Supplementary Table 1. Comprehensive Lifestyle Intervention for Obesity Treatment and Management

Adapted from Jensen et al. (1)

Component	Weight Loss	Weight Loss Maintenance
Frequency and duration of contact	• ≥6 months of high intensity (≥14 sessions in 6 months) • Group or individual contact by a trained interventionist	• Regular contact (monthly or more with a trained interventionist) • Contact may be face to face or by telephone
Dietary prescription	• Low-calorie diet (1,200-1,500 kcal for women.; 1,500-1,800 kcal for men); very-low-calorie diet (<800 kcal/d in limited circumstances). • 500 or 750 kcal/d energy deficit • Variety of diet approaches	• Reduced calorie diet to maintain lower body weight • Variety of diet approaches
Physical activity prescription	• 150 minutes/week of moderately vigorous aerobic activity (*e.g.,* brisk walking), resistance training desirable	• 200-300 minutes/week of moderately vigorous aerobic activity, resistance training desirable
Behavior therapy prescription	• Self-monitoring of food intake and physical activity daily • Weight monitoring, daily to weekly • Personalized feedback from a trained interventionist	• Self-monitoring of food intake and physical activity on an as needed basis • Frequent (weekly or more often) weight monitoring • Periodic feedback from a trained interventionist

Supplementary Table 2. Diets found to be effective for weight loss (provided that a reduction in energy consumption is achieved)

- European Association for the Study of Diabetes (EASD) diet focused on targeting food groups, as opposed to a more formalized energy restricted diet;
- High protein diet with as much as 25 percent of total energy, 30 percent from fat, and 45 percent from carbohydrate;
- High protein Zone type diet, frequent meals, with each meal having a 40, 30, 30 percent of energy from carbohydrate, protein, and fat, respectively;
- Lacto-ovo vegetarian diet;
- Low carbohydrate diet, with less than 20 g/d initially;
- Low fat, vegan diet with 10 to 25 percent of total energy from fat;
- Low fat diet containing 20 percent of total energy from fat;
- Low glycemic diet;
- Lower fat (≤30 percent of total energy from fat), high dairy (4 servings/day), may or may not be high fiber or low glycemic load;
- Macronutrient designed diets with total energy as 15 or 25 percent from protein, 20 or 40 percent from fat, with the remainder from carbohydrate varying from 35, 45, 55, or 65 percent distribution;
- Mediterranean diet;
- Moderate protein diet, defined as 12 percent of energy from protein, 58 percent from carbohydrate, and 30 percent from fat;
- American Heart Association (AHA) Step 1 diet with less than 30 percent of energy from fat and less than 10 percent from saturated fat.
- Dietary Approaches to Stop Hypertension (DASH) Diet, low in fat and sodium and high in protein, fibre, fruits and vegetables and low-fat dairy products (2, 3).

Supplementary Table 3. Dietary Patterns Designated as Healthy or Potentially Unhealthy

Healthy Dietary Patterns	**Potentially Unhealthy Dietary Patterns**
DASH Diet (4, 5)	Ketogenic or Keto Diet (6)
MIND (combination of DASH and Mediterranean Diets) Diet (7, 8)	Paleolithic Diet (excludes some food groups) (9)
United States Department of Agriculture (USDA) Healthy Eating Index (HEI) Diet (10)	Western/Fast-Food Diet containing ultra-processed food (11, 12,13)
Mediterranean Diet (14)	
Vegetarian Diet (15)	
Asian Heritage Diet (15)	
Japanese Diet (16)	
Prudent Diet (17)	

Supplementary Table 4: Incretinomimetic trials in people with normoglycaemic obesity: the evidence base to February 2024.

Study name	Agent Characteristics	N duration	Weight loss and other outcomes	Reference
SCALE *	Liraglutide BMI 38.3±6.4 Age 45.1±12	N=3,731 56 weeks	5% weight loss compared to placebo >10% weight loss on active agent vs placebo: 33.1% vs 10.6%	(18)
SCALE IBT **	Liraglutide BMI 39.3±6.8 Age 45.4±11.6	N=282 56 weeks	3.4% weight loss compared to placebo >10% weight loss on active agent vs placebo: 30.5% vs 19.8%	(19)
SCALE * MAINTENANCE	Liraglutide BMI 38.2±6.2 Age 45.9±11.9	N=422 56 weeks	6.1% weight loss compared to placebo >10% weight loss on active agent vs placebo: 26.1% vs 6.3%	(20)
SCALE TEENS *	Liraglutide BMI 35.3± Age 14.6 y	N=251 56 weeks	5% weight loss compared to placebo >10% BMI loss on active agent vs placebo: 26.1% vs 8.1%	(21)
STEP 1	Semaglutide BMI 37.9±6.7 Age 46.0±12.7	N=1,961 68 weeks	12.5% weight loss compared to placebo >10% weight loss on active agent vs placebo: 69.1% vs 12.0%	(22)
STEP 3 (with IBT)	Semaglutide BMI 38.0±6.7 Age 46.2±12.7	N=611 68 weeks	10.3% more weight loss compared to placebo >10% weight loss on active agent vs placebo: 75.3% vs 27.0%	(23)
STEP 4	Semaglutide	N=902	12.4% more weight loss compared to placebo	(24)

(Maintenance)	BMI 38.3±7.0 Age 46.4±11.9	68 weeks	>10% weight loss on active agent vs placebo: 79.0% vs 20.4%	
STEP 8	Semaglutide vs liraglutide BMI 37.5±6.8 Age 49.0±13.0	N=338 68 weeks	9.4% more weight loss compared to liraglutide >10% weight loss on semaglutide vs liraglutide: 70.9% vs 25.6%	(25)
SURMOUNT-1	Tirzepatide BMI 38.0±6.8 Age 44.9±12.5	N=2,539 72 weeks	17.8% more weight loss compared to placebo >10% weight loss on active agent vs placebo: 83.5% vs 18.8%	(26)
Le Roux et al	Survotitide BMI 37.1±6.1 Age 49.1±12.9	N=384 46 weeks	12.1% more weight loss at maximal dose compared to placebo >10% weight loss on active agent vs placebo: 82.2% vs 10.9%	(27)

Abbreviations: **IBT**, intense behavior therapy

* Trial included dietary intervention and physical activity counselling in all participants.

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