

THE PROMISE OF THE PILL

Attitudes towards GLP-1
treatment and new formats in
the UK (2026)



simple online pharmacy

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INTRODUCTION

Welcome to our second report examining public attitudes and perceptions towards GLP-1 treatment in the UK. Our first report focused on the gap between the clinical reality of GLP-1s and the way treatment is discussed and understood in everyday life, including the role of stigma, secrecy and uncertainty in shaping behaviour.

It is outdated attitudes towards obesity which mean that it continues to be a major health crisis in the UK and beyond. Many people have spent years trying diets, exercise programmes and behavioural changes before seeking medical support. Our patient data from December 2025 suggests individuals have attempted on average four different weight loss methods prior to starting GLP-1 treatment. There are an estimated two million people already using GLP-1 medicines in the UK. Over the coming year, we believe the conversation will move from awareness and effectiveness to what kind of treatment they would consider, and under what conditions.

This report explores familiarity and consideration of GLP-1 treatments, perceptions about injections and oral tablets, including perceived effectiveness, side effects and cost. It summarises findings from a UK nationally representative survey (n=2,000) of non-users of GLP-1 medication, and (n=3,488) patients from Simple Online Pharmacy's database.

The purpose of this report is to show how people expect to respond to a changing treatment landscape, and what needs to happen, through evidence-led education and responsible messaging, for treatment advances to translate into safe, appropriate and sustainable uptake.

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EXECUTIVE SUMMARY

This is our second report in our series exploring how the UK understands, evaluates and talks about GLP-1 treatment. As the category matures, the public conversation is shifting from “what are GLP-1s?” to “what form of treatment would I consider, and under what conditions?”. This report combines a nationally representative UK survey of non-users (n=2,000) with a survey of current GLP-1 patients from Simple Online Pharmacy’s database (n=3,488) to examine familiarity, consideration, and perceptions of oral tablets versus injections, including expected effectiveness, side effects, cost and stigma.

The data show awareness about GLP-1s is spreading unevenly and consideration remains low among non-users. Only 40% of UK adults say they are familiar with GLP-1s, with a steep age gradient: familiarity peaks among mid-life adults (for example 58% of 35–44s) and drops sharply among older groups (22% of those 65+). Even where awareness exists, most non-users remain reluctant to act: 77% say they are unlikely to consider GLP-1s for weight loss. Underpinning this is a persistent “lifestyle-only” framing of obesity: around 30% view obesity as purely lifestyle-driven, and only 14% recognise GLP-1 use as a legitimate medical treatment. Stigma appears to reinforce this gap: only 26% of UK adults feel comfortable discussing GLP-1s, and secrecy is prevalent with two in three current patients hiding treatment from friends and/or family.

Oral GLP-1 tablets appear highly attractive as a potential entry point into treatment, particularly for people who are not currently using GLP-1 medication. A clear majority of non-users (61%) say they would prefer a daily pill compared with just 9% who would choose a weekly injection. The strongest perceived advantages are avoiding injections (53%) and convenience or ease of use (50%), while 69% believe a tablet would be easier to incorporate into everyday life. However, preference does not automatically translate into intention. Only 31% say a pill would make them more likely to consider treatment, although this rises to 42% among those who are already actively trying to lose weight. Non-users also report substantial uncertainty about what an oral option would mean in practice. Nearly half (47%) say they are unsure how effective a pill would be compared with injections, and 52% are uncertain about how side effects might differ. This suggests that while tablets may increase initial interest, education and expectation-setting will be critical if that interest is to convert into informed treatment uptake.

Among existing GLP-1 patients, attitudes are shaped by a more practical and experience-based assessment of the potential benefits and trade-offs. Before receiving further information, 49% say they would prefer a daily pill, and nearly two-thirds (65%) report that they would be likely to switch if an oral option became available. The perceived advantages differ markedly from those cited by non-users. Current patients are more focused on economic and logistical considerations, with lower cost (68%) and easier travel and storage (59%) ranking as the most important potential benefits. At the same time, patients express clearer and more specific concerns, particularly around whether tablets would match the effectiveness of injectable treatments and whether they would represent good value. Their willingness to switch is strongly influenced by both outcome expectations and price thresholds, indicating that for patients already established on treatment, oral GLP-1s must demonstrate equivalent clinical performance and meaningful practical advantages.

After respondents were given more information (see methodology), pill preference fell sharply among both non-users (61% to 27%) and patients (49% to 23%), suggesting initial preference is sensitive to treatment expectations and administration requirements.

While oral GLP-1s may expand consideration, in isolation they may be insufficient to unlock broad, safe uptake. Realising the full public health potential of GLP-1 innovation requires action across patient care, public education and wider societal attitudes – we must ensure the industry: 1) commits expert-led, clinically supervised care, alongside ongoing behavioural, nutritional and medical support, tailored to individual treatment choices; 2) provides education that sets realistic expectations around treatment, adherence and long-term care and improves public understanding of obesity as a chronic, relapsing disease; and 3) at a societal level, continues to challenge the misinformation and social stigma that still drive delayed and often secretive engagement with obesity care.

KEY FINDINGS

1) Public familiarity with GLP-1s is still in the minority and unevenly distributed

Overall, 40% of UK adults say they are familiar with GLP-1 treatments. Familiarity is highest among 35–44-year-olds (58%) and declines materially with age (55–64: 34%, 65+: 22%). Familiarity also tracks perceived relevance: those currently trying to lose weight are more familiar (51%) than those not trying to lose weight and not wanting to (29%).

2) Despite clinical effectiveness, consideration remains low

Despite growing awareness, 77% of UK adults who are not currently using GLP-1s say they are unlikely to consider them for weight loss. This low consideration is consistent across age groups (at least two thirds in every bracket). Underpinning this is a legitimacy gap: around 30% of UK adults view obesity as purely lifestyle-driven, and only 14% recognise GLP-1 use as a legitimate medical treatment.

3) When given a choice, a daily tablet trumps a weekly injection (especially among non-users)

Route of administration remains a key barrier for non-patients. 61% of non-users say they would prefer a daily pill, compared with 9% who would prefer a weekly injection. Pill format preference is broadly consistent across the population but is slightly higher among older groups (55–64s: 66%) than younger adults (25–34s: 50%).

4) A daily pill could increase consideration, but it does not unlock broad adoption on its own

Preference for a pill does not translate directly into intent. Only 31% of non-users say a daily pill would make them more likely to consider GLP-1 treatment. The effect is stronger among those already engaged in weight loss: among people currently trying to lose weight, 42% say a pill would increase their likelihood of considering treatment. Convenience appears central: 69% believe a daily pill would be easier to use than injections, and avoiding injections is the most cited advantage (53%).

5) Uncertainty is the dominant barrier for non-users, especially on effectiveness and side effects

Across key comparisons that shape uptake, “not sure” is the most common response among non-users. 47% say they are not sure how effective a daily pill would be versus injections, and 52% are not sure how side effects would compare. This uncertainty is consistent across age groups and levels of weight-loss engagement, highlighting that education will be pivotal if oral options become available.

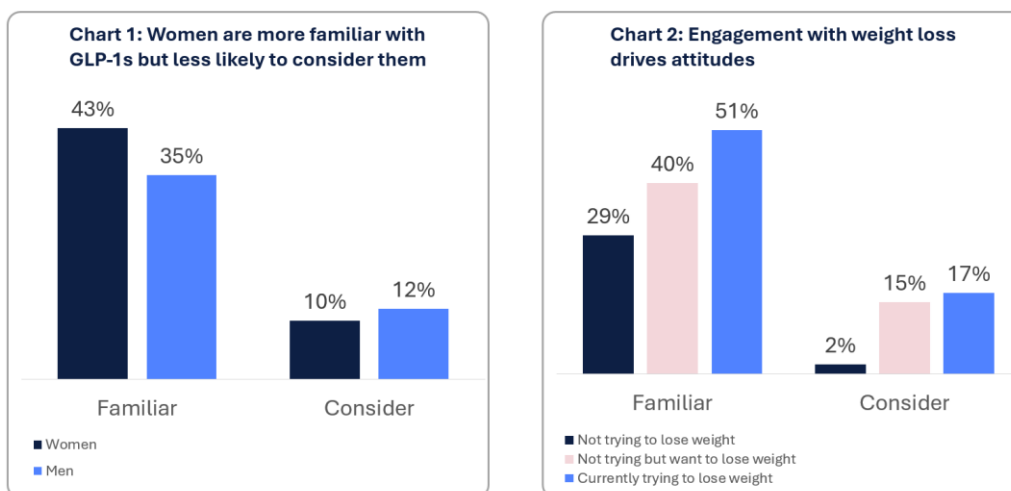
6) Information changes minds: initial pill enthusiasm drops sharply once details are provided

After respondents were shown publicly available information about pill-based GLP-1s, preference for a daily pill fell substantially among both non-users (61% to 27%) and current GLP-1 users (49% to 23%). The drop is pronounced regardless of journey stage: for patients on treatment fewer than six months, pill preference halves (52% to 26%), and for those on treatment longer than six months it falls slightly more sharply (48% to 22%). Initial preference seems driven by assumed simplicity but becomes more cautious when requirements and trade-offs are made explicit.

CHAPTER 1 : FAMILIARITY IS UNEVEN AND CONSIDERATION IS LOW

While an estimated two million people in the UK are currently using GLP-1 medicines to treat obesity, public awareness of these medications is spreading unevenly and is highly concentrated among younger groups. As new treatments and formats emerge, people will be starting from very different levels of understanding which will shape how the category is interpreted, discussed and adopted.

Only 40% of UK adults say they are familiar with GLP-1 treatments. Familiarity is highest among younger and mid-life adults, then falls sharply in older groups; 58% of 35–44-year-olds say they are familiar, compared with just 22% among those aged 65 and over. Many of those most likely to benefit from treatment, therefore, are also those least likely to have sufficient awareness to assess whether it is relevant to them or how it should be used. Women report slightly higher familiarity (43%) than men (35%), consistent with wider patterns in weight management engagement and health information-seeking (Chart 1). Among people who say they are currently trying to lose weight, 51% are familiar with GLP-1s. Among those who are not trying to lose weight, familiarity falls to 29% (Chart 2).



Research shows that, for 21% of patients, fear of social stigma is a key concern when deciding whether to pursue GLP-1 treatment. Low levels of openness reinforce this. Only 26% of UK adults report feeling comfortable discussing GLP-1 treatments, while 52% of patients say they feel uncomfortable doing so. Treatment consideration is often private, with limited opportunity for discussion, reassurance or shared experience. This reduces the likelihood of individuals moving from awareness to action.

Despite growing awareness of GLP-1 medications, 77% of UK adults who are not currently using them say they are unlikely to consider treatment for weight loss. This reluctance is consistent across age groups, with at least two-thirds in every bracket reporting low intent to pursue treatment. Attitudes appear to be shaped by how obesity and its treatment are understood. Around 30% of UK adults view obesity primarily as a lifestyle issue rather than a chronic medical condition, and only 14% see GLP-1 use as a legitimate

medical treatment. Among people already using GLP-1 medications, two-thirds conceal their treatment from some or all friends and family. This lack of openness may well limit access to social support and reduce public visibility of treatment, slowing the spread of shared understanding and reinforcing misconceptions. As a result, the true scale of adoption remains largely invisible, even as the number of patients using GLP-1s grows.

Daily oral treatments may lower some barriers to entry into the category but the choices for patients will become more complex. Improving the quality of understanding of obesity as a chronic disease will determine whether clinical advances translate into uptake and sustained use. Without this shift, awareness will continue to outpace consideration, and a significant proportion of clinically eligible patients will remain outside treatment pathways despite growing availability.

CHAPTER 2 : PILLS SIGNAL EASE BUT UPTAKE WON'T BE AUTOMATIC

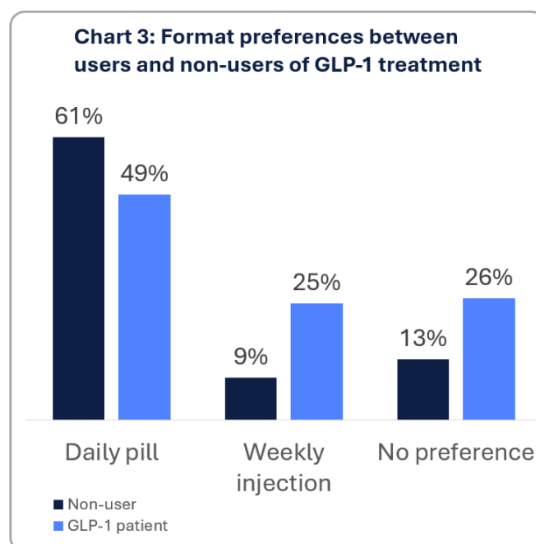
The next phase of the GLP-1 category will be shaped by innovation. In January 2026, oral semaglutide (Wegovy® pill) was approved in the US, and in its most recent quarterly results, Novo Nordisk described as its strongest GLP-1 launch to date in the US. Weekly prescription volumes exceeded 200,000 after 15 weeks, almost doubling the rate of all other anti-obesity medications combined, with more than 1 million total Wegovy® pill patients treated since launch¹. The company reports that the oral pill is bringing new patients to the category, while also having an impact across the rest of the Wegovy® brand. More recently, Eli Lilly's oral orforglipron (Foundayo®) became available in US retail and so far, the company reports that 80% of prescriptions are new patients to the category, and approximately 1/3 of launch volume has been driven through digital health providers².

Oral GLP-1s could expand the market by lowering barriers to initiation, while also providing a new treatment avenue for existing patients. Combining US and UK market data with our primary research into patient and non-patient attitudes in the UK - including willingness to initiate treatment, switching propensity and price elasticity - we estimate that oral GLP-1 treatments could reach approximately 120,000-130,000 patients within the first three months of launch, driven by both increased format familiarity and improved accessibility or reduced perceived friction of an oral format. Of these, we anticipate 100,000 of these patients to be new to the category. Beyond this near-term impact, existing patients have signalled switching intent, suggesting up to 500,000 may be motivated to change treatments if price and real-world performance meet expectations.

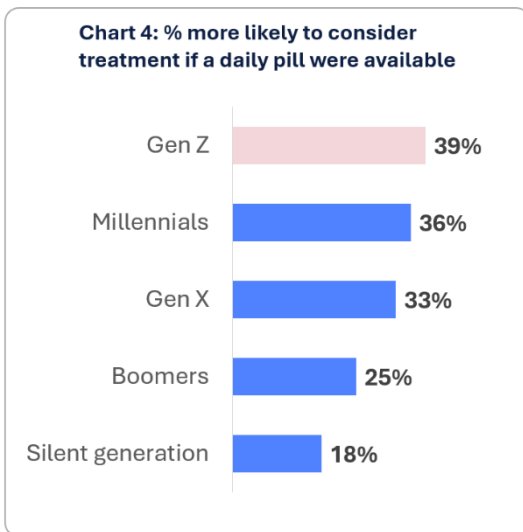
A daily pill aligns more closely with established patterns of medicine use. Our research shows that preference for daily pill is much more pronounced among non-users of GLP-1 than existing patients. 61% of UK adults not currently using GLP-1 treatments, said they would prefer a daily pill, compared with 9% who would prefer a weekly injection (Chart 3). Preference for a pill among non-treaters is consistent across the population, although slightly higher among older groups, with 66% of 55–64-year-olds favouring a tablet compared with 50% of those aged 25–34.

When asked to choose between a daily pill and a weekly injection, around half of existing GLP-1 users said they either preferred to remain on a weekly injection or had no preference between the two formats. That said, newer patients who had been on GLP-1s less than three months were 14% more likely to prefer a daily pill.

Format preference does not translate directly into consideration for non-users; only 31% of respondents say they would be more likely to consider GLP-1 treatment as a daily pill. However, among respondents



currently trying to lose weight, 42% say a pill would increase their likelihood of considering treatment. Avoiding injections is the most cited advantage of a pill format for non-users, selected by 53% of respondents. 69% believe a daily pill would be easier to use than injections. Furthermore, almost 1 in 3 people stated they would be more likely to start treatment if a pill were available, with a clear generational influence as shown in Chart 4 overleaf.



GLP-1 therapies, regardless of format, require clinical assessment, dose titration, monitoring of side effects, and ongoing behavioural support. They are used within structured care pathways and depend on sustained engagement. A format change does not alter these requirements. Where this is not understood, expectations of ease or immediacy may not reflect the realities of treatment.

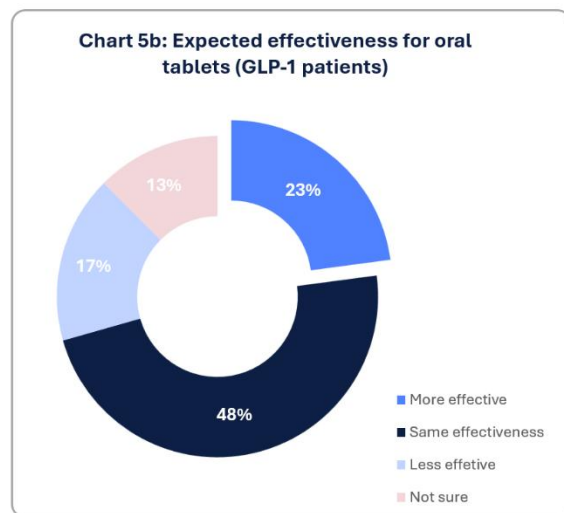
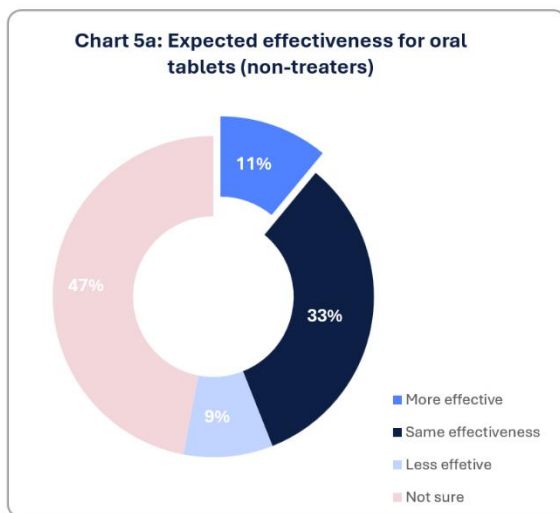
Our data suggest oral GLP-1 treatments may expand the number of people who recognise GLP-1 treatments or see them as accessible. A more familiar format may support earlier engagement, particularly among those who would not consider injections. Based on current familiarity and

attitudes towards treatment, the overall effect may be a modest increase in consideration among specific groups, rather than a broad shift in adoption.

Without an increased level of understanding, the new format seems unlikely to translate into proportional increases in uptake. Furthermore, expectations shaped by convenience may not align with the requirements of long-term care. The implication being that clear communication is critical, particularly focused on how treatment works, who it is for, and what is required to achieve sustained outcomes.

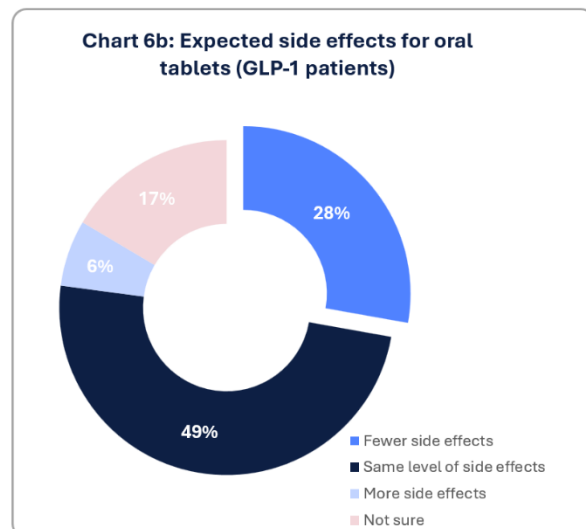
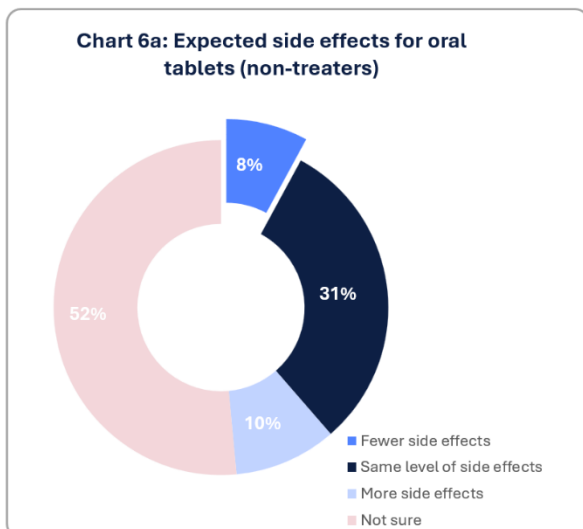
CHAPTER 3: UNCERTAINTY AND COST SHAPE PILL PERCEPTIONS

Almost one in four current GLP-1 users expected a daily oral pill to be more effective than an injectable, more than double the rate of non-treaters (11%). The expectation of pill effectiveness differed noticeably based on an individual’s length of treatment. 31% of those with <6 months of treatment believed a pill format to be more effective, vs just 21% of those on treatment for 6 months or longer.



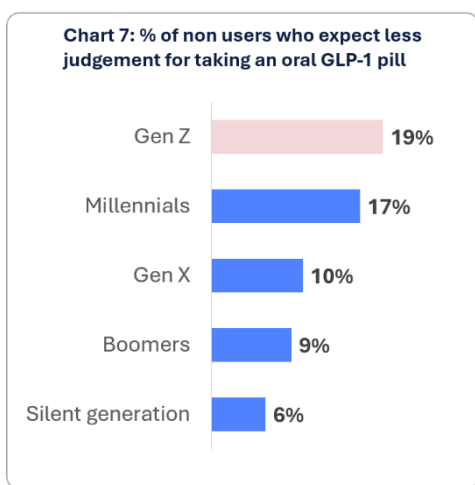
Similarly, 28% of existing GLP-1 users expected a daily oral pill to have fewer side effects than an injectable treatment versus just 8% among non-treaters. Almost half of existing GLP-1 patients expected similar level of side effects, versus 31% among non-treaters.

Uncertainty is prevalent among non-treaters, and education is needed to ensure adoption. 47% of respondents report uncertainty about how effective a daily pill would be compared with injections. When asked about side effects, 52% respond “not sure”. This uncertainty is consistent across age groups and levels of engagement with weight loss.



Our previous research has shown that beliefs about personal responsibility, effort and legitimacy remain central to the fight against obesity both for individuals and at a societal level. For individuals who view obesity primarily as a lifestyle issue, or who associate treatment with reduced personal effort, the format of the medication is unlikely to change their position.

That said, our latest data show 42% of current GLP-1 users expect less judgement for using the daily pill rather than an injection, while for non-users it was 12%. Non-users are three times more likely to expect more judgement from a daily pill than current GLP-1 users. A daily tablet is easier to take privately and may reduce the visibility of treatment. This may support uptake for some individuals, but where patients already report hiding treatment from friends and family, a pill may make this easier without increasing openness.



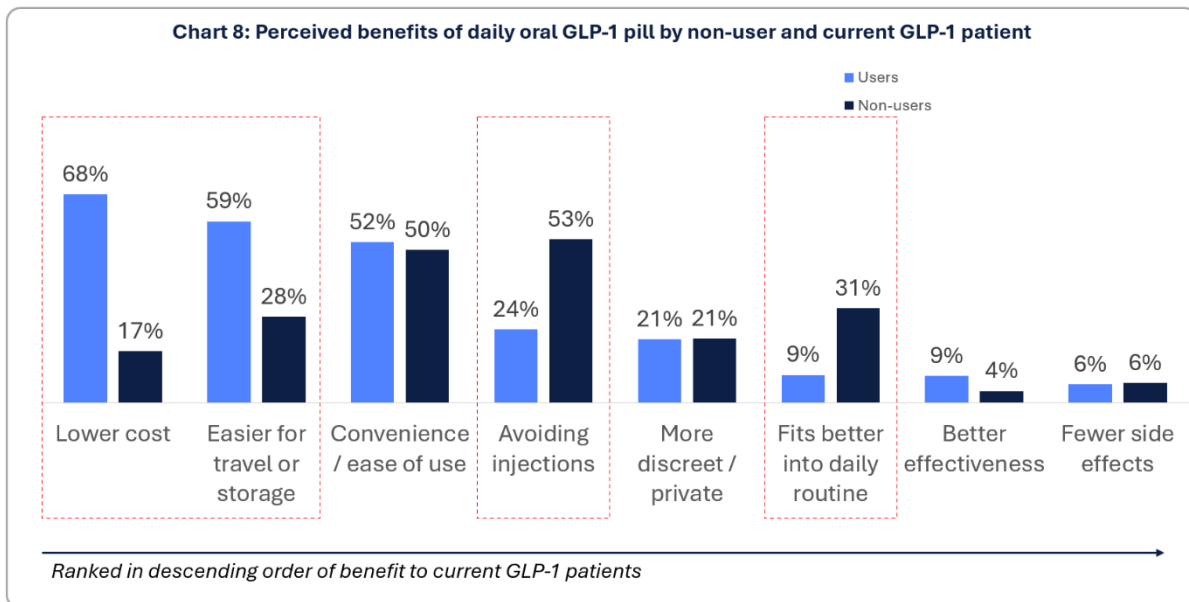
The findings also highlight notable generational differences; younger adults are consistently more open to GLP-1 treatment, more familiar with the category, and more likely to view new formats positively. Gen Z report being twice as likely to consider oral GLP-1 treatment, and three times more likely to expect less judgement, versus the Silent generation (Chart 7). Stigma and uncertainty remain barriers to treatment adoption, but oral formats may accelerate social acceptance among younger groups who already approach obesity treatment through a more medical and less moral lens.

In the OASIS 4 phase 3 trial once-daily oral semaglutide 25 mg delivered 16.6% average weight loss at 64 weeks versus 2.7% with placebo, with over a third (34.4%) experiencing a weight loss of 20%³. Oral semaglutide achieved weight loss levels comparable with injectable semaglutide 2.4 mg, and lower than semaglutide 7.2 mg. Oral semaglutide avoids injections but requires lifestyle modifications, daily dosing and strict administration conditions, which may affect real-world adoption and adherence.

By contrast, trial ATTAIN-1 showed orforglipron achieved 12.4% mean weight loss at 72 weeks at the highest 36 mg dose, versus 2.4% with placebo⁴. SURMOUNT-5 showed tirzepatide (injectable) achieved 20.2% mean weight loss. Orforglipron is an oral, small-molecule GLP-1 that may be easier to manufacture and prescribe at scale, but it is not a direct efficacy match for tirzepatide on current evidence.

Benefits and Concerns

The perceived advantages of a daily oral GLP-1 differ dramatically between current patients and non-users. For current GLP-1 patients the top two advantages of a daily pill were lower cost (68% of respondents) and easier for travel or storage (59%) when compared with current injectable treatments; for both of these advantages current patients were more than twice as likely to see as a benefit from an oral pill than non-users. The top advantages for non-users of GLP-1s were seen as avoiding injections (53%) and convenience / ease of use (50%) and fits better into daily routine (31%).



Younger adults are more likely to associate a pill with improved effectiveness, with 27% of those aged 18–24 believing it would be more effective than injections. Among those aged 65 and over, this falls to just 5%. At the same time, younger adults are also more likely to anticipate more severe side effects, with 29% expecting worse outcomes compared with 10% overall.

Concerns about the daily pill also differed markedly between current patients and non-users. Effectiveness versus the injectable was a concern for two out of three current patients, but fewer than one in five non-users. Current patients were twice as likely to report cost of treatment as being a concern with the daily pill.

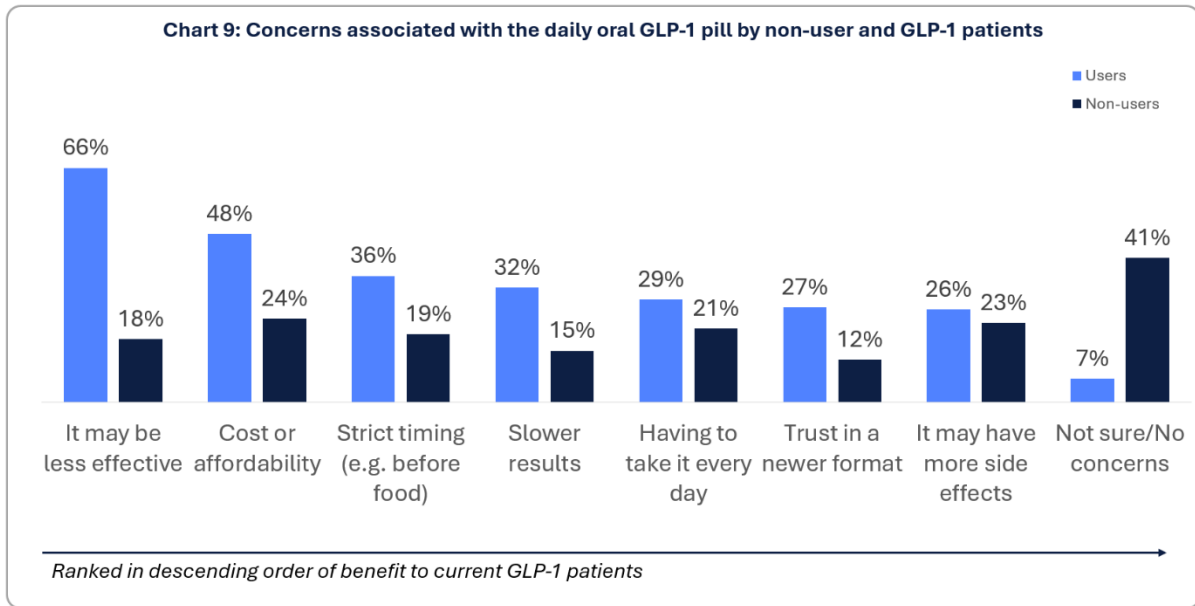
Based on current clinical trial results, oral semaglutide presents a credible alternative to injectable semaglutide with similar efficacy. Orforglipron could reshape access, adherence and price competition if its convenience and supply advantages translate in real-world use. For current patients, the major concern about effectiveness and cost suggests that there are clear ideas already about motivations to switch.

For non-users, one in three reported that if a daily oral pill was cheaper than weekly injectable, they would be more likely to start GLP-1 treatment. This was particularly pronounced for those who said they are currently trying to lose weight (44%), and those who aren't trying but would like to lose weight (42%). Despite the reported appeal of a daily pill, just 3% of existing GLP-1 patients said they would switch no matter the price and 60% of current patients said they would only switch if it were at least 20% cheaper. If the daily pill were priced at parity with injectable treatment, 49% of current patients said they were unlikely to switch. There was a notable difference based on current medication: 51% of Mounjaro patients said they wouldn't switch versus 44% of Wegovy patients.

After answering questions about their perceptions, we provided publicly available information about the pill (see methodology) and then asked respondents questions about their format preference and intent to start or switch treatment.

After receiving information, perceived preference for the daily pill reduced among non-users from 61% to 27% and GLP-1 users from 49% to 23%. For those who had been on treatment fewer than six months the pill preference halved from 52% to 26%, and for those who had been on GLP treatment for more than 6 months it dropped from 48% to 22%. Furthermore, 37% of current patients said that they wouldn't

have started treatment sooner, but 33% said they would have, and 31% of non-users would have been more likely to consider treatment.



Overall, uptake is likely to depend on clear evidence and education, pricing relative to efficacy, and practical patient information and guidance on what to expect day-to-day. For current users, the decision to switch will hinge on confidence that effectiveness and overall value will be at least as good as their current treatment. For non-users, whilst the main driver is likely to be lower friction to start, the overwhelming uncertainty will likely stall decision making – education and clear expectations will be central to reducing hesitation and supporting patients in navigating an ever-expanding treatment range.

CONCLUSION: EXPANDING THE MARKET BUT THEY'RE NOT FOR EVERYONE

The UK is entering a new phase of the GLP-1 conversation. Our findings indicate that familiarity is uneven and heavily age-skewed, leaving many of those most likely to benefit with the least information to judge relevance or safety. As a result, awareness can rise without a proportional increase in consideration, and reluctance remains the default position for most non-users.

Oral GLP-1s reduce the psychological barriers associated with injections and increase perceived accessibility for non-users; the majority of whom expressed a preference for tablets and many reported avoiding injections and convenience as key benefits. Our data also show that preference differs from intent; only a minority say a pill would make them more likely to consider treatment, and uncertainty about effectiveness and side effects is pervasive.

Oral GLP-1s may enable increased adoption but they do not, on their own, solve the underlying barriers of stigma, confidence and understanding.

For GLP-1s patients perceived advantages concentrate on cost and day-to-day logistics, while concerns focus on effectiveness and value. Switching is therefore governed less by a personal risk-reward equation, including price thresholds and confidence in outcomes.

Once people are given information about oral GLP-1s and the realities of use (see methodology), enthusiasm falls by more than half for both non-users and patients. As providers we must ensure clinical progress is matched by public understanding.

Oral GLP-1s could increase earlier engagement for some groups, but the pathway to safe, appropriate and sustained use depends on evidence-led education about obesity as a chronic condition, realistic expectations of treatment (assessment, titration, monitoring and behavioural support), and responsible communication that reduces stigma rather than simply making treatment easier to hide.

Without that shift, innovation risks producing a larger audience that is curious but uncertain, with consideration lagging behind awareness and clinically eligible individuals remaining outside treatment pathways even as options expand.

M E T H O D O L O G Y

Patient survey n=3,488 (Simple Online Pharmacy GLP-1 users, non-nationally representative). Consumer survey by Onepoll n=2,000 (respondents screened to remove current GLP-1 users; sample remains UK nationally representative). Fieldwork conducted 2025-2026.

Survey detail: both survey groups were introduced to the idea of a daily pill format of GLP-1 medication. With no further detail provided, the survey collected their perceptions, preferences and concerns about a pill format. Following this, respondents were given information of potential trade-offs (below) after which they were asked again on their format preference and likelihood to switch (for current patients) or to consider treatment (for non-users).

Mid-survey education: *“A pill version would be taken daily, first thing in the morning, with water, and at least 30 minutes before food or other medications. It may be less effective than injections and side effects may be more likely or more noticeable.”*

Table 1: Generation mapping

Generation	Birth dates
Silent generation	1928 - 1945
Boomers	1946 - 1964
Gen X	1965 - 1980
Millennials	1981 - 1996
Gen Z	1997 onwards

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