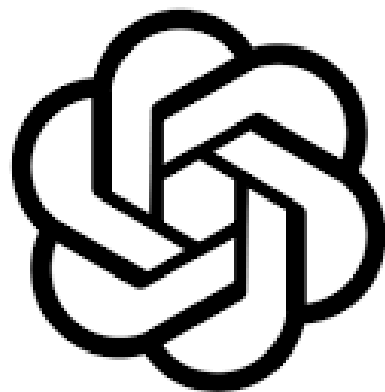


# 如何應用AI協助論文撰寫

家庭醫學部 李易錚 醫師



ChatGPT

# Outline

- 研究主題
- 文獻回顧
- 數據分析
- 初稿撰寫
- 英修
- 投稿



## How can I help you today?

**Explain nostalgia**  
to a kindergartener

**Write a text**  
inviting my neighbors to a barbecue

**Give me ideas**  
for what to do with my kids' art

**Plan a mental health day**  
to help me relax

Message ChatGPT



# 研究主題

想研究什麼？

現有資源？

如何設計？

LE

**You**

我想做一個有關ozempic減重效果的研究，我該蒐集那些資料



## ChatGPT

如果您計劃進行關於Ozempic ( semaglutide ) 減重效果的研究，以下是一些關鍵的數據點和資料，您應該考慮收集以支持您的研究：

### 1. 基本人口統計數據

- 年齡和性別：年齡和性別可能會影響減重反應。
- 民族和種族：這可以幫助評估藥物對不同群體的效果。

### 2. 健康狀況和醫療背景

- 基線體重和身高：用於計算體質指數 ( BMI ) 。
- 病史：特別是糖尿病、心血管疾病、代謝症候群等與體重相關的病症。
- 其他藥物使用情況：記錄所有當前及過去使用的藥物，因為它們可能影響減重。



### 3. Ozempic使用詳情

- 劑量和治療持續時間：Ozempic的使用劑量和治療的長短。
- 用藥的遵從性：病人是否按照處方規定的時間和劑量使用Ozempic。

### 4. 減重數據

- 定期體重測量：包括研究開始前的基線體重和之後定期的體重測量。
- 體質指數（BMI）變化：初始和隨後的BMI數據。

### 5. 生理和生化指標

- 血糖和HbA1c水平：對於糖尿病患者尤其重要。
- 血壓和心率：評估心血管健康的變化。
- 膽固醇和三酸甘油酯水平：了解脂肪代謝的改變。



如果我是一個住院醫師，想做一個有關Ozempic減重效果的研究，我有全院過去一年有領過ozempic的病人名單以及他們每次回診的體重紀錄、抽血報告，我可以怎麼設計研究？

# 1. 研究問題及目標

## 確立您的研究問題

您是要探討Ozempic在特定病人群體中的減重效果？

例如：“Ozempic在成人第二型糖尿病患者中的減重效果如何？”

比較Ozempic與其他藥物的效果？

將Ozempic與市場上其他減重藥物（如Liraglutide等）進行效果比較



**You**

研究問題與目標，可以再給我十個方向嗎？

## 年齡對Ozempic減重效果的影響：

研究不同年齡群體在使用Ozempic後的體重變化，探索是否年齡差異會影響藥物效果。

## 慢性病共病狀況對減重效果的影響：

研究患有不同慢性病（如高血壓、高膽固醇等）的病人在使用Ozempic後減重的效果

## Ozempic減重效果的持續性：

追蹤病人在停藥後一年內的體重變化，探索Ozempic減重效果的持續性。

## 2. 研究設計

### 選項

回溯性研究(Retrospective study)：

- 利用現有的病人數據來分析Ozempic的減重效果

前瞻性隊列研究(Prospective Cohort Study)：

- 追蹤新開始使用Ozempic的病人，定期記錄他們的體重變化。

隨機對照試驗(Randomized controlled trial)：

- 將病人隨機分為使用Ozempic和不使用Ozempic ( 或使用其他藥物 ) 的兩組，比較兩組減重效果。

# 3. 樣本選擇

## 確定納入和排除標準

納入標準可以是過去一年內有使用Ozempic治療的成人糖尿病患者

排除標準可以是

- 有其他重大健康問題
- 正在使用其他可能影響體重的藥物的患者。

有更多納入或排除標準的建議嗎？

## 納入標準

### 1. 年齡：

- 設定一個合理的年齡範圍，如18至75歲，確保研究涵蓋成年人群。

### 2. 病史：

- 必須確診為第二型糖尿病，或具有肥胖症，並且被醫師建議使用Ozempic治療以達到減重效果。

### 3. 使用Ozempic治療的持續時間：

- 設定患者必須已使用Ozempic至少三個月，以確保藥物的效果能夠得到適當的評估。

### 4. 基線體重：

- 確保參與者在研究開始時的基線體重可用，並且至少需要2次後續訪問的體重紀錄。



## 排除標準

### 1. 其他重大健康問題：

- 有嚴重心臟病、肝病或腎病等可能影響參與研究或研究結果的患者。
- 患有重度心理疾病或認知障礙的患者。

### 2. 其他減重藥物使用：

- 目前使用或近期使用過其他減重藥物的患者，以避免藥物交互作用或結果混淆。

### 3. 懷孕或哺乳：

- 懷孕或計劃懷孕的婦女，以及正在哺乳的婦女。

### 4. 過敏反應：

- 對Ozempic或其任何成分有已知過敏反應的患者。

### 5. 近期手術或醫療程序：

- 最近接受過重大手術或有計劃在研究期間進行手術的患者。

不滿意？



< 2 / 2 >



**Regenerate**

## 排除標準

### 1. 特殊健康狀況：

- 存在影響體重或代謝功能的重大健康問題，例如進行癌症治療、甲狀腺疾病、嚴重心臟疾病或慢性腎臟疾病。

### 2. 藥物使用：

- 同時使用可能影響Ozempic效果的其他藥物（例如糖皮質激素、其他GLP-1受體激動劑等）。

### 3. 妊娠或哺乳：

- 由於妊娠和哺乳會對體重產生重大影響，因此應排除孕婦或哺乳期女性。

### 4. 對Ozempic成分過敏：

- 曾對Ozempic或其成分有過敏反應的患者應被排除。

### 5. 依從性差：

- 未能遵循醫囑規定使用Ozempic，或中途停止治療的患者。

### 6. 精神狀況：

- 存在可能影響研究參與和配合的嚴重精神疾病患者。



Was this response better or worse?



Better



Worse



Same



## 4. 數據收集

### 數據基礎值

病人開始使用Ozempic前的體重和其他相關健康指標（如血糖、血壓等）

定期收集病人的體重和其他健康指標數據，並記錄任何副作用或治療中斷的情況。



# 文獻回顧





## How can I help you today?

**Write a short story**

tailored to my favorite genre

**Tell me a fun fact**

about the Roman Empire

**Create a content calendar**

for a TikTok account

**Quiz me on world capitals**

to enhance my geography skills

Message ChatGPT





## How can I help you today?

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**Create a content calendar**

for a TikTok account

**Quiz me on world capitals**

to enhance my geography skills



Message ChatGPT



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ESTABLISHED IN 1812

MARCH 18, 2021

VOL. 384 NO. 11

Once-Weekly Semaglutide in Adults with Overweight  
or Obesity

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**The NEW ENGLAND  
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**Once-Weekly Semaglutide in Adults with Overweight or Obesity**

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ABSTRACT

**BACKGROUND**

Obesity is a global health challenge with few pharmacologic options. Whether adults with obesity can achieve weight loss with once-weekly semaglutide at a dose of 2.4 mg as an adjunct to lifestyle intervention has not been confirmed.

**METHODS**

In this double-blind trial, we enrolled 1961 adults with a body-mass index (the weight in kilograms divided by the square of the height in meters) of 30 or greater (≥27 in persons with ≥1 weight-related coexisting condition), who did not have diabetes, and randomly assigned them, in a 2:1 ratio, to 68 weeks of treatment with once-weekly subcutaneous semaglutide (at a dose of 2.4 mg) or placebo, plus lifestyle intervention. The coprimary end points were the percentage change in body weight and weight reduction of at least 5%. The primary estimand (a precise description of the treatment effect reflecting the objective of the clinical trial) assessed effects regardless of treatment discontinuation or rescue interventions.

**RESULTS**

The mean change in body weight from baseline to week 68 was -14.9% in the semaglutide group as compared with -2.4% with placebo, (for an estimated treatment difference of -12.4 percentage points [95% confidence interval [CI], -13.4 to -11.5; P<0.001). More participants in the semaglutide group than in the placebo group achieved weight reductions of 5% or more (1047 participants [86.4%] vs. 182 [31.9%]), 10% or more (838 [69.1%] vs. 69 [12.0%]), and 15% or more (612 [50.5%] vs. 28 [4.9%]) at week 68 (P<0.001 for all three comparisons of odds). The change in body weight from baseline to week 68 was -15.3 kg in the semaglutide group as compared with -2.6 kg in the placebo group (estimated treatment difference, -12.7 kg; 95% CI, -13.7 to -11.7). Participants who received semaglutide had a greater improvement with respect to cardiometabolic risk factors and a greater increase in participant-reported physical functioning from baseline than those who received placebo. Nausea and diarrhea were the most common adverse events with semaglutide; they were typically transient and mild-to-moderate in severity and subsided with time. More participants in the semaglutide group than in the placebo group discontinued treatment owing to gastrointestinal events (59 [4.5%] vs. 5 [0.8%]).

**CONCLUSIONS**

In participants with overweight or obesity, 2.4 mg of semaglutide once weekly plus lifestyle intervention was associated with sustained, clinically relevant reduction in body weight. (Funded by Novo Nordisk; STEP 1 ClinicalTrials.gov number, NCT03548935).

The authors' affiliations are listed in the Appendix. Address reprint requests to Dr. Kushner at Northwestern University Feinberg School of Medicine, 645 N. Michigan Ave., Suite 536, Chicago, IL 60611, or at kushner@northwestern.edu.

\*A complete list of investigators in the STEP 1 trial is provided in the Supplementary Appendix, available at NEJM.org.

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Hello and welcome to this informative PDF file on the study published in The New England Journal of Medicine on March 18, 2021, regarding the effectiveness of once-weekly semaglutide for weight loss in adults with obesity. This groundbreaking research offers hope for individuals struggling with obesity by providing a new pharmacologic option for achieving significant weight loss.

- What were the key findings of the study regarding the effectiveness of once-weekly semaglutide for weight loss in adults with obesity?
- How was the trial conducted, and what were the primary end points measured to assess the impact of semaglutide on weight reduction?
- Can you provide more information on the dosage of semaglutide used in the study and the duration of treatment, as well as the lifestyle intervention provided to participants?


Ask any question...

## What were the key findings of the study regarding the effectiveness of once-weekly semaglutide for weight loss in adults with obesity?

The key findings of the study on the effectiveness of once-weekly semaglutide for weight loss in adults with obesity are as follows: 

1. Participants who received once-weekly subcutaneous semaglutide at a dose of 2.4 mg experienced a mean weight loss of 14.9% from baseline, which significantly exceeded the weight loss of 2.4% observed in the placebo group.
2. The estimated treatment difference between the semaglutide group and the placebo group was -12.4 percentage points (95% CI, -13.4 to -11.5), indicating a substantial and clinically relevant reduction in body weight with semaglutide.

## What are the bias of this study?

While the study on once-weekly semaglutide for weight loss in adults with obesity provides valuable insights, it is important to consider potential biases that may have influenced the results: 

1. **Selection Bias:** The participants were selected based on specific criteria, which may not fully represent the general population with obesity. This could limit the generalizability of the findings to a broader population.
2. **Attrition Bias:** The dropout rate of participants during the trial could introduce attrition bias, as those who dropped out may have different characteristics or responses to treatment compared to those who completed the study.
3. **Publication Bias:** There is a possibility that only positive results were published, while negative or inconclusive findings were not reported, leading to a biased representation of the treatment's effectiveness.
4. **Funding Bias:** The study was funded by Novo Nordisk, the manufacturer of semaglutide, which could introduce bias in favor of the drug's efficacy. This potential conflict of interest should be



# 可以請GPT代勞

- 這篇重點是什麼？請以

100字敘述

3句話描述

- 作者主張什麼？反駁哪些觀點？

- ○○○是什麼意思？（文章裡的keywords）

LE

**You**

什麼是介護食品

**ChatGPT**

介護食品是專為需要特別照護的人群，如老年人、有嚥下困難（吞咽困難）的病人或其他需要特別飲食照顧的人士設計的食品。這類食品通常具有較軟的質地、易於咀嚼和吞咽，並且能提供足夠的營養。

介護食品的類型分為幾個等級，根據使用者的嚥下能力來調整食品的固體度和質地。從幾乎如水狀的流質食物到稍微固體但仍易於咀嚼的食物，不同等級的介護食品滿足不同需求的人群。

此外，介護食品也包括營養補充品，這些補充品旨在為無法通過正常飲食獲取足夠營養的人提供必要的營養素。介護食品的開發充分考慮到了病患和老年人在味覺、咀嚼和吞咽方面的限制，同時也注重食品的營養價值，以保證這些群體的健康和營養需求得到滿足。



# 論文撰寫

# 論文結構

Title

Abstract

Introduction

Method

Results

Discussion

Conclusion

References

# Title



**You**

如果我研究不同年齡群體在使用Ozempic後的體重變化，探索是否年齡差異會影響藥物效果，

Any suggestion for my title? Glve me 10 options

# Title

1. "Age-Related Variability in Weight Loss Outcomes Among Ozempic Users: A Comparative Study"
2. "Exploring the Impact of Age on Weight Reduction Efficacy with Ozempic Treatment"
3. "The Influence of Age on Weight Loss in Patients Treated with Ozempic"
4. "Age as a Determinant of Weight Loss Success with Ozempic: An Analytical Study"
5. "Comparative Effects of Ozempic on Weight Loss Across Different Age Groups"
6. "Assessing the Role of Age in Weight Loss Responses to Ozempic"
7. "Does Age Affect Weight Loss Outcomes in Ozempic Users? An In-depth Analysis"
8. "A Cross-Age Analysis of Ozempic's Efficacy in Weight Management"
9. "Evaluating Age Differences in Response to Ozempic for Weight Loss"
10. "Age-Specific Responses to Ozempic in Weight Loss: A Study of Diverse Age Groups"

# Introduction

Background on Obesity and Weight Management

Introduction to Ozempic

Age-related Factors in Weight Loss

Previous Studies

Research Gap

Research Questions/Objectives

Justify the importance of your research.

# Methods

## Study Design:

Describe the type of study (e.g., observational, retrospective, prospective cohort, RCT) and justify why this design was chosen.

## Participants:

Detail the inclusion and exclusion criteria for participant selection.

## Statistical Analysis:

Describe the statistical methods used to analyze the data. This might include descriptive statistics, inferential statistics, regression models



# Result

利用GPT幫忙excel資料整理

ex: 將日期資料統一

請將112/7/1轉換成2023/7/1

請將112.7.1轉換成2023/7/1

請將2023.07.01轉換成2023/7/1

# Result

## 資料分析 ( Data Analysis )

上傳**CSV**、**Excel**等格式並給予指令

幫忙算平均值、標準差

"請分析體重隨用藥時間的變化趨勢"

"請解釋數據"

→ 20-30歲年齡組在使用Ozempic後平均體重減輕了5公斤，而31-40歲年齡組平均減輕了3公斤。這顯示年輕成人可能對Ozempic有更好的反應



You



Updated\_Sample\_Dataset.xlsx

Spreadsheet

Please help me perform an exploratory data analysis of this document

• **Columns:**

1. **Age:** Age of the individuals (integers, ranging from 20 to 90 years)
2. **Gender:** Gender of the individuals (categorical, 'Male' or 'Female')
3. **Body Weight (kg):** Initial body weight in kilograms (float, ranging from 50.4 to 137.9 kg)
4. **Weight after 3 months (kg):** Weight in kilograms after 3 months of treatment (float)
5. **Weight after 6 months (kg):** Weight in kilograms after 6 months of treatment (float)
6. **Weight after 9 months (kg):** Weight in kilograms after 9 months of treatment (float)
7. **Weight after 12 months (kg):** Weight in kilograms after 12 months of treatment (float)

**Descriptive Statistics:**

• **Age:**

- Mean: 55.42 years
- Standard Deviation: 20.73 years
- Minimum: 20 years
- Maximum: 90 years

• **Body Weight (kg):**

- Mean: 93.27 kg
- Standard Deviation: 26.88 kg
- Minimum: 50.4 kg
- Maximum: 137.9 kg

• **Weight Changes Over Time:**

- Mean weight after 3 months: 90.43 kg
- Mean weight after 6 months: 87.78 kg
- Mean weight after 9 months: 85.07 kg
- Mean weight after 12 months: 82.57 kg

From these statistics, we observe a consistent reduction in weight over each time period, indicating the treatment's effectiveness in weight loss across the sample group. Further analysis could involve visualizing these changes over time or examining how factors like age and gender may influence the outcomes.



You

WHAT MODEL WILL U SUGGEST?



ChatGPT

To analyze the impact of Ozempic on weight loss over time and understand how factors like age and gender may influence outcomes, you might consider the following statistical models:

**1. Linear Mixed Effects Model (LMM):**

- This model is suitable for repeated measures data where measurements are taken from the same individuals over time. It allows for the inclusion of random effects (to account for individual variability) and fixed effects (like age, gender, and time).
- You can examine the fixed effect of time to see the overall trend in weight loss, and include age and gender as covariates to see if they significantly affect the weight loss trajectory.

**2. Generalized Estimating Equations (GEE):**

- GEE is another approach for analyzing correlated data such as longitudinal data. It focuses on estimating the average population effects rather than individual effects, making it robust against certain types of misspecification in the correlation structure.
- This would help in understanding how the average weight change behaves over the population while accounting for the within-subject correlation of repeated measurements.

**3. Time Series Analysis:**

- If you're more interested in the pattern and prediction of weight changes over time, a time series analysis could be appropriate. This can help in identifying trends, seasonal variations (if any), and forecasting future weight changes.

# Result

## "圖表建議"

→建議使用折線圖來展示各年齡組使用Ozempic前後的平均體重變化，這有助於直觀顯示藥物效果隨年齡變化的趨勢。

# Discussion

## 解釋結果

重要性: 闡述您研究結果的重要性，並解釋它們對相關領域的貢獻。

比較: 將您的結果與先前研究進行比較，討論一致或不一致的地方。解釋任何顯著差異的可能原因。

# Discussion

## 理論和實際應用

理論影響: 討論您的發現如何影響現有的理論或模型。

實際應用: 考慮您的研究結果如何應用於實際情況，例如臨床實踐、政策制定或行業標準。

## You

如果來我們醫院看診，系統注意到病人體重過重或肥胖，會跳出建議請醫師告知病人要運動與飲食控制，這樣符合哪一種健康行為理論？



## ChatGPT

當系統在醫院診斷中自動識別出病人體重過重或肥胖，並提醒醫生建議病人進行運動與飲食控制時，這種做法最符合的健康行為理論是**健康信念模型 ( Health Belief Model, HBM )**。

### 健康信念模型 (Health Belief Model) 解釋：

這個模型是用來解釋和預測個體健康行為的改變，特別是在預防和應對疾病方面。HBM認為，個體採取健康行為的可能性取決於以下幾個因素：

1. 感知易感性 ( **Perceived Susceptibility** )：個體認為自己有多大可能性會患上某種疾病或狀態。
2. 感知嚴重性 ( **Perceived Severity** )：個體認為這種疾病或狀態可能會導致的後果有多嚴重。
3. 感知利益 ( **Perceived Benefits** )：個體認為採取某種健康行為可以帶來的好處。
4. 感知障礙 ( **Perceived Barriers** )：個體認為採取健康行為時會遇到的障礙或成本。
5. 自我效能 ( **Self-Efficacy** )：個體對自己執行行為的能力有信心。



# Discussion

## 研究限制

認識到限制: 坦誠地討論您研究的局限性，如樣本大小、方法選擇、數據收集的偏差等。

對結果的影響: 分析這些限制可能如何影響您的研究結果和結論的可靠性。



## ChatGPT

當研究報告指出使用Ozempic一年後，20-90歲的過重病人平均體重下降了20%，這看似是一個正面的結果，但在解讀這些數據時必須考慮到可能存在的偏差（**bias**）和限制（**limitations**）。以下是一些可能的問題：

### 可能的偏差（**Bias**）：

#### 1. 選擇偏差（**Selection Bias**）：

- 如果研究樣本不是隨機選擇的，那麼結果可能無法代表所有相同條件的病人。例如，如果選擇參與的病人本來就更有意願和動機去減重，這可能會導致結果偏向正面。

#### 2. 服藥遵從性偏差（**Adherence Bias**）：

- 研究假設所有病人都按照指示使用藥物。然而，如果有些病人的用藥遵從性較低，這可能會影響整體減重效果的評估。

#### 3. 觀察者偏差（**Observer Bias**）：

- 如果研究人員知道哪些病人使用了Ozempic，可能無意中影響了測量或數據記錄的準確性。

## 可能的限制 ( Limitations ) :

### 1. 年齡範圍廣泛 :

- 20到90歲的年齡跨度很大，不同年齡段的病人可能因為新陳代謝、活動能力和健康狀況的差異而影響減重結果。

### 2. 未考慮其他干擾因素 :

- 研究可能未充分控制或記錄影響減重的其他因素，如飲食習慣、生活方式的改變、其他藥物使用情況等。

### 3. 短期追蹤 :

- 儘管一年的追蹤期對於觀察初步效果是可行的，但對於評估長期效果和安全性來說可能不足夠。

### 4. 無對照組設計 :

- 如果沒有對照組 ( 未使用Ozempic的同樣條件的病人群 ) ，則難以斷定減重效果僅由Ozempic引起，而非其他外部因素。

# Abstract Structured

## The NEW ENGLAND JOURNAL of MEDICINE

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### Once-Weekly Semaglutide in Adults with Overweight or Obesity

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#### ABSTRACT

#### BACKGROUND

Obesity is a global health challenge with few pharmacologic options. Whether adults with obesity can achieve weight loss with once-weekly semaglutide at a dose of 2.4 mg as an adjunct to lifestyle intervention has not been confirmed.

#### METHODS

In this double-blind trial, we enrolled 1961 adults with a body-mass index (the weight in kilograms divided by the square of the height in meters) of 30 or greater ( $\geq 27$  in persons with  $\geq 1$  weight-related coexisting condition), who did not have diabetes, and randomly assigned them, in a 2:1 ratio, to 68 weeks of treatment with once-weekly subcutaneous semaglutide (at a dose of 2.4 mg) or placebo, plus lifestyle intervention. The coprimary end points were the percentage change in body weight and weight reduction of at least 5%. The primary estimand (a precise description of the treatment effect reflecting the objective of the clinical trial) assessed effects regardless of treatment discontinuation or rescue interventions.

#### RESULTS

The mean change in body weight from baseline to week 68 was  $-14.9\%$  in the semaglutide group as compared with  $-2.4\%$  with placebo, for an estimated treatment difference of  $-12.4$  percentage points (95% confidence interval [CI],  $-13.4$  to  $-11.5$ ;  $P < 0.001$ ). More participants in the semaglutide group than in the placebo group achieved weight reductions of 5% or more (1047 participants [86.4%] vs. 182 [31.9%]), 10% or more (838 [69.1%] vs. 69 [12.0%]), and 15% or more (612 [50.5%] vs. 28 [4.9%]) at week 68 ( $P < 0.001$  for all three comparisons of odds). The change in body weight from baseline to week 68 was  $-15.3$  kg in the semaglutide group as compared with  $-2.6$  kg in the placebo group (estimated treatment difference,  $-12.7$  kg; 95% CI,  $-13.7$  to  $-11.7$ ). Participants who received semaglutide had a greater improvement with respect to cardiometabolic risk factors and a greater increase in participants-reported physical functioning from baseline than those who received placebo. Nausea and diarrhea were the most common adverse events with semaglutide; they were typically transient and mild-to-moderate in severity and subsided with time. More participants in the semaglutide group than in the placebo group discontinued treatment owing to gastrointestinal events (59 [4.5%] vs. 5 [0.8%]).

#### CONCLUSIONS

In participants with overweight or obesity, 2.4 mg of semaglutide once weekly plus lifestyle intervention was associated with sustained, clinically relevant reduction in body weight. (Funded by Novo Nordisk; STEP 1 ClinicalTrials.gov number, NCT03548935).

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\*A complete list of investigators in the STEP 1 trial is provided in the Supplementary Appendix, available at NEJM.org.

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# unstructured

## Semaglutide lowers body weight in rodents via distributed neural pathways

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Semaglutide, a glucagon-like peptide 1 (GLP-1) analog, induces weight loss, lowers glucose levels, and reduces cardiovascular risk in patients with diabetes. Mechanistic preclinical studies suggest weight loss is mediated through GLP-1 receptors (GLP-1Rs) in the brain. The findings presented here show that semaglutide modulated food preference, reduced food intake, and caused weight loss without decreasing energy expenditure. Semaglutide directly accessed the brainstem, septal nucleus, and hypothalamus but did not cross the blood-brain barrier; it interacted with the brain through the circumventricular organs and several select sites adjacent to the ventricles. Semaglutide induced central c-Fos activation in 10 brain areas, including hindbrain areas directly targeted by semaglutide, and secondary areas without direct GLP-1R interaction, such as the lateral parabrachial nucleus. Automated analysis of semaglutide access, c-Fos activity, GLP-1R distribution, and brain connectivity revealed that activation may involve meal termination controlled by neurons in the lateral parabrachial nucleus. Transcriptomic analysis of microdissected brain areas from semaglutide-treated rats showed upregulation of prolactin-releasing hormone and tyrosine hydroxylase in the area postrema. We suggest semaglutide lowers body weight by direct interaction with diverse GLP-1R populations and by directly and indirectly affecting the activity of neural pathways involved in food intake, reward, and energy expenditure.

# Keyword



## ChatGPT

For your title "The Impact and Influencing Factors of Text Message Reminders for COVID-19 Booster among the Elderly," the keywords should focus on the core elements of your essay that are most likely to be searched by individuals interested in this topic. Here are some suggested keywords:

1. **COVID-19 Booster:** Directly relates to the vaccine being discussed.
2. **Text Message Reminders:** The intervention method used to increase vaccination rates.
3. **Elderly:** The specific demographic targeted by the study.
4. **Impact:** Indicates that the essay discusses the effects of the intervention.
5. **Influencing Factors:** Suggests the analysis of variables affecting the effectiveness of text message reminders.
6. **Vaccination Rates:** A key outcome measure of interest.



我英文很差怎麼辦？

# 中翻英

1. ChatGPT直接翻譯
2. Google translate以後請ChatGPT改
3. DeepL

# 醫院使用抗生素衛教問答集

## (專業人員版)

Q9：小孩在服用抗生素期間，若是症狀好多了是否可以停藥呢？

A9：服用抗生素期間不建議自行停藥，除非有副作用產生才需要改用其他藥物治療。而且，不同感染症的建議治療時間(療程)會有不同，請依照醫師開立的天數服用完畢，若自行停藥，未來可能會導致抗藥性的發生。



# ChatGPT直接翻譯

**Q: Can children stop taking antibiotics if their symptoms have significantly improved?**

**A: It is not recommended to stop taking antibiotics on your own during the treatment, except when side effects occur, necessitating a switch to another medication. Moreover, the recommended treatment duration varies for different infections. Please complete the course of antibiotics as prescribed by your doctor. Stopping the medication prematurely may lead to the development of antibiotic resistance in the future.**

# Google 翻譯



中文 (繁體)

英文

中文 (簡體)



Q9: While a child is taking antibiotics, if his symptoms get better, can the medication be stopped?



A9: It is not recommended to stop taking antibiotics on your own unless side effects occur.

Treat with other medications. Moreover, the recommended treatment time (course of treatment) for different infectious diseases will vary.

Different, please finish taking it according to the number of days prescribed by the doctor. If you stop taking the medicine on your own, you can take it in the future. may lead to the development of drug resistance.

# Google 翻譯以後請ChatGPT

Q9: Can a child stop taking antibiotics if their symptoms improve during the course of treatment?

A9: It is not advisable to discontinue antibiotics unless side effects necessitate a change in medication. The recommended duration of treatment varies for different infectious diseases. Therefore, it is important to complete the full course as prescribed by the doctor. Discontinuing the medication prematurely may contribute to the development of antibiotic resistance in the future.

# DeepL

Q9: Can **kids** stop taking antibiotics if their symptoms get better?

A9 : It is not recommended to stop taking antibiotics unless there are side effects. Moreover, the recommended duration of treatment varies for different infections. Please follow the number of days prescribed by your doctor to complete the course of treatment. If you stop taking the medication on your own, resistance to the medication may occur in the future.

# DeepL

Q9: Can I stop taking antibiotics if my kid's symptoms get better?



A9

其他翻译结果

词典



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Can children ...

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Is it okay ...



Should ...

Is it OK ...



# DeepL

Q9: Can I stop taking antibiotics if my kid's symptoms get better?

A9 : It is not recommended to stop taking antibiotics unless there are side effects.

It is not recommended to stop taking antibiotics unless there are side effects.

varies for different children.

Please follow your doctor's advice.

complete the course of treatment.

If you stop taking antibiotics too early, resistance to the medication may develop.

medication is necessary.

a good idea to take antibiotics as prescribed.

↩ ↪

- 其他翻译结果
- 词典
- advisable ...
- advised ...
- suggested ...
- recommend ...
- good ...
- necessary ...
- a good ...



投稿

# 期刊選擇

LE

**You**

My study "Assessing the Role of Age in Weight Loss Responses to Ozempic" evaluate the impact of age on weight reduction efficacy with Ozempic treatment, What journal is suitable for me to submit to?



1. **Diabetes Care** - This is a prominent journal that publishes research related to diabetes treatment and management, including drug efficacy studies.
2. **Obesity** - A leading journal focusing on topics related to obesity, which often includes studies on pharmacological interventions for weight loss.
3. **The Journal of Clinical Endocrinology & Metabolism** - This journal covers a wide range of topics within endocrinology and could be suitable given that Ozempic (semaglutide) impacts metabolic processes.
4. **Geriatrics & Gerontology International** - Since your study also involves age, a journal focusing on geriatrics might be interested in how age affects responses to medical treatments.
5. **Clinical Obesity** - This is a journal focused specifically on clinical aspects of obesity, making it a good fit for a study on a weight loss medication.
6. **Age and Ageing** - This journal focuses on issues affecting the health and care of older adults and could be particularly interested in how aging influences responses to weight loss treatments.

1. **Diabetes Care** - This is a prominent journal that publishes research related to diabetes treatment and management, including drug efficacy studies.



**Publications**

# Diabetes Care

fit for a study on a weight loss medication.

6. **Age and Ageing** - This journal focuses on issues affecting the health and care of older adults and could be particularly interested in how aging influences responses to weight loss treatments.

## 2022 JCR Metrics

**Impact Factor 16.2 (6th)**

**Total Citations 83,788 (2nd)**

**Eigenfactor 0.07696 (1st)**

ally on clinical aspects of obesity, making it a good

# ChatGPT使用上的侷限

## 理解和生成的準確性：

ChatGPT某些情況下可能無法完全理解用戶的意圖或問題，引用來源或參考資料也有可能是錯的，需要再做確認。

## 知識更新：

ChatGPT的訓練數據是到一定時間點為止(2023年底)，它不具有及時獲取新信息的能力。

# ChatGPT使用上的侷限

## 語言表達的自然度

中文文本很多來自大陸，因此有些大陸用語或簡體

## 數據隱私和安全性

使用AI服務時，用戶輸入的數據可能被存儲或用於模型的訓練，這可能引發數據隱私和安全性的顧慮。

# Key Point

會問問題、懂下指令

盡量用英文，避開歐美人工作時間

使用最新版本

不斷給予回饋，多互動(可情勒)

不要盡信，查證、抽樣!



祝大家論文量產