The role of GLP-1 receptor agonists in the management of obesity: risks and opportunities for the Australian health care system

To the Editor: The recent perspective by Kanellis and colleagues¹ describes important tensions arising between health outcomes, funding and equity of access in the context of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) in Australia.

People with significant mental illness are a population of particular importance in this regard. Members of this population die at least 20 years younger than other Australians.² Mental illness and its treatment with antipsychotic medications put them at high risk of obesity and related health problems. This is one of two major contributors to their additional risk, alongside tobacco use. People with significant mental illness are at a high risk of socio-economic disadvantage with related challenges accessing general medical services.³

There is emerging evidence that GLP-1 RAs have the same place in the management of obesity in people with significant mental illness as they do in the general population. Funding and equity considerations make the question of access of people with significant mental illness to these medicines more acute.

There is an existing recommendation that metformin is co-prescribed with antipsychotic medications to mitigate cardiometabolic risk irrespective of glycaemic status.⁵ Further research is required to determine the role of GLP-1 RAs in this space.

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