



CURE GLP-1RA REPORT

Insights from Patients on GLP-1RA Medications and the Future of Obesity Treatment

Patient Perspectives: Costs, Side Effects and Success Stories

In 2025, obesity remains one of the most critical health crises in the United States, affecting more than 40 percent of U.S. adults and driving rising health costs and economic burdens. Amid this epidemic, a transformative class of medications—GLP-1 receptor agonists (GLP-1RAs)—has revolutionized weight loss and chronic disease management.

Originally developed for diabetes, GLP-1RAs have become a lifeline for millions seeking effective, sustainable weight loss solutions.

In this exclusive report, Cure, a healthcare innovation ecosystem in New York City, and the Deerfield Institute unveil the results of a groundbreaking patient survey, shedding light on

the realities, challenges, and successes of GLP-1RA therapies in combating obesity.

Cure reports here for the first time how patients navigate costs, side effects, and lifestyle changes while embracing the transformative potential of these medications.

Shedding Sugar with GLP-1RAs

Glucagon-like peptide-1 receptor agonists (GLP-1RAs) are a new class of medication that bind to GLP-1 receptors in the body and mimic the role of the glucagon-like peptide 1 hormone, resulting in lower levels of sugar. These medications, originally developed to manage blood sugar in people with type 2 diabetes, have quickly taken over the weight loss market.

While much media attention has focused on the rise of GLP-1RA drugs, only three GLP-1RA medications currently have approved indications for weight loss from the U.S. Food and Drug Administration.

These include Saxenda® (liraglutide), manufactured by Novo Nordisk; Wegovy® (semaglutide), manufactured by Novo Nordisk; and Zepbound® (tirzepatide), manufactured by Eli Lilly.

Other GLP-1RA medications, including Ozempic® (semaglutide), Trulicity® (dulaglutide) and Mounjaro® (tirzepatide) have FDA approved indications for diabetes treatment, yet are used off-label for weight loss.

Though these drugs have skyrocketed in popularity in recent years, in reality only about 6 percent of the US population currently take these medications — despite the fact that a much higher percentage of American adults could benefit from medication-assisted weight loss.

In December 2024 CURE and the Deerfield Institute, a division of Deerfield Management Company, an affiliate of Cure, surveyed hundreds of patients taking GLP-1RA medications in an effort to understand patient attitudes and experiences while taking GLP-1RA medications.

These findings upended some previous assumptions about GLP-1RA medications, such as the impact of side-effects. The survey respondents also highlighted the high barrier of cost, as well as the impact on lifestyle changes. Overall, survey respondents had a very favorable view of GLP-1RA medications — if they can afford it.



The Face of GLP-1RA Patients in America

The new generation of GLP-1RA medications mark a significant improvement in weight loss medications. Compared to previous generations of weight loss medications like phentermine and topiramate that had harsh side effects and only led to 5 to 10 percent of body weight loss, recent studies have shown that GLP-1RA medications can help patients lose 10 to 20 percent of their body weight — or more.

According to **Ethan Lazarus, MD, FOMA, FAAFP**, owner of Clinical Nutrition Center and former President of the Obesity Medicine Association, the older generation of oral weight loss medications may still be a reasonable option for many people. They cost far less than GLP-1RA medications, and still offer significant weight loss benefits.

Of course, there is no silver bullet to “cure” obesity. Even GLP-

1RA medications don’t work for approximately 10 to 15 percent of patients. This highlights the complex nature of obesity, which for many people can lead to discrimination and poor self-image.

“People mistakenly believe that obesity is simply the result of poor diet and not enough exercise, but it’s often much more complicated than that,” **Fatima Cody Stanford, MD, MPH, MPA**, an obesity medicine physician scientist at Harvard Medical School told Goldman Sachs in an interview. “Many factors can cause the dysregulation that leads to the disease, including genetics, development, environment, and behavior. Over 100 different ways exist by which an individual may develop obesity.”

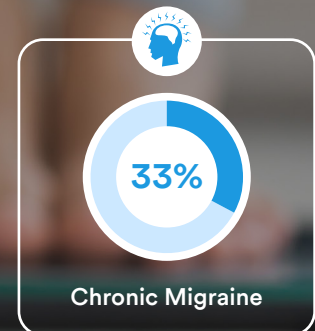
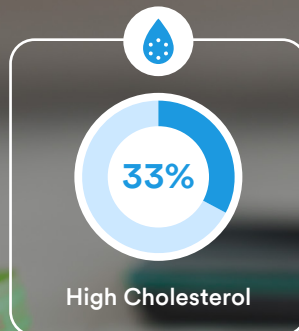
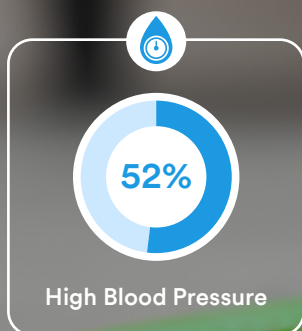
Just as there is no single cause of obesity, there is no single archetype of weight loss patient.

Among the 155 patients surveyed who had previously taken or were currently taking a GLP-1RA medication, 43 percent were female and 57 percent were male. The majority of patients were white, between 25-54 years old, and 52 percent were married or in a domestic partnership. They hailed from across the United States, and had varied income and education levels.

Many patients had comorbidities along with obesity, including high blood pressure, high cholesterol and chronic migraines.

Lazarus told Cure that GLP-1RA medications shouldn’t be used to just slim down a few pounds. “They should be used by people in whom the weight poses a risk to the health, not for purely cosmetic weight loss,” he said.

Patients had comorbidities along with obesity, including:



Weight Loss with GLP-1RAs Continued or Maintained After Stopping Therapy

Among those who previously and currently used GLP-1RA medications for weight loss, Ozempic was the most popular medication: 64 percent of previous GLP-1RA users and 57 percent of current GLP-1RA users said they had or were currently taking the medication. The second most popular medication was Trulicity, used for weight loss by 10 percent of previous GLP-1RA users and 11 percent of current GLP-1RA users. Wegovy was the third most popular option, with 8 percent previous and 11 percent current users.

These results show that although several GLP-1RA medications have been FDA-approved for weight loss, many patients are still taking the medications only approved for type 2 diabetes as an off-label weight loss treatment.

Among patients who previously took GLP-1RA medications, the majority, 78 percent, took the medications for six or fewer months. Even in that short time frame, nearly 80 percent reported they lost weight, while 13 percent had no change and only 8 percent gained weight.

Even after discontinuing the medication, the majority of patients reported that they either maintained or continued to lose weight. About one in four patients reported gaining weight back after stopping GLP-1RA medications, with an average of about 13 lbs.

These responses are far different than the popular narrative surrounding GLP-1RAs, in which doctors and researchers have reported concerns about immediate weight gain after patients cease using GLP-1RA medications.

Fig 1. You indicated you are currently taking a GLP-1 medication for weight loss, which product are you currently taking?

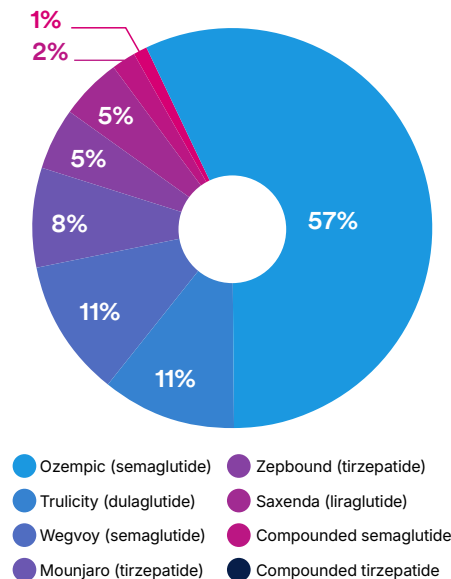


Fig 2. Considering when you were last taking a GLP-1 medication, did your weight change during this period?

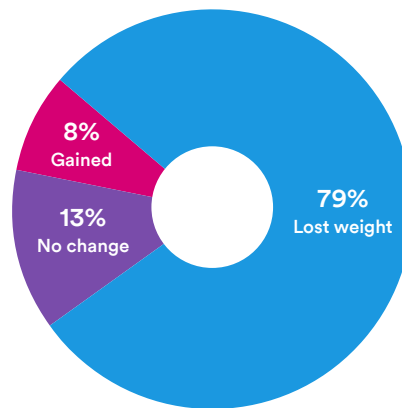
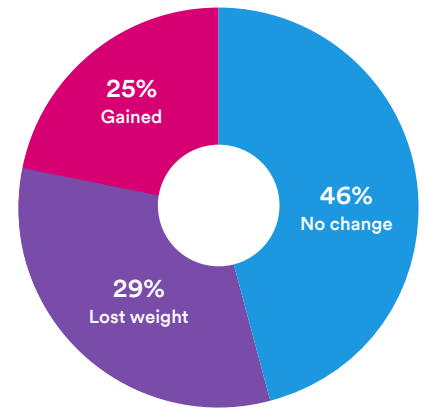


Fig 3. Since you stopped using this medication, has your weight changed?



“We generally do expect that when folks discontinue this medication they’ll gain at least some weight back, if not all of it,” **Nate Wood, MD, MHS**, an obesity medicine physician at Yale School of Medicine told *MedPage Today*.

One recent study has shown that a key to preventing weight gain may be to stop taking the medications gradually.

Though weight loss may continue for many after stopping the medications, more than 80 percent

of patients surveyed who are currently taking GLP-1RAs said they have no plans to stop taking the medications at any time in the future. This is despite the fact that the vast majority of them have already reported significant weight loss.

It may be that the popular narrative surrounding weight gain after GLP-1RA cessation is causing patients to stay on the drugs longer than necessary, or it may just be that patients feel that the benefits of the drugs are worth the side effects.

Most patients reported they continued to maintain their weight loss or continue to lose weight, even if they only took GLP-1RA medications for a short amount of time.



GLP-1RA Side Effects: Worth the Risk

For all their promise of weight loss, GLP-1RA medications do not come without a financial — and physical — cost. The side effects of these medications have become notorious, incurring names like “ozempic face,” caused by sagging of facial skin.

Perhaps most infamous are the medication’s gastrointestinal side-effects, which can range from mild nausea and stomach pain to gastroparesis, a rare form of GI nerve damage.

Among previous GLP-1RA patients surveyed, many reported experiencing side effects. Nearly half experienced nausea, while one-third experienced diarrhea and stomach pain. Severe side effects were much less common. Only 7 percent experienced delayed gastric emptying, and 1 percent experienced gastroparesis or pancreatitis.

Despite the fact that the majority of previous GLP-1RA users experienced side effects, these symptoms did not seem to deter patients from taking the medication. In fact, only 10 percent said that they ultimately discontinued the medication due to side effects including dizziness, nausea, headaches, dry skin and more.

Among patients currently taking GLP-1RAs, side effects were reported less frequently. Only 36 percent of current GLP-1RA patients report experiencing any side effects since starting GLP-1RA therapy that a physician attributed to the medication.

Though about 20 percent of patients who are currently taking these medications are “very” or “extremely” concerned about GLP-1RA side effects, the majority of patients are only somewhat concerned or not concerned at all.

“I’ve been very fortunate in that I’ve had very few side effects,” one patient wrote. “They’ve been very mild. A little bit of nausea, that’s about it.”

For other patients, even if they do experience side effects the benefits of the medication outweigh their discomfort.

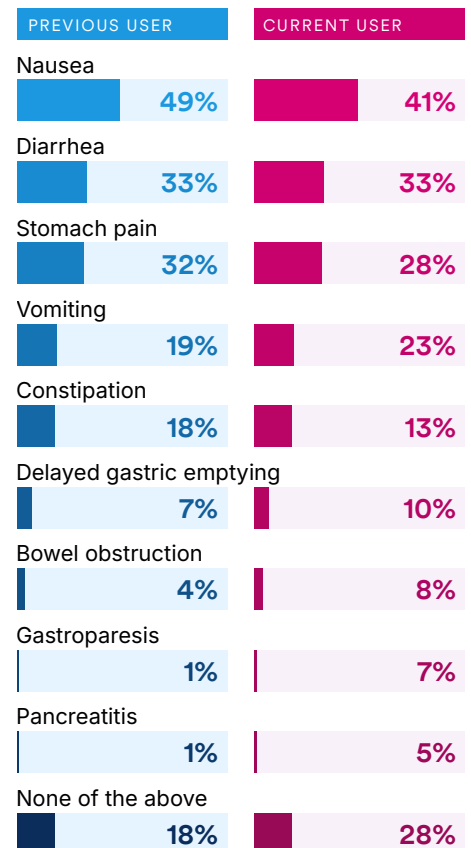
“So far, the side effects have been tolerable and are worth it for the weight loss and health benefits,” another survey respondent said.

It may be that, much like the narrative that patients will immediately gain weight after stopping GLP-1RA medications, the hype around side effects has been somewhat overblown. At the very least, side effects aren’t even close to the main reason that patients discontinue taking GLP-1RAs.

Yet because some serious side effects can occur, Lazarus told Cure that he cautions patients against purchasing these medications on the internet or at a med-spa.

“It is critical that patients are offered comprehensive obesity care including access to all appropriate treatments,” Lazarus said, “not a ‘one size fits all’ approach as we see on these internet sites and med spas.”

Fig 4. Please indicate if you experienced any of the following adverse events while taking your GLP-1 medication?



Cost is Highest Barrier to GLP-1RA Use

According to Cure’s survey, the main reason that patients discontinue GLP-1RA medications is financial, not physical.

Of previous GLP-1RA users, 31 percent reported they stopped taking the medication due to high out-of-pocket costs. This finding matches with a UBS Evidence Lab survey on 500 past and present GLP-1RA users, which also found that the most common reason that patients stopped taking GLP-1RA medication was cost.

In Cure’s survey, the average monthly cost of current users for one dose of the medication was \$207, though some paid more than \$300 per month.

The challenge of insurance coverage echoes concerns of physicians, who also list it as the primary challenge when prescribing GLP-1RA treatment, according to the [Cure GLP-1RA Report: Insights from Specialty Physicians on Off-Label Use](#), which reports results of a survey of clinicians who had prescribed GLP-1RA medications.

While the number of employers covering GLP-1RAs is increasing, it is unclear how many offer this perk.

One survey from KFF says fewer than one in five companies with more than 200 employees covers these drugs, while another survey

from Mercer found that about 44 percent of employers with more than 500 employees cover the drugs.

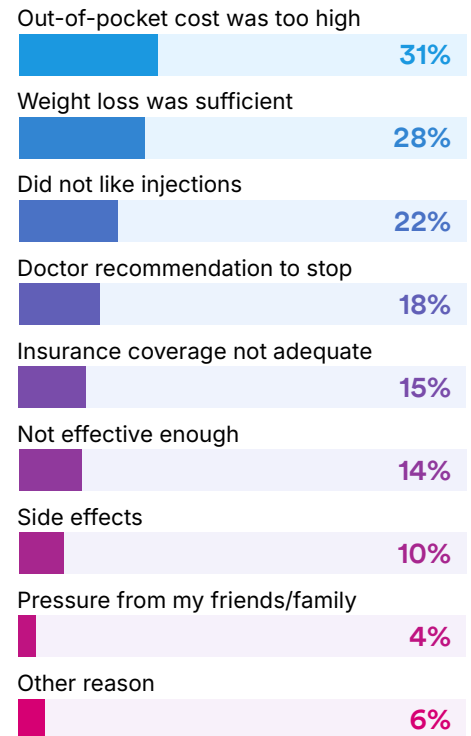
One large organization that also offers spotty coverage: the U.S. government. By law, Medicare is prohibited from covering drugs used for weight loss, though Medicare recipients can still get access to GLP-1RA medications for diabetes treatment.

Medicaid rules are a little trickier, with each state deciding on a state-by-state basis whether it will cover GLP-1RA medications for obesity. As of August 2024, 13 states covered GLP-1 medications for obesity treatment under Medicaid, but the majority of states still did not.

Analysts at J.P. Morgan and Goldman Sachs have wondered whether or not the government may change the laws surrounding funding for obesity medications, given the tremendous success of GLP-1RA medications and the high demand for them across the country.

In a spring 2024 report, Goldman Sachs US biopharmaceuticals analyst **Chris Shibutani, MD, MBA**, assumed a 50 percent likelihood that the government would reverse course and allow Medicare to cover anti-obesity medications by 2030.

Fig 5. What were the main reasons you stopped taking this medication?



At the very least, side effects aren’t even close to the main reason that patients discontinue taking GLP-1RAs.

Of previous GLP-1RA users, 31 percent reported they stopped taking the medication due to high out-of-pocket costs.

While cost was the top reason that survey respondents discontinued GLP-1RA medications, it was not the only reason. A large percentage of patients discontinued GLP-1RA medications because they have reached their ideal weight, and no longer have a need for the medications. About 28 percent of previous GLP-1RA users said that this was the reason they discontinued the medication.

The third reason that patients stopped taking GLP-1RA medications was they disliked the injections that the medications required. The frequency of injection differs depending on the type of medication, but most have to be injected on either a daily or weekly basis.

This reason for stopping the medication may soon no longer be necessary, however. Multiple teams of researchers are working on pill forms of GLP-1RA medications, including Novo Nordisk, which has been developing an oral semaglutide pill for several years.

Among patients who discontinued GLP-1RA medications, the majority reported they would take the

medication again. More than 80 percent of previous GLP-1RA users said that they would consider taking the medication again for weight loss.

“I would definitely take it again if my insurance started covering the medication again,” one survey respondent wrote. “The out-of-pocket costs are not affordable for me right now.”

Among those who said they wouldn’t re-try the medication, cost, side effects and a lack of efficacy were the main culprits.

“Too expensive,” one respondent noted, “and the results are not that measurable.”

Fig 6. As a current user, what is your average out-of-pocket cost, per month, to take your GLP-1 medication?

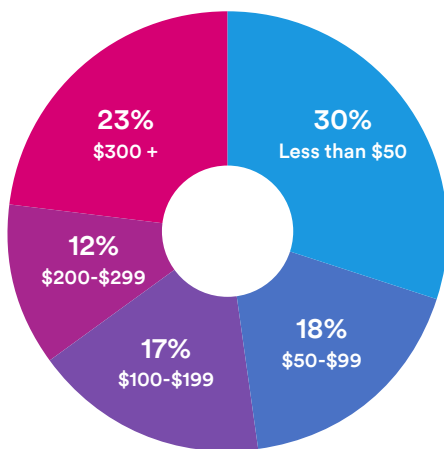
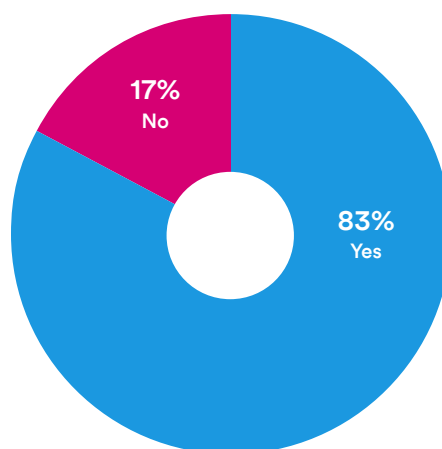


Fig 7. Would you consider taking a GLP-1 medication again for weight loss?



GLP-1RA Medications Impact Lifestyle

Overall, patients reported positive expectations that GLP-1RA therapy would influence life style choices and help maintain long-term healthy habits among those who take the drugs.

For themselves, they reported positive impacts not just on weight loss, but general lifestyle choices. More than 90 percent of current GLP-1RA users and 75 percent of previous GLP-1RA users reported a moderate or significant positive impact on their lifestyle choices.

“GLP-1 therapy has encouraged healthier eating habits, increased motivation for exercise and improved self-confidence, enhancing my overall well-being,” one current GLP-1RA user said.

Multiple patients also reported increased mobility, lessening joint pain and improved self-esteem. Nearly 100 percent of past and current GLP-1RA users reported that the medication changed their motivation to maintain long-term healthy habits, such as improved diet and exercise.

“I was motivated by the rapid and sustained weight loss and better blood sugar control, which serve as visible and measurable successes,” one previous user said.

More than 70 percent of previous GLP-1RA users and more than 80 percent of current GLP-1RA users said that they have increased exercise frequency since beginning GLP-1RA therapy.

Fig 8. What type of impact do you believe GLP-1 therapy has on lifestyle choices (e.g., diet, exercise) for those who take it?

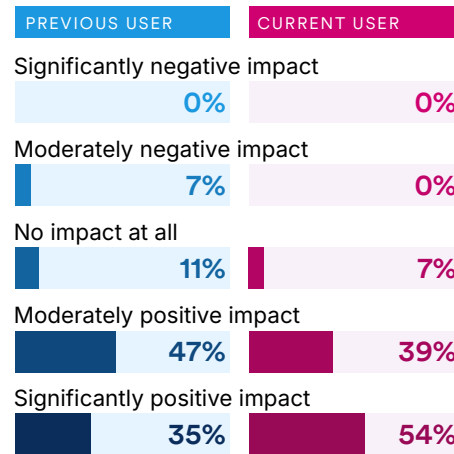


Fig 9. How much do you think GLP-1 therapy motivates people to maintain long-term healthy habits (exercise, eating habits), if at all?

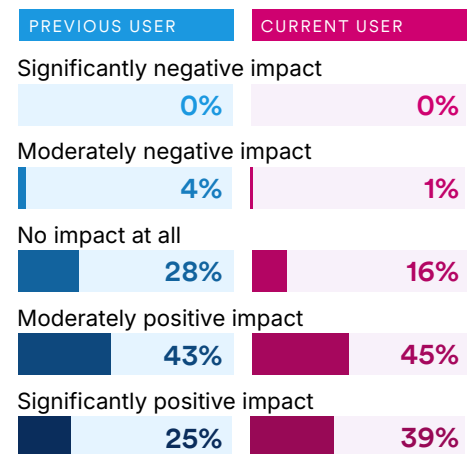


Fig 10. What type of impact has GLP-1 therapy had on your own lifestyle choices (e.g., diet, exercise)?

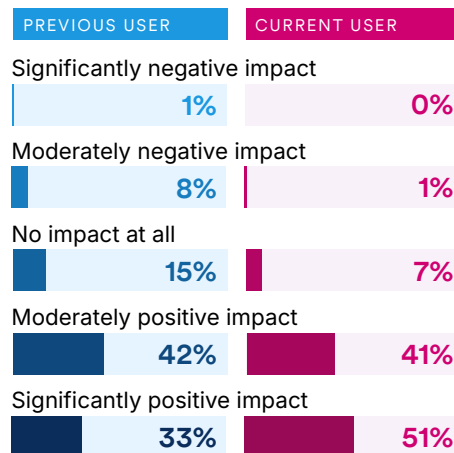
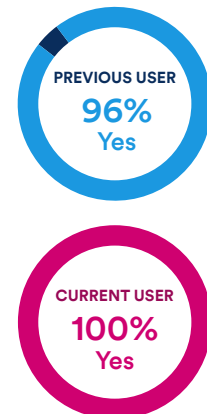


Fig 11. Has your experience taking GLP-1 therapy changed your own motivation to maintain long-term healthy habits (exercise, eating habits)?



The vast majority acknowledge that just the medication alone won't be enough for sustained weight loss. "You need a holistic approach," one current GLP-1RA user said. "It's more than just drugs. You need the diet and exercise as well."

Approximately 60 percent of past and current GLP-1RA patients said that the medications had a positive impact on their mental health or emotional well-being, citing more energy, better self-image and more self-esteem.

Other lifestyle benefits include an increase in physical energy, reported by 62 percent of previous users and 75 percent of current users, and a positive impact on social life, such as participating in activities or traveling, reported by 61 percent of previous users and 80 percent of current users.

"GLP-1 therapy has improved my self-image," one current GLP-1RA patient reported, "leading to increased social confidence and engagement in activities."

In the end, 72 percent of previous GLP-1RA patients and 88 percent of current GLP-1RA patients report being "very" or "extremely" satisfied with the changes that GLP-1RA therapy has brought to their lives.

Cure asked what impact has starting GLP-1 therapy had on patients.

Fig 12. Energy Level

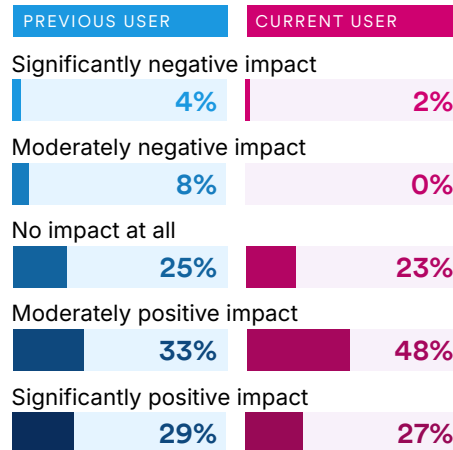


Fig 13. Social Life

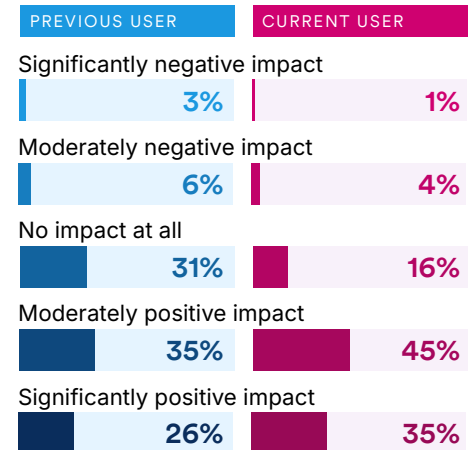


Fig 14. Exercise Frequency

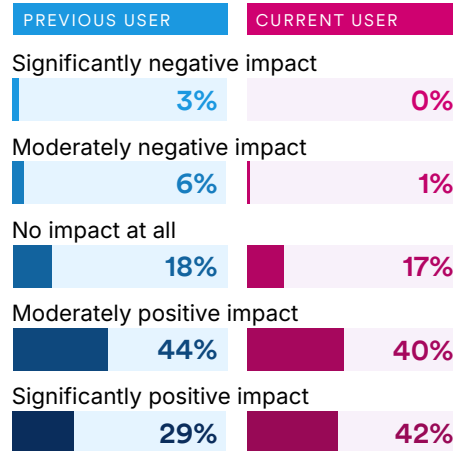


Fig 15. Overall Quality of Life

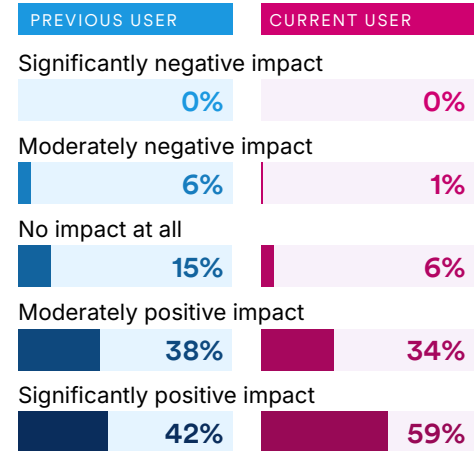
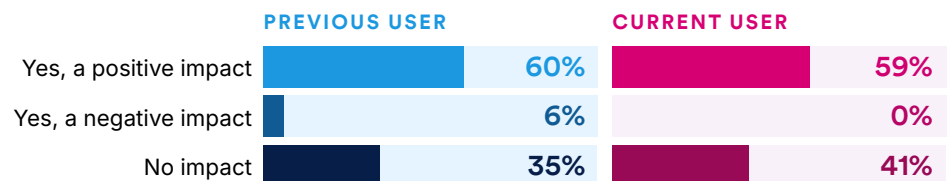


Fig 16. Mental health or emotional well-being



The Future of GLP-1RAs

Though results from the Cure survey were very favorable to GLP-1RA medications, it is important to remember that these medications still have many limitations, including high out-of-pocket costs, side effects and a significant number of non-responders.

“GLP-1 medications will be helpful to/feasible for only a fraction of the 1 billion people globally who have obesity,” Stanford said to Goldman Sachs. “So, though extremely

promising, GLP-1s are not the silver bullet for weight loss that many people make them out to be. ”

That being said, analysts at J.P. Morgan estimate that 30 million Americans may be taking the drug by 2030. And there is increasing evidence that these drugs don't only tackle obesity.

Due to the way these drugs interact with the brain's dopamine pathways, there is increasing

evidence that GLP-1RAs could be used to treat cardiovascular disease, alcohol use disorder, nicotine consumption, and other addictive disorders. If these disease areas open new markets for GLP-1RA medications, these medications could quickly become some of the best-selling drugs ever. But only time will tell.



Research Methodology

Cure, a premier healthcare innovation campus and hub for entrepreneurs in New York City, conducted the GLP-1RA Survey in collaboration with the Deerfield Institute, a division of Deerfield Management Company, an affiliate of Cure. Cure and Deerfield Institute conducted the survey in December 2024.

The survey received responses from 155 U.S. adult patients with experience using GLP-1RA medications for weight loss. An industry-standard honorarium was provided to encourage thoughtful participation.

Among all the survey respondents, 57 percent identified as male, 43 percent as female, and 1 percent as non-binary. The respondents included 12 percent aged 18 to 24, 34 percent aged 25 to 34, 32 percent aged 35 to 44, 10 percent aged 45 to 54, 8 percent aged 55 to 64, and 3 percent aged 65 to 80. The respondents' ethnicities or race included 68 percent white, 14 percent Black or African American, 11 percent Hispanic or Latino and 7 percent Asian or Pacific Islanders.

Of the respondents, 39 percent were single, 52 percent were married or in a domestic partnership, 7 percent were divorced, and 1 percent each were widowed or separated.

Education levels included 1 percent with less than high school, 21 percent each for high school or some college, 14 percent with an associate's degree, 28 percent with a bachelor's degree, and 16 percent with a graduate or professional degree.

Their household income ranged from 6 percent reporting less than \$25,000 to 5 percent reporting \$200,000 or more, with 25 percent reporting \$100,000 to \$149,999 and 23 percent reporting \$50,000 to \$74,999.

Of the respondents, 37 percent resided in the South, 24 percent in the Northeast, 20 percent in the West and 19 percent in the Midwest.

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About Cure

Cure is a healthcare innovation campus in the heart of New York City that features laboratory and business facilities, a collaboration residency, office space and premium event venues, including an education center, conference center, and iconic rooftop facility, as well as tools, mentoring, networking, and other assistance to members of its ecosystem. Cure houses on-campus startups and established companies. Residents regularly create synergies and collaborative partnerships with peer organizations across the spectrum of healthcare, from academic or private to non-profit or government, and focus on diagnostic, device, drug or vaccine discovery, development and production as well as care delivery and public health. Cure also offers industry-leading event programming focused on critical health topics. Cure's mission is to foster and accelerate advances in health.

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