The Society for Health Psychology (Division 38) of the American Psychological Association is in support of the USPSTF Draft Research Plan for Weight Loss to Prevent Obesity-Related Morbidity and Mortality. The plan to conduct a systematic review to determine the impact of behavioral and pharmacotherapy interventions for weight loss/maintenance on obesity-related morbidity and mortality is very timely. There is certainly a need to understand the long-term effects of weight loss and weight maintenance interventions beyond behavioral changes.

The proposed analytic framework and key questions are appropriate. However, it is important to consider including patient-perceived barriers (e.g., cultural barriers such as mistrust and cultural insensitivity of providers) to participation in behavioral and pharmacotherapy interventions for weight loss/maintenance as part of the assessment battery.

The proposed contextual questions are also appropriate. Two additional contextual questions to consider examining are as follows:

1) Are there differences in the effects of behavioral and pharmacotherapy on mortality, morbidity, and quality of life by population subgroup (i.e., racial/ethnic subgroups, older adults)?
2) Are the assessed patient-perceived barriers to patients’ engagement in behavioral and pharmacotherapy linked to the effects of these interventions on patient mortality, morbidity, and quality of life?

The proposed research approach also appears appropriate with a few minor suggestions:

1) Primary care led/delivered interventions should be distinguished from primary care referred interventions given the reported findings in previous systematic reviews that the amount of weight loss has been found to be different for these two types of interventions.
2) A definition of weight maintenance should be specified to help standardized how weight loss maintenance intervention studies are reviewed.
3) Consider identifying inclusion/exclusion of racial/ethnic minorities as a criterion for studies reviewed or as a noted variable.