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A prospective plan to investigate the roles of parental- and child-based self-determined motivation in family-oriented hospital-based therapies for childhood obesity

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There are many Childhood Obesity (CO) treatment programs, and much research into CO, but very few programs have directly investigated the role of motivation in the success of treatment outcomes. Self-determination theory (SDT) is a widely-used theory of human motivation, which focuses both on the *quality*, as well as the *quantity*, of a given individual's motivation.

The purpose of this study is to investigate the role of motivation on the efficacy of a clinical, hospital-based, family-orientated, group-based, CO intervention program. This study aims to determine parent and child motivation regarding weight loss, and to examine the relationships between motivational variables at both pre and post-intervention stages and how this may impact on post-intervention weight loss outcomes. We also aim to explore changes over the duration of the program in the children's motivation profile, and also the parent's motivation profile for their own, and their child's, weight loss.

The children and their families are participants in the Changes in Lifestyle are Successful in Partnership (CLASP) program at Princess Margaret Hospital for Children, in Western Australia. Parents and children are assessed for their regulatory capabilities and their motivation to adhere to the program's structure and recommendations. We will measure the children's and parents' perceptions of need



support and need satisfaction in relation to (a) their experiences with the CLASP support staff and (b) their experiences with each other in relation to their general supportive behaviour and their engagement in weight loss activities. Children and parents will also report their own weight loss motivation in line with SDT concepts, and parents will report their motivation for promoting their child's weight loss. The results of this study will form part of a larger study, and provide a greater understanding of the mechanisms that underpin the efficacy of tertiary childhood obesity intervention programs.

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Improvement in SF-36-derived health utility score with liraglutide 3.0 mg versus placebo over 3 years in prediabetes

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Objectives: Liraglutide 3.0 mg is a glucagon-like peptide-1 (GLP-1) analogue currently licensed for weight management in people with obesity (PWO), or overweight with a weight-related comorbidity. This analysis aimed to investigate the effects of liraglutide 3.0 mg ($n=1505$) versus placebo ($n=749$), added to a reduced calorie diet and increased physical activity, on health utility in PWO or overweight with comorbidity, over 3 years.

Methods: The study was a 3-year, randomised, double-blind, placebo-controlled, parallel-group, multi-centre, multinational trial (NCT01272219). Participants were ≥ 18 years with prediabetes (no type 2 diabetes) and either obesity ($BMI \geq 30 \text{ kg/m}^2$) or overweight ($BMI \geq 27 \text{ kg/m}^2$) with hypertension or dyslipidaemia. Health-related quality of life was assessed via the Short-Form 36v2 (SF-36) health survey, completed at baseline and 3 years. Health utility (Short-Form 6D; SF-6D) was scored directly from the SF-36 using a validated algorithm. As sensitivity analyses, SF-36 scores were mapped to the

