

## Antiobesity drug therapy

**To the Editor:** The article by Mauer et al<sup>1</sup> in the August issue is an excellent and comprehensive review of antiobesity pharmacologic therapy. The authors twice mention the positive impact of antiobesity medications in reducing blood pressure. I wish to highlight that the pre-semaglutide trials of antiobesity medications have generally shown an underwhelming blood pressure effect given the amount of weight loss. It is important for physicians to consider these data when counseling patients about the magnitude of expected benefits in initiation of antiobesity therapies. For example, in the CONQUER<sup>2</sup> trial of phentermine-topiramate) and the SCALE<sup>3</sup> trial of liraglutide, placebo-adjusted reductions of systolic blood pressure were approximately 3 mm Hg, and of diastolic blood pressure approximately 1 mm Hg. In CONQUER, the effect was minimally better when examining only the subgroup of patients with preceding hypertension, ie, approximately 4 mm Hg for systolic and 2 mm Hg for diastolic. The clinical relevance of these mild improvements may be less certain.

Of note, recent trials demonstrating more robust weight loss, such as those of semaglutide<sup>4</sup> and tirzepatide,<sup>5</sup> demonstrate more significant blood pressure reduction. It remains to be seen whether the improved effectiveness is simply due to increased weight loss, or whether other factors in the complicated pathophysiology of hypertension are being impacted.

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### ■ REFERENCES

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