From Hope to Silence: The Hidden Stories of 128,127 Patients in Discontinued and Unpublished Obesity Trials

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Background

The growing and ongoing obsession for treating obesity has led to the use of diabetic treatment injections to try and cure this disease. Anti-diabetic drugs (e.g., Liraglutide/Saxenda, Ozempic, Metformin and Mounjaro) have shown promising weight-loss results in clinical settings. Our study analyzes the discontinuation and non-publication of clinical trials concerning the use of diabetes injections (GLP-1 Agonists) in treating obesity.

This study aims to assess the characteristics and causes of unpublished and terminated studies. This loss of knowledge will negatively affect the patients who suffer daily from this disease.

Methods

We explored clinical trials associated with diabetes injections for obesity management listed on ClinicalTrials.gov until July 1, 2025. To accommodate current peer review and reporting delays, trials finished within the past 24 months were omitted.

Studies were categorized as discontinued if they were designated as terminated, withdrawn, or suspended, and as unpublished if their findings were not accessible in a peer-reviewed journal.

Data was gathered concerning participant gender and age, type of study, source of funding, type of intervention, enrollment number, and geographical location. Multiple logistic regression was employed to determine factors linked to trial discontinuation or non-publication.

Results

We evaluated a total of 439 clinical trials studying diabetes medication for obesity treatment, of which 339 were completed, 42 were discontinued, and 58 were listed as unknown. Overall, 57.1% of the trials were published, while 42.9% were not published. Discontinued trials were significantly less likely to be published than completed trials (11.9% versus 62.6%, $p < 0.001$).

Discontinuation was a strong predictor of non-publication in logistic regression (Odds Ratio (OR) = 0.05, $p < 0.001$). Reporting results from the study was associated with higher odds of publication (OR = 2.60, $p = 0.007$). Trials recruiting children and adults were less likely to be published than adult-only recruitment (OR = 0.25, $p = 0.041$).

Regarding trial discontinuation, published trials were much less likely to have been discontinued (OR = 22.6, $p < 0.001$). The trials with a smaller number of participants (≤100 participants) were more likely to be discontinued than larger trials (OR = 4.78, $p = 0.025$). Phase 1 trials were more likely to be completed (OR = 29.3, $p = 0.023$).

Conclusion

A large number of clinical trials assessing diabetes injections for obesity remain unpublished,

especially when they have been discontinued. Discontinued status and small sample size were both significant predictors of both non-publication and premature termination. The result of most studies being unpublished emphasizes the need for better transparency, more planning, and better reporting to reduce research waste and increase evidence from obesity interventions for clinical and research audiences.

Keywords

Obesity, GLP-1 receptor agonists, Liraglutide, Semaglutide (Ozempic), Mounjaro (Tirzepatide)