

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

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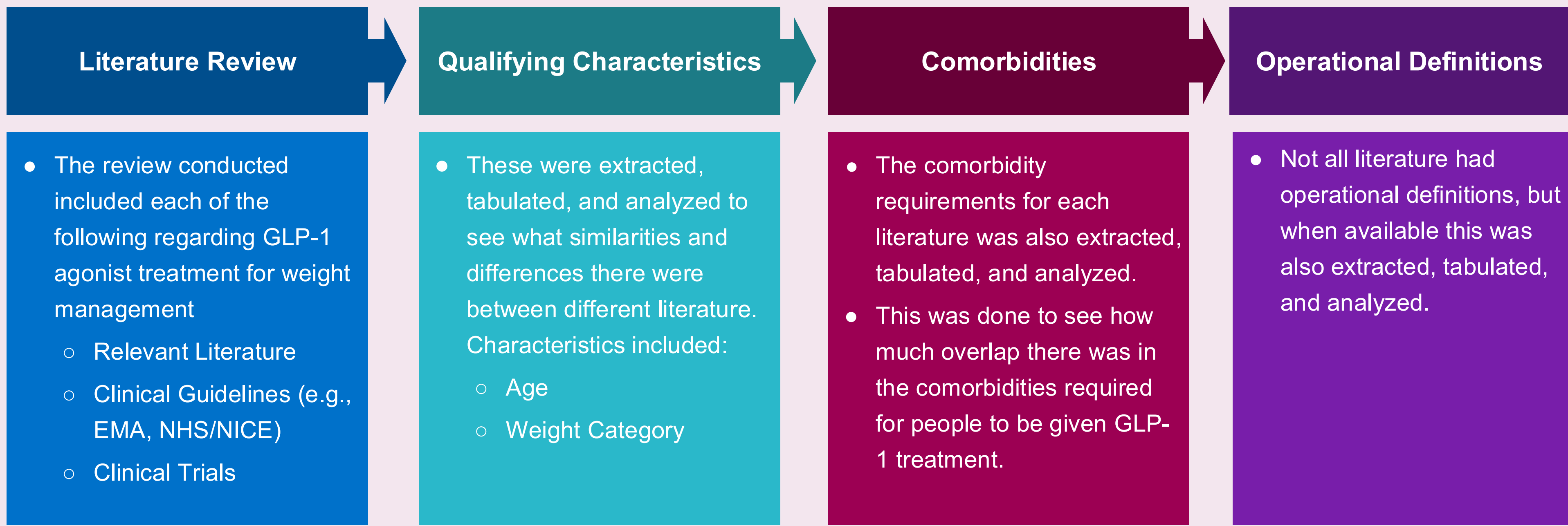
Why is this important?

- 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.

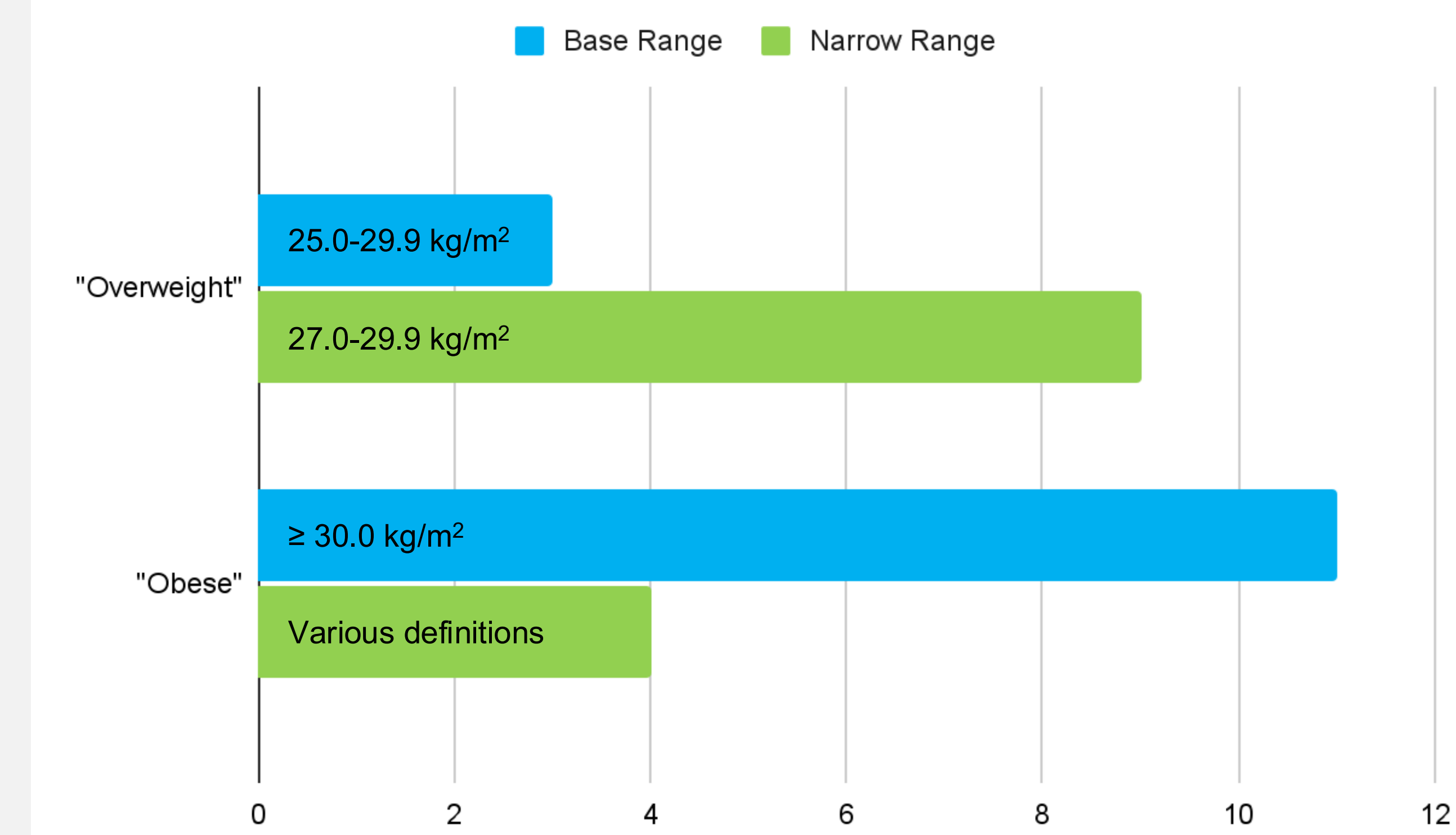
How did we perform this research?

- 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

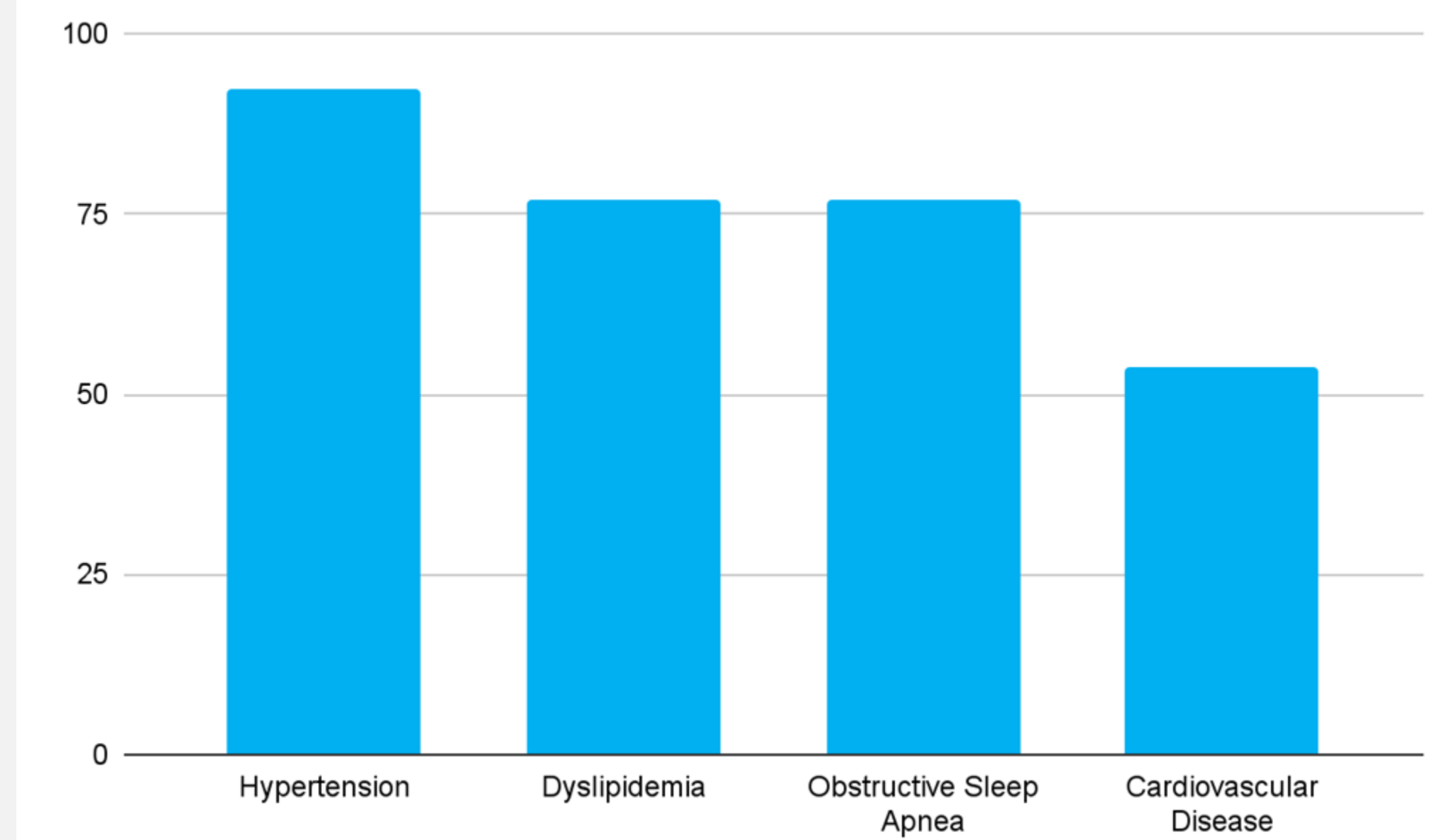


- 12 sources included “overweight” persons:
 - 3 as BMI range of 25.0-29.9 kg/m² [Figure 1]
 - 9 narrow the definition of “overweight” to 27.0-29.9 kg/m² (or regionally-appropriate equivalents) [Figure 1]
- 13 sources included “obese” persons:
 - 11 as a BMI range of ≥30 kg/m² [Figure 1]
 - 4 narrow 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.*