

Beyond weight loss: Patient-reported psychosocial and behavioral outcomes of glucagon-like peptide-1 receptor agonists in real-world use

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Abstract

Background

Glucagon-like peptide-1 receptor agonists (GLP-1RA) are increasingly used in diabetes and weight management care. While their metabolic and weight-loss effects are well established, less is known about patients' real-world experiences of treatment, including effects on psychological wellbeing, health behaviors, quality of life and treatment burden. Understanding these patient-reported outcomes is essential for delivering patient-centred care, treatment sustainability and informing clinical monitoring.

Methods

We conducted a convergent mixed-methods study using an international online survey of adults who had used a GLP-1RA for any indication. The survey captured demographics, motivations for initiation, adverse effects, treatment burden, and perceived changes in relationships with food, physical activity, substance use, and mental health. Open-ended responses were analysed using reflexive thematic analysis to integrate lived experiences with quantitative findings. Data were collected between September 2024 and April 2025.

Results

A total of 829 participants completed the survey. Respondents were predominantly middle-aged women residing in Australia, the United States and the United Kingdom. The most common reasons for initiating GLP-1RA treatment were weight loss (60%) and diabetes management (17%). Although 88% reported at least one adverse side effect, two-thirds indicated these had minimal or no impact on life satisfaction. Many described weighing side effects and financial costs against perceived health and wellbeing benefits when deciding whether to continue treatment. Reduced substance use following GLP-1RA initiation was reported by 72% of alcohol users, 33% of recreational drug users, and 25% of smokers/vapers. Qualitative analysis revealed three themes – weight management success, treatment-related challenges and positive changes beyond weight. Participants frequently described GLP-1RAs as transformative despite emotional, financial and practical challenges. Improved relationships with food, reduced food-related cognitive preoccupation (“food noise”), enhanced mental wellbeing and healthier lifestyle behaviors were commonly reported, although experiences varied.

Conclusions

GLP-1RA treatment is associated with a broad range of patient-reported outcomes that extend beyond weight loss and metabolic health. Evaluation of successful GLP-1RA treatment should use a multidimensional, patient-centred framework that incorporates psychological wellbeing, health

behaviors, quality of life and treatment burden alongside traditional clinical outcomes. Routine monitoring of these broader outcomes may improve treatment sustainability, facilitate earlier recognition of benefits and risks, and support more personalised obesity care.

Introduction

Glucagon-like peptide-1 receptor agonists (GLP-1RAs), including semaglutide (Ozempic/Wegovy) and tirzepatide (Mounjaro), are rapidly transforming the treatment of obesity and type 2 diabetes. Their efficacy for weight loss and cardiometabolic health has led to widespread uptake, with prescriptions for GLP-1RAs for weight management rising by more than 700% between 2019 and 2023 (1). While randomised controlled trials have established their effectiveness for weight reduction and improving cardiometabolic outcomes (2-4), the rapid expansion of GLP-1RA use has shifted attention beyond efficacy to understanding how these medications are experienced in everyday life.

Although clinical trials have reported on the safety and efficacy of GLP-1RAs, patient-reported outcomes, including psychological wellbeing, relationships with food, health behaviors and treatment burden (the practical, financial and physical demands of treatment, including adverse effects, financial costs and access challenges), remain comparatively underexplored. These outcomes are increasingly recognised as essential complements to traditional clinical measures because they influence treatment satisfaction, adherence, and overall quality of care. Importantly, they may also provide early indicators of emerging clinical risks or unintended consequences that are not routinely captured by metabolic outcomes or adverse event reporting alone. Understanding patients' broader experiences is therefore essential for both optimising patient-centred care and supporting comprehensive clinical monitoring as GLP-1RA use continues to expand.

Growing evidence suggests that the effects of GLP-1RAs extend well beyond metabolic health. There is increasing interest in their impacts on mental health, eating behaviors and substance use (5-7). Early pharmacovigilance reports raised concerns regarding potential associations with suicidality or self-injury (8); however, subsequent large-scale observational and trial-based analyses have, for the most part, not found a worsening in depressive symptoms and, in some cases, have reported modest improvements in mental-health-related quality of life (6, 9-11). Preclinical and early clinical studies have also suggested potential reductions in alcohol and nicotine use, prompting ongoing clinical trials investigating GLP-1RAs as potential treatments for substance use disorders (12-15). Together, these findings suggest that GLP-1RAs may influence multiple domains of health and behavior, reinforcing the need for more holistic evaluation of treatment outcomes in routine practice.

At the same time, real-world evidence has highlighted important challenges to the implementation and sustained use of GLP-1RA therapy. Discontinuation rates of 20-50% within the first year have been reported, alongside lower adherence and less pronounced weight loss than observed in clinical trials (16). Gastrointestinal side effects, including nausea and constipation, may reduce treatment satisfaction, quality of life, and treatment persistence (17). Financial costs, medication availability and

practical barriers may also influence ongoing treatment engagement (18). These discrepancies between trial efficacy and real-world persistence underscore that treatment success depends not only on pharmacological effectiveness but also on how individuals experience treatment within the context of their everyday lives. Routine assessment of psychosocial wellbeing, health behaviors and treatment burden may be important not only for supporting adherence, but also for identifying individuals who may be experiencing clinically significant adverse effects or challenges requiring additional support. Understanding these experiences will help to develop patient-centred models of care that facilitate both personalised treatment and proactive clinical risk management.

Despite increasing recognition that patient experience is central to effective care, important gaps remain in understanding the lived experience of GLP-1RA treatment. Existing research has largely examined isolated outcome domains (e.g. weight loss, mental health, substance use) (3, 19, 20) rather than considering how these outcomes intersect to shape the overall experience of treatment. Consequently, relatively little is known about how patients navigate the practical, emotional and behavioral aspects of GLP-1RA use, or how these experiences influence treatment satisfaction, clinical risk and long-term sustainability. Qualitative research provides an important opportunity to capture these nuanced and contextualised experiences that may be overlooked in quantitative research. Previous qualitative studies have explored experiences of GLP-1RA use among people with diabetes (17, 21) and obesity (22, 23), including interviews embedded within clinical trials. While these studies have generated valuable insights, they may not fully reflect the diversity of experiences encountered in routine clinical practice, where individuals access GLP-1RAs through varied healthcare pathways and receive differing levels of ongoing clinical support. Further real-world research integrating quantitative patient-reported outcomes with qualitative lived experience is needed to better understand the motivations, challenges, and broader psychosocial and behavioral impacts of GLP-1RA therapy.

Accordingly, this study examined the real-world experiences of adults using GLP-1RAs through a convergent mixed-methods design. We explored motivations for treatment initiation, side effects and their impact on life satisfaction, alongside perceived changes in relationships with food, physical activity, substance use, and mental wellbeing. By integrating quantitative patient-reported outcomes with qualitative accounts of lived experience, this study aimed to provide a more holistic understanding of how GLP-1RA therapy shapes everyday life beyond weight loss alone. In doing so, we seek to inform more patient-centred, psychologically-informed models of care, while supporting more comprehensive clinical monitoring and earlier recognition of potential benefits and risks in routine practice.

Methods

Study Design

This is a convergent mixed-methods study using data from an online cross-sectional, anonymous community survey.

Participants

Survey respondents were recruited internationally via social media platforms, including posting in GLP-1RA focused groups/communities on Reddit and through paid advertisements on Facebook, with data collected via the secure online platform, REDCap. To be eligible, participants were required to endorse that they were aged 18 or over and had used a GLP-1RA medication. A list of all GLP-1RA medications was provided, with both drug and brand names included (Trulicity [Dulaglutide]; Eperzan, Tanzeum [Albiglutide]; Saxenda, Victoza [Liraglutide]; Ozempic, Wegovy or Rybelsus [Semaglutide]; Byetta, Bydureon [Exenatide]; Lyxumia or Adlyxin [Lixisenatide]; Mounjaro, Zepbound [Tirzepatide]; Retatrutide). Data were collected between September 2024 and April 2025.

Survey Development

The survey comprised of 95 questions. Demographics collected included age, sex, ethnicity, country of residence, highest education, income level and weight/height. Participants were able to select which GLP-1RA medication/s they had used and were asked subsequent questions for each medication. In section 2, questions included primary motivation for use, dosage, length of use, reasons for discontinuation (if relevant), side effects and impact of side effects on functioning and life satisfaction. Section 3 asked questions about the medication's impact on diet and lifestyle. This included whether they had experienced changes in desire for specific foods (e.g. sweet foods, fatty foods), preoccupation with food and eating, frequency of exercise, smoking, alcohol consumption and recreational drug use. Section 4 asked about mental health and any changes that have occurred while using this medication. This included current and past mental health diagnoses, and which therapies and health care providers they are currently engaged with for treatment. Survey items were in a range of formats, including multiple choice, ranking, likert scale and open-ended questions.

The survey was accessible using a personal computer or smartphone. Survey questions were developed and reviewed by all co-authors, and also by two individuals with lived experience of eating disorders, independent of the research team, in order to ensure acceptable language. The full list of survey questions is available at <https://osf.io/d7jqv/overview>.

Quantitative Data Analysis

The dataset was cleaned and incomplete responses were removed from the final sample. Descriptive statistics (n, %) were used to report sample and medication use characteristics and the proportion of respondents endorsing 'reduction', 'no change' 'increase' or 'unsure' in response to questions asking about changes in their thoughts and behaviours since taking a GLP-1RA medication. Weight and heights were provided in metric or imperial units. These were manually checked to determine that they fell within a feasible range and were converted to metric values prior to Body Mass Index (BMI) calculations ($\text{weight(kg)}/\text{height(m)}^2$). As some participants had used more than one type of GLP-1RA medication, responses relating to the most recent GLP-1RA medication used were reported to ensure only one response per participant. Microsoft Excel was used to calculate the descriptive statistics.

Qualitative Data Analysis

Open-ended survey responses were analysed using Reflexive Thematic Analysis (RTA), following the six-phase approach described by Braun and Clarke (24, 25). Analysis was guided by the research question: “What are the experiences of individuals who have used a GLP-1RA?”. An interpretivist paradigm informed the analysis, recognising the co-construction of meaning between participants and researchers (26). A hybrid inductive-deductive approach was used, with deductive coding informed by existing literature and survey domains, and inductive coding allowing novel insights to emerge from the data. Responses to 11 open-ended questions were imported into Microsoft Excel. Questions addressed perceived changes in relationships with food (including preoccupation, general interest, and cravings), cravings and behaviour relating to alcohol, drugs, smoking and mental health, alongside a final open-ended question inviting additional reflections.

Data familiarisation involved repeated reading of all responses. Initial semantic and latent codes were generated and documented with illustrative extracts in a coding table developed in Microsoft Word (27). Codes were then collated into candidate themes and subthemes, which were iteratively reviewed and refined against the dataset. All data was coded by FE, with SV and KG providing input through regular discussion of emerging codes and themes. Theme labels and definitions were refined through team discussion, with representative data extracts selected to support the analytic narrative.

Reflexivity Statement

It is important to recognise that data interpretation may have been influenced by the experiences and biases of each author. FE (cis female) is a research assistant with a psychology undergraduate degree and SV (cis female) is a post-doctoral researcher, primarily working in eating disorders. KG (cis female) is a researcher with expertise in the neurobiology of disorders of impulse control. A reflexive diary was kept throughout the research process to note and question assumptions and thoughts that arose before and during the data analysis.

Ethics

The study was approved by the Sydney Local Health District Human Research Ethics Committee (2024/ETH00676). Participants were able to read and download the Participant Information Statement (PIS) prior to accessing the survey. The PIS outlined the primary aims and objectives of the study, along with details about implied consent and how the anonymous data collected would be used.

Role of funding source

There was no funding source for this study.

Results

Sample characteristics

Table 1 summarises respondent demographics. Eight-hundred and twenty-nine individuals completed the survey. Most respondents were aged 30-60 years (81%, n= 675) and were women (86%, n= 712). They were predominantly living in Australia (44%), the United States of America (37%) or the United Kingdom (12%). Over two-thirds of the sample were university educated and employed full-time. The mean current BMI of respondents was 32.81 (SD=9), with a range of 18.00 - 87.11. Forty percent (n=331) reported at least one current mental health condition, most commonly depression and anxiety (Table 2). Two-thirds reported concurrent prescription medication use; the most common were antidepressants (8.20%, n=68), hypertension (5.79%, n=48) and hypothyroid medications (3.74%, n=31) (Supplementary Table 1).

GLP-1RA Medication Use

Most respondents reported using Tirzepatide (Mounjaro) (64%, n= 533) or Semaglutide (Ozempic/Wegovy) (38%, n=311) (Supplementary Table 2). The overwhelming majority (94%, n=783) were current GLP-1RA users, and 15% had taken more than one type of GLP-1RA (n=124). Mean duration of current GLP-1RA use was 9.72 months, with a range of 0.1-130.7 months . Those who discontinued reported similar treatment durations (9.67 months, range of 0-69 months).

Primary Motivations for Initiating GLP-1RA

Primary motivations for GLP-1RA use included weight loss (59.9%, n=489), diabetes management (16.9%, n=138), to reduce binge eating or emotional eating (8.2%, n=67), cardiovascular risk reduction (3.9%, n=32) or other (11.0%, n=90). Other primary motivations included improving health, reducing pain, sleep apnoea, lipedema, and reducing alcohol intake.

Reasons for discontinuing GLP-1RA

Among respondents who discontinued (n=46) the most common primary reasons were adverse side effects (32.6%, n=15), high cost (26.1%, n=12), reached goal weight (15.2%, n=7), trying to conceive/pregnancy (8.7%, n=4), lack of access to medication (10.9%, n=5), wanting to try losing weight without the medication (4.3%, n=2) and medication ineffective (2.2%, n=1). Other primary reasons provided were overseas travel making logistics too hard, completion of the clinical trial and concerns about the effects of inconsistent use. The specific side effects reported as leading to discontinuation were fatigue (n=3), nausea (n=4), hypoglycaemic seizure (n=1), tachycardia (n=1), gall bladder problems (n=1), suicidal intentions (n=1) and "Ozempic-face"/sunken eyes and sagging skin (n=1).

Side effects and their impact on life satisfaction

Most respondents reported experiencing one or more unpleasant side effects from their most recently used GLP-1RA (n=727, 87.7%), with the most common being constipation (56.69%), nausea (48.73%)

and fatigue (41.38%) (Supplementary Table 3). Despite this, most (67.13%, n= 481) rated side effects as having no or minimal impact on life satisfaction, 27.46% reported moderate impact and 6.24% reported that the side effects severely impacted their life satisfaction (Figure 1). Notably, many individuals reported experiencing unpleasant side effects during earlier use of GLP-1RAs (i.e. not their current or most recently used medication) that did significantly impact their life satisfaction and had subsequently switched to a different (typically later generation) formulation.

Perceived changes in alcohol, drug and tobacco/vaping use, exercise frequency, and relationship with food.

Among alcohol users (n=425), almost three quarters report reducing their alcohol intake since commencing the GLP-1RA. A third of those using recreational drugs (n = 63) reduced their drug use and 3% increased their use, while a quarter of the 95 individuals who reported smoking/vaping reduced their smoking frequency and 7% increased their use.

Just under half of participants reported increasing their exercise frequency (43%) while a small group (5%) reduced their exercise frequency. Most participants reported a reduction in food preoccupation (87%) and the desire for sweet or fatty foods (85%) (Figure 2).

Thematic Analysis

Three themes were extracted: 1) Weight loss success after repeated failure, which was named *Light at the End of the Tunnel*, 2) Challenges that accompany use summarised as, *It's Not All Sunshine and Rainbows*, and 3) Positive changes beyond weight, named *It's Not Just about the Weight Loss*-(Figure 3). Here, we present these themes and subthemes. See Table 3 for additional illustrative quotes.

Theme 1: Light at the End of the Tunnel

Participants commonly described GLP-1RA treatment as offering much needed hope after prolonged weight-loss struggles. Many (n=113) described GLP-1RAs as a “*miracle drug*” (P239) and expressed gratitude for the profound impacts on their life. Some expressed concern about what their life would look like without the medication and their ability to maintain their weight without it, while others were adamant that they would never cease the treatment due to the positive effects.

Most stated that the process of losing the weight was mentally easier with GLP1-RAs and less gruelling: “*It takes the suffering out of weight loss for me and makes it feel doable*” (P263). This was often accompanied by a sense of disbelief that finally a treatment had worked and that they finally felt “*free of the trap of dieting and yo-yo weight loss/gain*” (P329). Many described the reduction in their sense of guilt due to their weight loss as they’d previously felt like their weight was a personal failing; the GLP-1RA helped to remove that sense of shame, resulting in improvements to some participants’ self-confidence and self-perception.

Theme 2: It's Not All Sunshine and Rainbows

Despite a largely positive reported experience of GLP-1RA's, some drawbacks were highlighted, including negative side effects (Supplementary Table 4), the cost of the medication, difficulties getting access to the medication, and reversal of effects after discontinuing use.

Downsides and trade-offs

Participants described significant challenges, including physical side effects, high costs, medication access issues, and weight regain after discontinuation. Some discontinued treatment medication due to intolerable side effects or insufficient benefit relative to the high cost. A couple of participants discussed the sense of failure they were left with when it didn't work, leaving P653 feeling that they *"must be really screwed up if I can't lose weight on the most successful weight loss drug of all time!"*. For others it was the difficulty accessing the medication that led to discontinuation, despite experiencing benefits. For example, *"I hated the process of going around multiple pharmacies trying to find stock - it made me feel like a drug addict"* (P60). Upon discontinuing, some participants reported that *"positive symptoms have reversed"* (P863), including regaining the weight and going *"back to struggling with emotional eating and food noise"* (P221).

The majority of respondents described enduring the downsides to reap the benefits. The financial strain associated with GLP-1RAs was commonly mentioned although most continued to pay as they considered the benefits worth the cost: *"The cost is shocking. I am working an extra night shift a fortnight to pay for it"* (P1029). Some explained that they were taking a compounded version of a GLP-1RA to reduce the cost and due to problems accessing the medication. On the other hand, two participants noted the positive impact the medication was having on their finances: *"Since starting to take Mounjaro I have saved money [and] am wasting less on food"* (P539).

Many noted negative side effects arising from the medication which ranged from experiencing occasional nausea to hair loss and fatigue, for example P1028 described feeling *"tired all the time"*. However, most participants caveated this by stating that the side effects were manageable and even *"worth it"* (P47) for the treatment benefits.

Stigma and an absence of support

A number of participants reported trying to live with these negative side effects but were left *"finding ways to manage them"* (P930). Some expressed concerns around the absence of support or information about GLP-1RAs from health professionals, with many consulting the internet for their information. Additionally, some shared how the stigma that surrounds GLP-1RA use has impacted them as they do not feel comfortable or are *"too embarrassed to tell friends"* (P653) and family about it. Many wish that the *"misconception that this is just a cheat or miracle drug that will do all of the work"* (P763) did not exist. A few also emphasised that the medication is no quick fix and they still must put the work in to maintain their weight loss.

Theme 3: It's Not Just About the Weight Loss

Whilst the medication's efficacy for weight loss cannot be ignored, various additional effects were highlighted by respondents', including improvements to participants' mental health, relationships with food and health behaviours. For many, these changes were accompanied by feelings of shock and surprise as they were unexpected side effects of the medication.

Turning down the food noise

Alterations to eating habits and relationships with food since starting the GLP-1RA were commonly mentioned. Many described how their pre-occupation with food, which the majority labelled as "food noise", seemed to have reduced or been turned down, something most had not even realised had been so loud until beginning this treatment. This improved mental clarity as they were no longer constantly thinking about food, with some subsequently noticing an enhanced focus at work. Most described how the GLP-1RA made consuming a healthier diet "easier" (P41) due to their reduced appetite and enhanced control over their eating habits: *"it allowed my determination and healthy desires to override my cravings and bad habits"* (P19). Many also experienced a decreased desire for sugary foods and junk foods, supporting these diet changes. *"I have zero desire now for processed food, sweets, soda, starchy carbs"* (P24). In response to these changes, participants described a sense of relief at feeling like a "normal person" (P785) for the first time in their lives as they can manage their food cravings and are free from the food noise in their heads.

Mental Health Changes

Most participants described a positive impact on their overall mental well-being and improvements in their mood since starting the GLP-1RA: *"The weight loss has been amazing but the mental health changes have been life altering"* (P710). Those who reported having a current mental health condition generally discussed experiencing reduced anxiety and depression symptoms. A few noticed improvements to their relationships since starting the medication, P448 attributed this to *"not being regularly grumpy due to hunger"*. However, a smaller portion did report a reduction in their mental wellbeing, including experiencing *"increased anxiety"* (P466) and lower moods which P678 attributed to changes in their use of food to manage their emotions: *"I felt a bit more flat than usual in the first few months I think due to not being able to use food as a crutch"*.

Lifestyle changes

The medication's benefits also extended to their lifestyles. Many described possessing a more active lifestyle which they attributed to their weight loss, increased energy levels and enhanced self-confidence making them more comfortable in their body. Of note relatively few respondents discussed the importance of incorporating strength training into their exercise routine to prevent muscle loss. For a minority the negative side effects of the GLP-1RA, such as fatigue and nausea, prevented them from exercising, and others reported low motivation to exercise as they *"know the weight benefit of exercise is being taken care of by Mounjaro"* (P578).

A significant number of participants reported a reduction in their alcohol intake, noting that they had “*no desire for alcohol*” (P60), as well as reductions in smoking, and even online shopping since starting the GLP-1RA. The few who reported increases in smoking (predominantly vaping) explained that this replaced the reward they previously obtained from food.

Discussion

As GLP-1RAs become established as long-term treatments for obesity and metabolic disease, understanding patients’ experiences is increasingly important for delivering effective, safe and patient-centred care. In this large, international mixed-methods study, we demonstrate that the impacts of GLP-1RA therapy extend well beyond weight loss to encompass psychological wellbeing, relationships with food, health behaviors and treatment burden. Collectively, these findings challenge a narrow definition of treatment success based solely on weight loss or metabolic improvement. Instead, they suggest that successful GLP-1RA treatment should be conceptualised as a multidimensional, patient-centred outcome that also considers quality of life, psychological wellbeing, treatment burden, behavioral change and patients’ ability to sustain treatment over time. This broader perspective may better reflect the outcomes that matter most to patients while supporting more comprehensive clinical monitoring and shared decision-making.

While weight loss was the most common reason for initiation, participants’ narratives highlighted broader patient-centred motivations, including relief from binge or emotional eating and reduced cognitive preoccupation with food. Some respondents reported initiating use primarily for other comorbid physical conditions, such as lipedema and sleep apnoea, reflecting growing awareness of broader therapeutic applications. That such indications were recognised by participants prior to formal guideline endorsement highlights the rapid diffusion of information about GLP-1RAs beyond traditional clinical channels, reinforcing the need for clinicians to proactively discuss both established and emerging uses of these medications during shared decision-making.

Although most respondents experienced adverse effects, many viewed these as acceptable trade-offs for the broader benefits they experienced. Qualitative accounts illustrated that participants actively weighed side effects, financial costs and practical burdens against improvements in weight, health, psychological wellbeing and everyday functioning when deciding whether to continue treatment. These findings suggest that patients evaluate GLP-1RA therapy holistically, rather than through adverse effects alone, and are consistent with evidence that perceived treatment benefit is a stronger determinant of treatment continuation than side-effects burden (28). Collectively, these findings reinforce that treatment success cannot be inferred from adverse event frequency alone. Instead, it should be evaluated within the broader context of patients’ treatment goals, quality of life, treatment burden and overall wellbeing.

At the same time, participants whose expectations were not met often described disappointment, frustration and self-blame, perhaps reflecting the widespread portrayal of GLP-1RAs as “miracle” treatments (29, 30). Evidence from large randomised controlled trials suggests that a limited weight loss

response is not uncommon. For example, in the landmark STEP 2 trial, approximately 30% of participants achieved less than a 5% body weight reduction (31). These findings suggest that this messaging may not be reaching the community, and highlight the importance of realistic expectation setting as a core component of patient-centred GLP-1RA care. Discussing the variability in treatment response before initiation may reduce distress, mitigate self-blame, and enable clinicians and patients to evaluate treatment success using a broader range of patient-centred outcomes than weight loss alone.

The striking reduction in food-related cognitive preoccupation described by participants highlights a dimension of treatment benefit that is rarely captured in clinical trials. Beyond facilitating reduced energy intake, diminished “food noise” appeared to free cognitive and emotional resources that participants redirected towards healthier behaviors, work and social functioning. People described a quieter mind, greater mental space, and an enhanced capacity to enact intentions (e.g., preparing balanced meals, declining snacks, or stopping when satisfied). This aligns with evidence that GLP-1RAs attenuate the influence of emotional and external cues on eating behaviour, reducing cognitive load and supporting better perception of physiological satiety cues (32). These observations suggest that changes in cognitive burden may represent an important patient-reported outcome deserving of routine assessment.

Rather than suggesting uniform psychological benefit, our findings demonstrate heterogeneity in emotional responses to GLP-1RA therapy. Consistent with recent clinical trials (6), many participants reported better mood, reduced anxiety, improved self-confidence, and more harmonious interpersonal dynamics, which were often attributed to weight loss and reduced hunger-related irritability. However, a smaller subset described adverse emotional changes, including flatter affect, transient increases in anxiety during dose titration, or distress associated with diminished reward from food leading to the loss of a coping strategy. A single user reported suicidal ideation, which they attributed to their medication use, but did not elaborate on why. Almost half of users began GLP-1RAs with pre-existing mental health disorders, and a portion were also taking psychotropic medications. Although no major pharmacological interactions have been identified (33), delayed gastric emptying may have clinical relevance for some psychotropic medications. These findings highlight the importance of incorporating routine assessment of psychological wellbeing into GLP-1RA follow-up and integration of GLP-1RA monitoring with existing care teams (34), particularly among individuals with pre-existing mental health conditions or emotional eating.

Consistent with prior research (19), participants commonly reported improved behavioural control relating to smoking, alcohol and recreational drug use. In our sample, three-quarters of participants who consumed alcohol reported reducing their intake after commencing GLP-1RAs. Similar, though less pronounced, reductions were reported among participants who used recreational drugs or smoked/vaped. Participants tended to attribute these shifts to one of two mechanisms: (1) reduced cravings and improved self-regulation or (2) avoiding these substances because they triggered unpleasant effects such as nausea while on GLP-1RAs. Qualitative data also highlighted possible substitution behaviours, such as increased vaping among a small subset. This highlights the complex

interplay between appetite regulation and reward-seeking behaviours and the possibility of unintentionally promoting replacement behaviours. Of interest, some individuals noticed diminished interest in other compulsive behaviours (e.g., online shopping, excessive social media). These findings align with emerging evidence linking GLP-1RA signalling to reward processing (35) and efficacy in treating alcohol and substance use disorders (7, 36), though behavioral addictions warrant further research.

Physical activity increased for many, often enabled by weight loss, reduced joint pain, improved energy, enhanced confidence and increased motivation to be healthier; however, a minority decreased activity, sometimes attributing this to fatigue or perceived redundancy of exercise in achieving weight loss. This is concerning given the risk of muscle and bone loss during weight loss, which has important implications for metabolic health, physical functionality and long-term weight management (37). It is important that healthcare providers convey the importance of physical activity, particularly weight-bearing activity while engaged in medical weight loss (38), and provide support and monitoring around these behaviours to mitigate future physical health risks.

Across participants, treatment burden was a key determinant of whether the broader benefits of GLP-1RA therapy were perceived to outweigh its challenges. Treatment burden encompassed more than just adverse medication side effects. Medication cost emerged as a substantial barrier, with some participants altering work patterns or financial priorities to sustain treatment. This may have downstream health impacts, including increased stress and reduced time availability for health promoting behaviours such as meal preparation and exercise (39). Socioeconomic disparities in access to GLP-1 RAs are well-documented (40) and reinforce the need for policy-level approaches to improve equitable access and continuity of care (41). Cost-driven discontinuation and intermittent use remain poorly understood and warrant further investigation.

Participants also described navigating stigma and misconceptions and feeling judged for taking a shortcut or for relying on medication. Many reported limited proactive guidance from clinicians, leading them to rely on social media and online communities for practical advice about side effects, dose titration, and expectations. The perceived shame and stigma of taking GLP-1RA's may contribute to the increased use of more anonymous pathway of telehealth prescriptions and online websites (42). There has been recent concern about companies enabling online purchase of GLP-1RAs with minimal clinician interaction and lax prescription policies, with a number of websites only partially informing and sometimes misinforming potential consumers (42). This pathway also potentially creates a division between patients and their regular GP, who have greater understanding of their history and other concurrent treatments. These findings suggest that reducing barriers to access must be balanced against maintaining continuity of care and comprehensive monitoring, particularly as GLP-1RAs become increasingly prescribed outside traditional obesity and diabetes services.

Because treatment success is multidimensional, monitoring should also be multidimensional. Our findings suggest that comprehensive GLP-1RA monitoring should extend beyond metabolic outcomes to

routinely include psychological wellbeing, treatment burden, quality of life, relationships with food, health behaviors, substance use, patients' individual treatment goals and treatment satisfaction. Such monitoring may facilitate earlier identification of individuals requiring additional support, while enabling clinicians to maximise treatment benefits and minimise potential harms. Clear expectation setting regarding dose related symptoms, weight loss plateaus, and the possibility of a limited treatment response may mitigate distress and disengagement. Introducing cognitive-behavioral strategies that help patients consolidate emerging habits (e.g., meal structuring and lapse planning) may also be particularly valuable, especially for individuals with disordered eating histories or pre-existing mental health conditions.

The study's main strengths include its large, international sample, breadth of outcomes spanning behavioural and psychological domains, and the use of a convergent mixed-methods design that allows us to triangulate numerical patterns with lived-experience narratives. Most participants were current GLP-1RA users at the time of the survey and reported a wide range of treatment durations, encompassing both early and later experiences. The qualitative dataset was substantial, facilitating the development of well-supported themes.

Several limitations warrant caution. The cross-sectional, self-report design precludes causal inference; perceived changes could reflect concurrent life events, regression to the mean, or expectancy effects. Recruitment via social media without financial compensation may have introduced selection bias, with those compelled to share their experiences potentially representing more extreme experiences (43). The sample was predominantly female and university educated, which may limit generalisability to more diverse populations, including those with limited digital access or lower health literacy. The study focussed on the overarching effects GLP-1RAs without distinguishing between older and newer generation agents. Multi-targeted therapies such as tirzepatide (GLP-1/GIP) and retatrutide (GLP-1/GIP/Glucagon) have demonstrated superior weight loss effects compared to GLP-1RA alone (3), and will likely have different cost-benefit profiles. Other patient-centred outcomes, including interpersonal relationships and sleep, warrant further investigation, particularly given the potential application of GLP-1RAs for obstructive sleep apnoea (44) and the importance of sleep to well-being.

Prospective, longitudinal studies are needed to chart the trajectory and durability of psychological and behavioural changes, including the time course of food noise reduction, mood effects, and impacts on alcohol and nicotine use, and to examine whether these patient-reported outcomes predict longer-term adherence and metabolic outcomes. Qualitative interview methods could also provide richer understanding of treatment trajectories and transitions, such as from weight loss to maintenance and changes between GLP-1RA medication types. Comparative effectiveness research across GLP1-RA formulations and dosing strategies, along with stratified analyses by treatment duration, baseline mental health, and eating-related- phenotypes, could inform more personalised care.

This international study contributes valuable insights into the multifaceted impacts of GLP-1 RA treatment. As GLP-1RAs become embedded within routine obesity care, evaluating treatment success

solely through weight loss or glycaemic outcomes is increasingly insufficient. Our findings demonstrate that patients experience broad changes in psychological wellbeing, relationships with food, health behaviors, and treatment burden, all of which influence treatment sustainability and may provide important indicators of emerging clinical benefit or risk. Incorporating these patient-reported outcomes into routine care has the potential to support earlier identification of individuals requiring additional intervention, facilitate shared decision-making and ultimately promote safer, more effective and more patient-centred obesity management.

Declarations

Ethics approval and consent to participate

The study was approved by the Sydney Local Health District Human Research Ethics Committee (2024/ETH00676). Participants were able to read and download the Participant Information Statement (PIS) prior to accessing the survey. The PIS outlined the primary aims and objectives of the study, along with details about implied consent and how the anonymous data collected would be used.

Consent for publication

Not applicable

Availability of data and materials

The full list of survey questions is available at <https://osf.io/d7jqv/overview>. The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing Interests

The authors declare that they have no competing interests.

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Authors' contributions

KG conceptualised the project. KG, SV, MP, LB, MJ, RB, SB and SM designed the survey. FE, SV and MP were responsible for project administration. FE and SV conducted data collected and data curation. FE, SV and KG completed data analysis. KG and FE wrote the original draft. All authors edited and approved the final manuscript.

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Tables

Table 1. Demographics of respondents (n=829)

Variable	n	%
Age		
18-29	58	7.00
30-39	232	27.99
40-49	226	27.26
50-59	217	26.18
60-69	84	10.13
70+	12	1.45
Gender		
Woman	712	85.89
Man	102	12.30
Non-binary / gender fluid	13	1.57
Prefer not to say	2	0.24
Sex assigned at birth		
Female	727	87.70
Male	102	12.30
Ethnicity		
Oceanian	159	19.18
North-West European	397	47.89
Southern & Eastern Europe	73	8.81
Asian (SE Asian, NE Asian, SC Asian)	13	1.57
African (North African, Middle Eastern, Sub-Saharan African)	16	1.93
Peoples of the Americas	55	6.63
Other	69	8.32
Prefer not to say	47	5.67
Country living in		
Australia	361	43.55
Canada	14	1.69
United Kingdom	102	12.30
United States of America	303	36.55

Other countries (<10)	47	5.67
Missing	2	0.24
Area		
Metropolitan	457	55.13
Regional	278	33.53
Rural	88	10.62
Prefer not to say	6	0.72
Highest level of education		
Elementary/Primary School	2	0.24
Secondary/ High School	77	9.29
Trade certificate, diploma or apprenticeship	137	16.53
Undergraduate University degree (Bachelors, Honours)	327	39.45
Postgraduate University degree (Masters, PhD)	281	33.90
Other	5	0.60
Current employment status		
Not currently employed	34	4.10
Part-time employment	120	14.48
Full-time employment	545	65.74
Casual employment	16	1.93
Retired	59	7.12
Engaged in unpaid work (caregiver, volunteer etc)	18	2.17
Student	11	1.33
Disability Pension	12	1.45
Other	14	1.69

Table 2. Current self-reported mental health diagnoses

Diagnosis	n	%
Obsessive Compulsive Disorder	29	3.50
Generalised Anxiety Disorder	216	26.06
Eating Disorder	56	6.76
Social Anxiety Disorder	49	5.91
Post Traumatic Stress Disorder	87	10.49
Depression	216	26.06
Schizophrenia	0	0.00
Bipolar Disorder	14	1.69
Personality Disorder	2	0.24
Alcohol abuse or dependence	9	1.09
Drug abuse or dependence	4	0.48
Borderline personality disorder	12	1.45
Other	14	1.69
One current mental health diagnosis	132	15.92
Multiple current mental health diagnoses	199	24.00

Table 3. Illustrative quotes for each subtheme

Theme	Subtheme	Quotes
Light at the end of the tunnel		<p><i>"I've [followed] strict diets and intense exercise to lose weight in the past, and they didn't work for me. Calories in/calories out doesn't work for me. On Ozempic, I've finally started losing weight - 29 pounds in 4 months. Amazing" (P221)</i></p> <p><i>"Bloodwork is nearly perfect and now have zero coronary artery blockage. My cardiologist says I am at a low risk for stroke now" (P265)</i></p> <p><i>"I'm scared of what would happen if it stopped working or I had to come off it" (P842)</i></p> <p><i>"The drug has improved my self-perception as it feels that I'm no longer a 'failure' at being a 'healthy' weight" (P360).</i></p>
It's not all sunshine and rainbows	Downsides and tradeoffs	<p><i>"It didn't work particularly and the side effects were not worth the way it did work" (P475)</i></p> <p><i>"it was too expensive to continue when there was no change to weight, appetite, motivation" (P61)</i></p> <p><i>"The fatigue is terrible - I'm waking tired and struggling to get out of bed. I've gone from feeling amazing due to my weight loss to tired all the time. I will stop when I reach my target weight" (P1028)</i></p> <p><i>"Although I have had issues with side effects, particularly diarrhoea and abdominal cramping, I feel that the benefits so far have been worth the trade-off" (P53)</i></p>
	Stigma and an absence of professional support	<p><i>"Most of the useful information that I have received about experiences [of] taking the drug have come from Reddit. My GP is notified that I am taking the drug but have shown no interest in monitoring my progress or offering advice" (P314)</i></p> <p><i>"Poor / inconsistent knowledge from GPs meant I had to turn to the internet to research. The amount of misinformation and scare mongering is concerning"(P569)</i></p>

"The stigma that people have given to being on Ozempic has been horrendous." (P672)

It's bigger than the weight loss: broader implications

Turning down the food noise

"it's quieted the constant "food noise"- the endless thoughts about food, cravings, and hunger that I didn't even realize were abnormal...I'm not obsessing over it [food], I'm not constantly hungry...It's [the GLP-1RA] given me a sense of control and freedom I didn't know was possible" (P238)

"I have control where before my brain would never let me rest about food. I have so much more mental space to get other things done where before food would cloud my mind" (P31).

"I'm only two weeks in but I have seen a massive decrease in cravings, zero snacking and sugar cravings completely disappeared" (P722)

"Helps control appetite and cravings and feel full however does not help lose weight any faster than without the medication which I did not realize. It just makes it easier willpower wise" (P1015)

Mental health changes

"I feel fantastic on it to the point that even if it wasn't helping me lose weight, I'd be grateful for the mental health benefits, because they've been greater than in the past when I've taken meds designed to specifically treat my anxiety disorder" (P487).

"Depression and PTSD symptoms have greatly reduced in recent months. Anxiety is reduced" (P216)

"My anxiety has greatly decreased and I feel much happier overall, more clear-headed, and able to handle things that are stressful" (P484)

"never experienced mental health issues. However at 7mg I experienced a mild sense of disconnection and flatness. This passed quickly after about 4 weeks" (P355)

"Increased anxiety about food, anxiety about side effects, hyper focused on food" (P834)

"I feel less interested and motivated to do things, feel more sad as a result. but also feeling less suicidal from hope from the weight loss" (427)

Lifestyle
changes

"Zepbound has changed my life. I can engage in exercise, I can snorkel, I can walk so much farther" (P270).

"The shopping compulsion that sometimes takes over has also reduced" (P1061)

"I noticed recently that my obsessive distractions were not taking up all my time any longer, I used to play Pokemon, Go on my phone or shop online or scroll FB [Facebook] for hours a day, but now I have little interest in any of those and will instead get up and do something around the house or go for a walk with my kids" (P506).

"I don't get urges and experience aversion when I smoke" (P606)

"due to the fatigue and lowered motivation I didn't do as much structured exercise. I do walk and light weight training at home" (P149)

"Increased urge to vape throughout the day due to past habitual eating" (P332)

"The only downside I noticed is that despite doing a lot of cardio while taking Wegovy and eating well, I had a lot of muscle loss. I think that active people need to make sure they do weight training to reduce those impacts. (P345)

"Interest in alcohol is mostly gone. When I have had an alcoholic drink, it has been only 2 beers compared to 8 as I feel too full to continue. I also do not crave alcohol if meeting up with friends or after stressful work period etc" (P811)

Figures

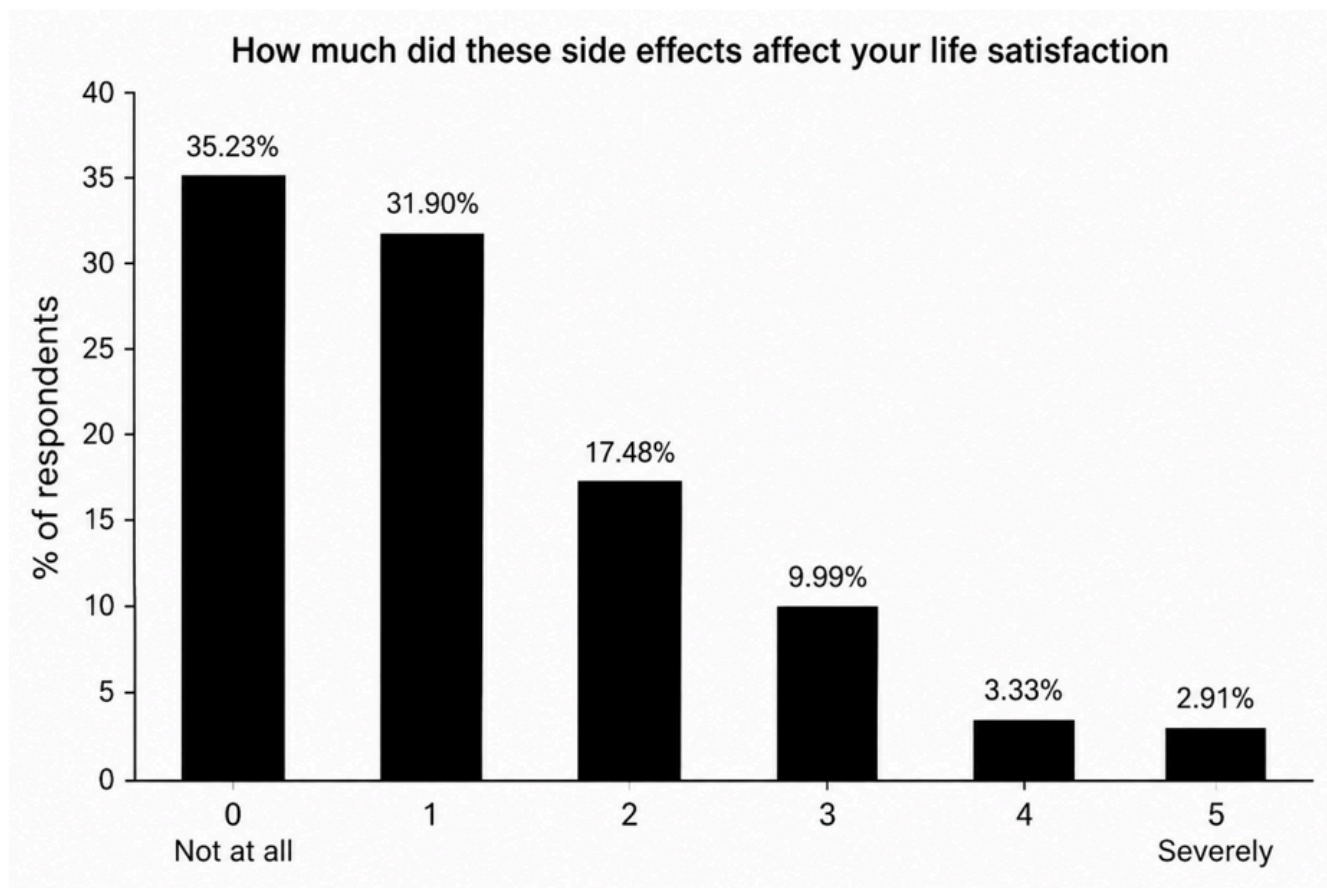


Figure 1

Impact of adverse side effects on life satisfaction.

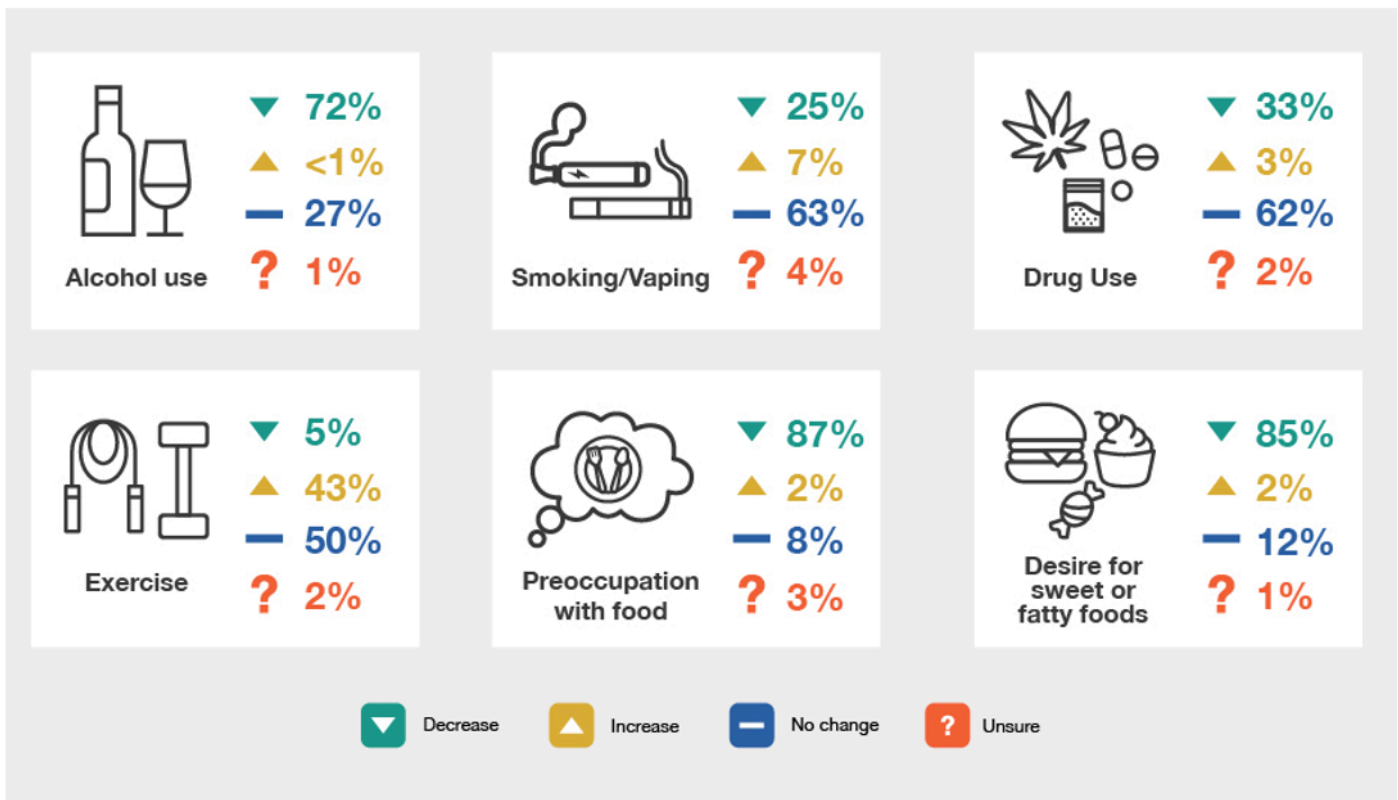


Figure 2

Perceived effects of GLP-1RA's on relationship with food, and frequency of exercise and substance use.

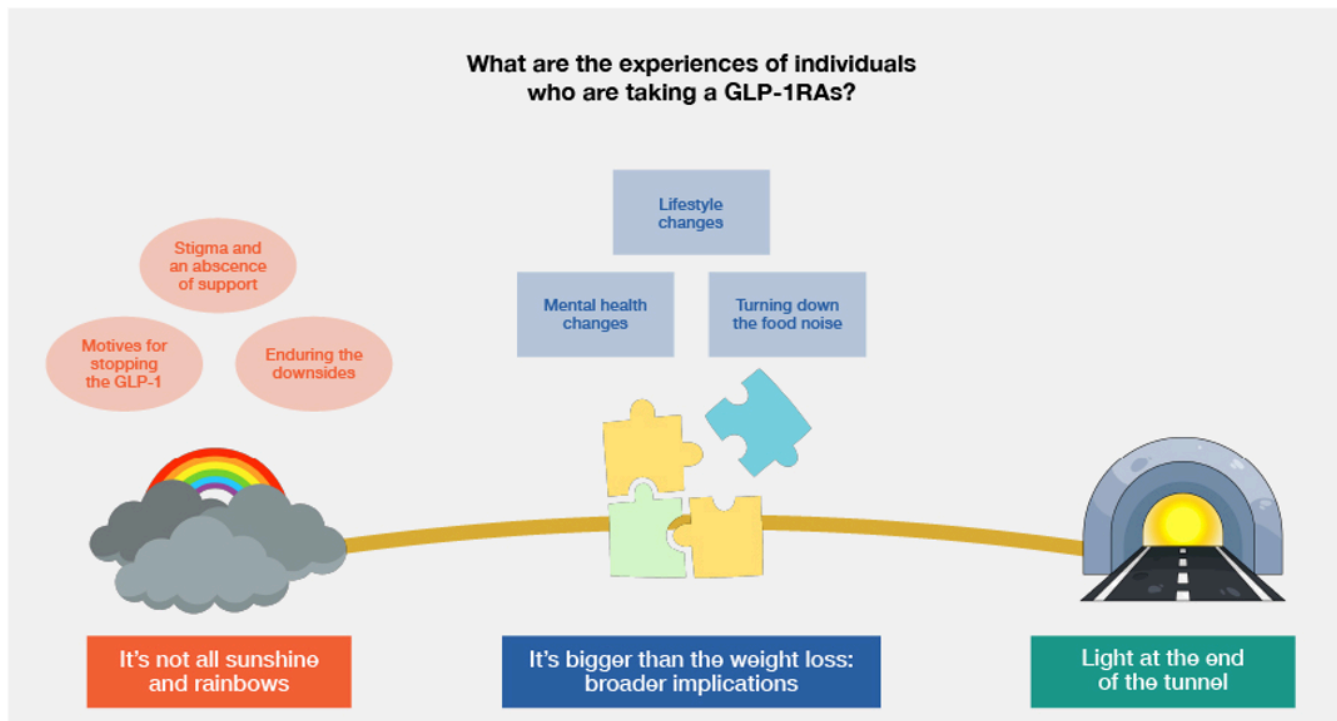


Figure 3

Thematic Analysis Map

Supplementary Files

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