



Body Weight is Not Enough to Monitor Incretin Therapy in India

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Respected Sir,

Falling body weight is not a reliable marker that incretin therapy is helping the patient. This is a counterpart to the concern raised in this journal by Misra and colleagues, that a low body mass index is not a reliable marker of malnutrition [1]. We wish to raise a related problem.

The Indian patent for semaglutide ended on 20 March 2026. The next day several DCGI-approved generic brands were launched, costing about ₹1,290 to ₹4,200 a month [2]. Prescribing has moved from endocrinologists to general physicians. These doctors will watch body weight, because that is what they already measure.

Body weight does not show what the drug is really doing. A network meta-analysis of 22 randomised trials found that about 25 per cent of the weight lost was lean mass, not fat. The strongest drugs were the worst in this respect. Tirzepatide and semaglutide caused the most weight and fat loss but were among the least able to protect lean mass. Only liraglutide reduced weight without a significant loss of lean mass [3]. Semaglutide, the drug now becoming widely available in India, is among the least protective of lean mass.

The same analysis found that lean mass as a percentage of body weight did not change. This is not reassuring if the patient starts with too little muscle. Careful metabolic studies in lean Indian men with diabetes found total and trunk lean mass lower than in every other group studied, including men of the same body mass index without diabetes. Their protein intake was also lower [4]. Many Indian patients start treatment with a muscle deficit that the trials were not designed to find.

Falling weight can therefore mean the treatment is working, or that the patient is losing muscle. At the bedside the two look the same.

Weight alone is not enough. Grip strength and mid-upper arm circumference need only a dynamometer and a tape. They can be measured at every visit and show what weight hides. Protein intake of at least 1.0 to 1.2 g/kg/day and resistance exercise should be advised when the drug is started, not after a problem appears. If grip strength or arm circumference falls along with weight, the patient should be reassessed rather than given a higher dose.

No Indian study has measured body composition during incretin treatment. Until one does, these simple measurements are what we have.

References

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