

## REVIEWER'S REPORT

Manuscript No.: IJAR-56827

Title: Mindful Eating as a Behavioral Strategy for Weight Management: A Narrative Review with Implications for Primary Care in the Pharmacotherapy Era,

### Recommendation:

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....YES.....**

Do not accept (*Reasons below*) .....

| Rating         | Excel. | Good | Fair | Poor |
|----------------|--------|------|------|------|
| Originality    |        |      | √    |      |
| Techn. Quality |        |      | √    |      |
| Clarity        |        | √    |      |      |
| Significance   |        | √    |      |      |

Reviewer's ID: JPR-094

## Detailed Reviewer's Report

## ☐ **\*\*1. Strengths of the Manuscript\*\***

1. **\*\*Timely and Clinically Relevant Topic\*\***

\* The manuscript addresses obesity management in the era of GLP-1 receptor agonists, which is highly relevant to current clinical practice.

2. **\*\*Comprehensive Literature Coverage\*\***

\* The review includes a wide range of studies (RCTs, meta-analyses, cohort studies), providing a broad synthesis of existing evidence.

3. **\*\*Clear Structure and Logical Flow\*\***

\* The manuscript is well-organized into sections such as mechanisms, clinical evidence, and implementation strategies.

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### 4. **\*\*Integration of Neurobiological and Behavioral Perspectives\*\***

\* The discussion of neurobiological mechanisms (PFC, reward pathways, cortisol) strengthens the scientific depth.

### 5. **\*\*Introduction of a Conceptual Framework (MEPIM)\*\***

\* The proposed **\*Mindful Eating–Pharmacotherapy Integration Model (MEPIM)\*** is a novel and clinically useful contribution.

### 6. **\*\*Focus on Primary Care Application\*\***

\* Practical relevance for primary care settings enhances translational value.

## ## **\*\*2. Weaknesses of the Manuscript\*\***

### 1. **\*\*Limited Novelty in Core Content\*\***

\* Much of the review summarizes already published literature on mindful eating and obesity.

\* The novelty mainly lies in the integration model, which is not sufficiently emphasized.

### 2. **\*\*Narrative Review Limitations\*\***

\* Lack of systematic methodology (e.g., PRISMA flow diagram, risk of bias assessment).

\* Potential for selection bias in included studies.

### 3. **\*\*Insufficient Critical Analysis\*\***

\* The manuscript is largely descriptive rather than analytical.

\* Conflicting evidence and limitations of studies are not deeply critiqued.

### 4. **\*\*Overgeneralized Conclusions\*\***

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\* Claims such as “comparable to dietary programs” may be overstated without highlighting variability across studies.

### 5. **\*\*Lack of Quantitative Synthesis\*\***

\* No pooled effect sizes or statistical comparisons are presented.

### 6. **\*\*Heterogeneity Not Adequately Addressed\*\***

\* Variations in intervention types, duration, and populations are not critically analyzed.

### 7. **\*\*Limited Focus on LMIC Contexts\*\***

\* Although mentioned, there is insufficient discussion relevant to low- and middle-income countries.

### 8. **\*\*Figure/Model Validation Missing\*\***

\* The proposed MEPIM framework is conceptual and lacks empirical validation.

## ## **\*\*3. Key Points for Improvement\*\***

### ### **Major Points**

\* Clearly **\*\*highlight novelty\*\*** (MEPIM + pharmacotherapy integration)

\* Add a **\*\*“What is New” section\*\***

\* Include **\*\*critical appraisal\*\*** of key studies (bias, limitations)

\* Reduce descriptive repetition and increase **\*\*analytical discussion\*\***

### ### **Methodological Improvements**

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**\* Provide:**

- \* Search strategy table**
- \* Study selection process (flow diagram recommended)**
- \* Clarify how studies were selected and synthesized**

### ### Scientific Depth

**\* Discuss:**

- \* Conflicting results across RCTs**
- \* Limitations of mindful eating on actual weight loss vs behavior change**
- \* Avoid overgeneralization of findings**

### ### Presentation

**\* Improve:**

- \* Language clarity (minor grammatical errors present)**
- \* Consistency in formatting**
- \* Strengthen Figure 1 (MEPIM) with clearer explanation**

### ## \*\*4. Final Recommendation\*\*

### ☐ **\*\*Decision: Major Revision Required\*\***

### ## **\*\*Justification for Recommendation\*\***

- \* The manuscript addresses an important and timely topic with good clinical relevance.**
- \* However, **\*\*significant revisions are needed\*\*** to:**

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- \* Strengthen novelty
- \* Improve methodological transparency
- \* Enhance critical analysis
- \* Avoid overinterpretation of evidence

### ## \*\*Reviewer's Final Comment\*\*

The manuscript has strong potential for publication due to its clinical relevance and the proposed integration model. However, substantial revisions are required to improve scientific rigor, emphasize novelty, and provide a more critical and methodologically transparent synthesis of the literature.

### # MAJOR REVISION JUSTIFICATION

#### ## ABSTRACT (Lines 12–41)

##### \*\*Line 12–16 (Background)\*\*

- \* Issue: Overgeneralized claim (“exceeding one billion”) without precise citation context.
- \* Justification: Needs **specific reference linkage** and regional nuance.
- \* Required Revision: Add updated citation year and clarify population scope (adult vs global total).

##### \*\*Line 18–21 (Objective)\*\*

- \* Issue: Objectives are **overly broad and ambitious** for a narrative review.
- \* Justification: Lacks prioritization and clear research question.
- \* Required Revision: Refine into **2–3 focused objectives**.

##### \*\*Line 22–25 (Methods)\*\*

- \* Issue: Search strategy lacks **reproducibility details**.

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\* **Justification:** Missing search strings, screening process, and selection method → weak transparency.

\* **Required Revision:**

\* Add PRISMA-style flow (even for narrative review)

\* Specify number of included studies

**\*\*Line 26–33 (Results)\*\***

\* **Issue:**

\* Claims like “comparable weight loss” and “neurobiological evidence” are **\*\*overstated\*\***

\* No quantitative synthesis

\* **Justification:** Risk of **\*\*interpretation bias\*\***

\* **Required Revision:**

\* Add effect sizes or ranges

\* Avoid causal wording

**\*\*Line 34–38 (Conclusion)\*\***

\* **Issue:** “Scalable, low-cost” and “practical framework” claims are **\*\*not empirically validated\*\***

\* **Required Revision:**

\* Tone down conclusions

\* Add limitation statement

**## INTRODUCTION (Lines 43–85)**

**\*\*Line 44–47\*\***

\* **Issue:** Epidemiological data lacks **\*\*recent regional comparison (India/LMIC context)\*\***

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**\* Required Revision: Include \*\*India-specific obesity statistics\*\***

**\*\*Line 54–56 (GLP-1 claims)\*\***

**\* Issue: Selective reporting of high efficacy (15–22%)**

**\* Justification: Missing discussion of:**

**\* Side effects**

**\* Cost/access issues**

**\* Required Revision: Add \*\*balanced perspective\*\***

**\*\*Line 57–62 (Weight regain data)\*\***

**\* Issue: Data presented without \*\*heterogeneity discussion\*\***

**\* Required Revision: Mention variability across trials**

**\*\*Line 63–65 (“behavior gap”)\*\***

**\* Issue: Concept introduced without theoretical framework**

**\* Required Revision: Cite behavioral models (CBT, self-regulation theory)**

**\*\*Line 74–79 (Research gaps)\*\***

**\* Issue:**

**\* Claim “no narrative review exists” may be inaccurate**

**\* Required Revision:**

**\* Rephrase cautiously:**

**→ “limited evidence exists”**

**## METHODS (Lines 87–109)**

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**\*\*Line 88–90 (SANRA usage)\*\***

**\* Issue: SANRA mentioned but not applied explicitly**

**\* Required Revision: Show \*\*how SANRA criteria were fulfilled\*\***

**\*\*Line 90–96 (Search strategy)\*\***

**\* Issue:**

**\* No database-specific search strings**

**\* No screening process**

**\* Required Revision:**

**\* Add:**

**\* Boolean strategy per database**

**\* Inclusion workflow**

**\*\*Line 97–103 (Inclusion criteria)\*\***

**\* Issue: Too broad → increases bias**

**\* Required Revision:**

**\* Justify inclusion of heterogeneous study designs**

**\*\*Line 104–107 (Exclusion criteria)\*\***

**\* Issue: Missing language restriction, publication bias handling**

**\* Required Revision:**

**\* Add limitations**

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**\*\*Line 108–109 (Narrative synthesis)\*\***

**\* Issue: No explanation of synthesis method**

**\* Required Revision:**

**\* Describe thematic analysis approach**

**## SECTION 3 (Concept & Measurement)**

**\*\*Line 114–118\*\***

**\* Issue: Historical discussion (Buddhist origin) is \*\*too descriptive\*\***

**\* Required Revision: Reduce and focus on clinical relevance**

**\*\*Line 126–132 (Mindful vs intuitive eating)\*\***

**\* Issue: Good comparison but lacks \*\*critical evaluation\*\***

**\* Required Revision:**

**\* Add conflicting evidence**

**\*\*Line 134–142 (Measurement tools)\*\***

**\* Issue:**

**\* No discussion of \*\*validity limitations\*\***

**\* Required Revision:**

**\* Add psychometric comparison**

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**\*\*Line 160–166 (Neurobiology)\*\***

**\* Issue:**

**\* Overinterpretation of neuroimaging findings**

**\* Required Revision:**

**\* Clarify \*\*associative vs causal evidence\*\***

**\*\*Line 174–180 (Stress–Eating Axis)\*\***

**\* Issue:**

**\* Strong causal claims about cortisol reduction**

**\* Required Revision:**

**\* Add cautious language**

**\*\*Line 184–191 (Cognitive mechanisms)\*\***

**\* Issue:**

**\* Lacks integration with behavioral theory**

**\* Required Revision:**

**\* Link with CBT/self-regulation models**

**## SECTION 5 (Evidence)**

**\*\*Line 198–204 (RCT evidence)\*\***

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**\* Issue:**

**\* Contradictory interpretation:**

**\* “no difference” vs “effective”**

**\* Required Revision:**

**\* Clarify clinical vs statistical significance**

**\*\*Line 220–227 (Meta-analysis)\*\***

**\* Issue:**

**\* No heterogeneity ( $I^2$ ), bias assessment**

**\* Required Revision:**

**\* Add critical appraisal**

**\*\*Line 241–249 (Behavior outcomes)\*\***

**\* Issue:**

**\* Overgeneralized positive conclusions**

**\* Required Revision:**

**\* Include negative/null findings**

**\*\*Line 250–258 (Long-term outcomes)\*\***

**\* Issue:**

**\* Weak evidence but strong claims**

**\* Required Revision:**

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\* Emphasize uncertainty

**## SECTION 6 (Novel Contribution – MEPIM)**

**\*\*Line 261–263\*\***

**\* Issue:**

\* Claim of novelty not sufficiently justified

**\* Required Revision:**

\* Compare with existing models

**\*\*Line 265–270 (GLP-1 section)\*\***

**\* Issue:**

\* Lacks real-world constraints (cost, adherence)

**\* Required Revision:**

\* Add health system perspective

**\*\*Line 283–294 (Complementarity argument)\*\***

**\* Issue:**

\* Conceptual but not empirically tested

**\* Required Revision:**

\* Clearly label as hypothesis

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**\*\*Line 302–326 (MEPIM model)\*\***

**\* Issue:**

**\* No validation or pilot data**

**\* Required Revision:**

**\* Add:**

**\* Limitations**

**\* Implementation challenges**

## **## SECTION 7 (Delivery Models)**

**\*\*Line 345–350\*\***

**\* Issue:**

**\* No cost-effectiveness data**

**\* Required Revision:**

**\* Add economic discussion**

**\*\*Line 352–360 (Digital health)\*\***

**\* Issue:**

**\* Based on limited pilot studies**

**\* Required Revision:**

**\* Mention evidence is preliminary**

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**## DISCUSSION (Lines 380–431)**

**\*\*Line 382–390\*\***

**\* Issue:**

**\* Over-synthesis without critical contrast**

**\* Required Revision:**

**\* Add conflicting evidence**

**\*\*Line 392–404 (Limitations)\*\***

**\* Issue:**

**\* Good but incomplete**

**\* Missing:**

**\* Publication bias**

**\* Narrative review subjectivity**

**\* Required Revision:**

**\* Expand limitations**

**\*\*Line 406–412 (MEPIM implications)\*\***

**\* Issue:**

**\* Overstated clinical applicability**

**\* Required Revision:**

**\* Add caution**

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### ## CONCLUSION (Lines 433–454)

**\*\*Line 434–441\*\***

**\* Issue:**

**\* Strong claims not fully supported**

**\* Required Revision:**

**\* Reduce assertiveness**

**\*\*Line 442–448\*\***

**\* Issue:**

**\* “Empowers patients” → subjective**

**\* Required Revision:**

**\* Replace with evidence-based wording**

### ## REFERENCES

**\* Issue:**

**\* Some citations outdated (pre-2015 foundational studies)**

**\* Possible inconsistency in formatting**

**\* Required Revision:**

**\* Update with \*\*recent (2023–2026) studies\*\***

**\* Ensure uniform style (Vancouver/APA)**

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### # FINAL EDITORIAL DECISION JUSTIFICATION

**\*\*Recommendation: MAJOR REVISION\*\***

#### ### Reasons:

1. ☐ Methodological transparency is insufficient
2. ☐ Overinterpretation of evidence
3. ☐ Lack of critical appraisal of included studies
4. ☐ Novel model (MEPIM) is not validated
5. ☐ Conclusions are stronger than supporting data
6. ☐ Limited discussion of limitations and bias

### # ☐ WHAT AUTHORS MUST DO

- \* Strengthen **\*\*methods rigor\*\***
- \* Add **\*\*critical analysis (not just description)\*\***
- \* Tone down **\*\*overstated conclusions\*\***
- \* Justify and validate **\*\*MEPIM framework\*\***
- \* Improve **\*\*scientific balance and objectivity\*\***