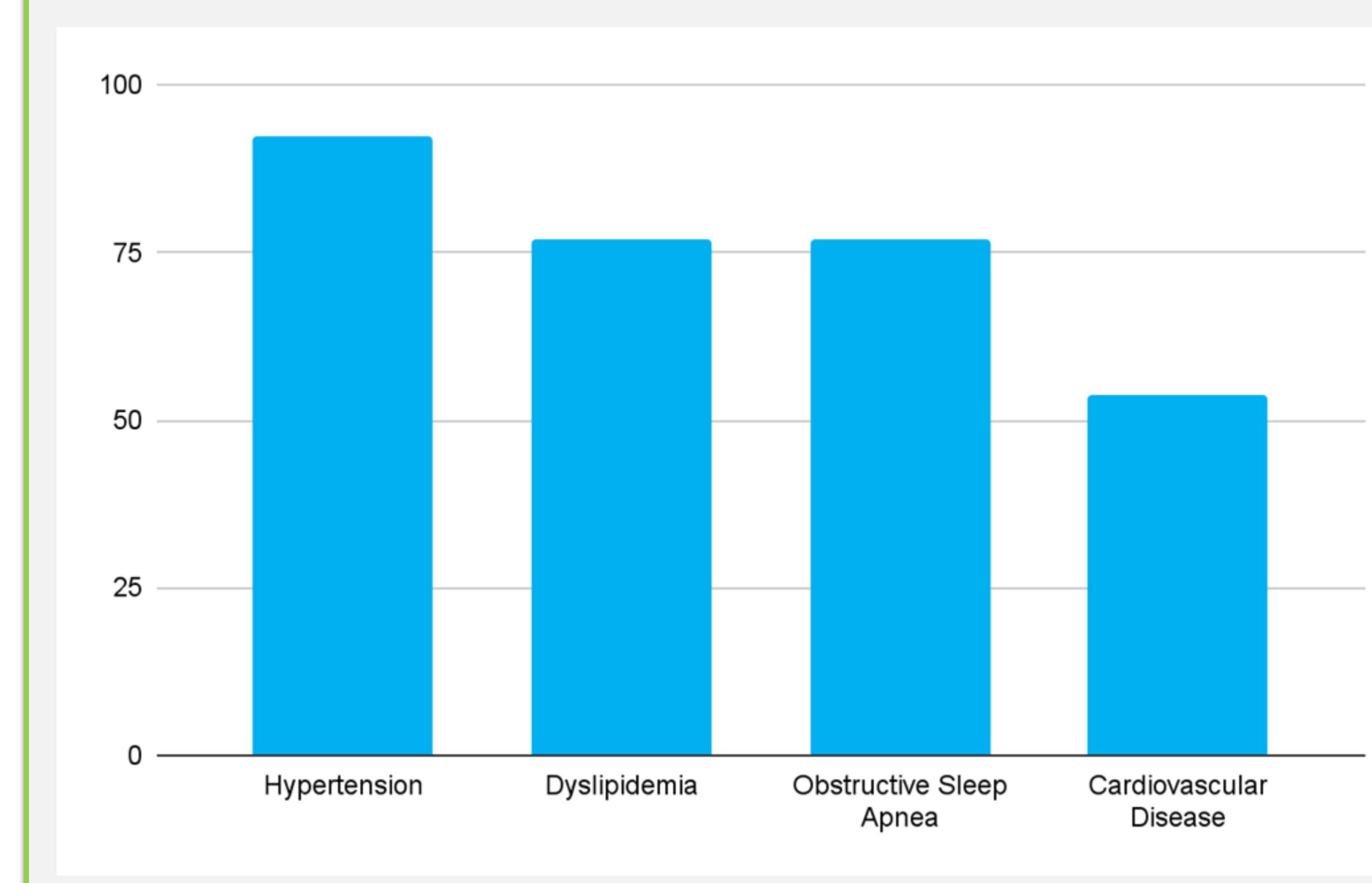
Comorbidities

➤ 12 sources had an operational definition of also requiring ≥1 qualifying comorbidity and 1 had definitions of ≥3 and ≥4 qualifying comorbidity.

➤ Across those 13 sources, 20 distinct comorbidities were indicated and the most common were:

- Hypertension (included in 92.3%)
- Dyslipidemia (included in 76.9%)
- Obstructive Sleep Apnea (included in 76.9%)
- Cardiovascular Disease (included in 53.8%)

Figure 2. Percentage of sources that included the 4 most common comorbidities



➤ Several comorbidities had multiple different operational definitions.

➤ For example, looking at Dyslipidemia: different operational definitions were found across the reference sources, including the following individually or in combination:

- Diagnosis code(s)
- Lipid-lowering treatment
- High LDL lab value
- Low HDL lab value (adjusted for sex)
- High Triglyceride lab value

Diagnosis of dyslipidemia
≥ 1 Diagnosis Record from Dyslipidemia Diagnoses
during Baseline Period AND any encounter type AND any diagnosis position

Treatment with lipid lowering therapy
≥ 1 Medication Record from Lipid Lowering Therapies
during Baseline Period



So What?

| Understanding these variations in conceptual and operational definitions is essential for real-world research, as *small differences in definition can have a large impact on study results*.