

BREAKING THE SILENCE

GLP-1 Treatment, Social Stigma
and Public Perception in the UK
(2026)



simple online pharmacy

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INTRODUCTION

An estimated two million people in the UK are currently using GLP-1 medicines to treat obesity as a chronic, often relapsing medical condition. Many have spent years trying diets, exercise programmes and behavioural interventions before seeking medical support. Every day, we speak to patients for whom treatment has resulted in measurable improvements in weight, mobility, metabolic health and overall quality of life. Yet these same patients often conceal their treatment, and others hesitate to discuss their care openly with clinicians or support networks.

Weight loss may be socially rewarded, but the route taken to achieve it remains heavily judged even by friends and family. The tension between clinical evidence and social acceptance is now shaping treatment behaviour.

Simple Online Healthcare commissioned this research to help examine how perception influences engagement, adherence and long-term outcomes. Drawing on nationally representative public research and real-world patient data, we propose several steps to ensure that clinical advances translate into a measurable public health benefit.

The issue is not whether obesity can be treated more effectively, it is a question of how we can create a supportive environment which enables patients to use those treatments appropriately and sustainably.

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EXECUTIVE SUMMARY

Obesity is a chronic public health challenge and one of the UK's most serious health concerns. Without intervention at scale, rising prevalence and associated comorbidities over the next decade will reduce quality of life and life expectancy while increasing pressure on the NHS and the wider economy. Anti-obesity medications, GLP-1 treatments and GIP/GLP-1 treatments (hereafter GLP-1s or GLP-1 treatment/medications) have transformed weight management, enabling patients to surpass outcomes achieved in previous weight loss attempts. Beyond headline weight loss, patient-reported outcomes show substantial improvements in overall health (92%), sustained healthier habits (88%), as well as quality of life and confidence (79%).

As awareness of GLP-1s has increased, a disconnect has emerged between clinical effectiveness, patient experience, and social perception. 54% of patients say others' attitudes towards them improved after losing weight, suggesting weight loss itself is socially rewarded. However, the data shows that the method of weight loss - in this case, using medication - is still heavily scrutinised by friends, family, colleagues, and across both traditional and social media.

New research by Simple Online Healthcare shows two thirds of patients hide their treatment from friends or family, 38% report being judged for using GLP-1 treatments, and 21% say fear of social stigma was a major concern in their decision to pursue GLP-1 treatment. Public understanding lags clinical reality as nearly half of UK adults don't recognise obesity as a medical condition, and feel uncomfortable discussing GLP-1 use. Furthermore, 1 in 5 believe weight should be managed by lifestyle changes alone.

This report demonstrates that a significant barrier to maximising effective obesity treatment is perception rather than clinical efficacy. Unless stigma is actively addressed through evidence-led public education, responsible media engagement, and consistent regulatory messaging, the UK risks sustaining an avoidable disease burden and long-term pressure on the health system.

Simple Online Healthcare, trading as Simple Online Pharmacy in the UK, also provides digital healthcare services in Australia, Germany and Denmark. This report summarises findings from a nationally representative survey of 2,000 UK adults, commissioned by Simple Online Healthcare, and a survey of 3,086 Simple Online Pharmacy patients currently or recently on GLP-1 medication.

KEY FINDINGS

1. GLP-1 treatment improves patient health and wellbeing beyond weight loss

Patient-reported data shows 92% experienced improved overall health, 79% better quality of life and confidence, 78% improved mobility, and 62% better mental wellbeing. In addition, 41% reported improvements in pre-existing conditions and some reduced reliance on medications such as painkillers, blood pressure treatment, and diabetes management.

2. Treatment supports and enables lifestyle changes

Patients reported having attempted four different weight loss methods on average prior to starting GLP-1 treatment. 88% say treatment has helped them maintain healthier eating and physical activity habits, directly challenging the narrative that it functions as a shortcut.

3. Social stigma and concealment are widespread and influencing patient behaviours

More than a third of patients (38%) report being judged for using GLP-1 treatments, while 66% hide their treatment from some or all friends and family. Healthcare decision-making is also affected, with 21% saying fear of social stigma was a key concern when pursuing treatment, highlighting its role as a barrier to consideration and adoption.

4. A clear perception gap exists between public attitudes and patient reality

Only 26% of consumers feel comfortable discussing GLP-1 treatment and public narratives remain rooted in “quick fix” and “easy way out” assumptions, despite the evident individual benefits, positive health outcomes and lifestyle changes reported by patients.

CHAPTER 1 : THE CLINICAL SHIFT IN OBESITY TREATMENT

1.1 Obesity is a public health crisis

Obesity is one of the most significant global health challenges; over one in four people globally view it as a leading health concern¹. Obesity leads to higher rates of chronic disease, reduced life expectancy and quality of life, more years spent in poorer health, and employment and productivity losses due to ill health.

The UK has one of the highest prevalence rates in Europe, with nearly 30% of adults living with obesity and a further proportion overweight. Obesity-related ill health already costs the UK over £126 billion annually². Just over half of England's Integrated Care Boards offer Tier 3 NHS weight management services³ and dropout rates are estimated to be 50–60%, highlighting the dual challenges of accessibility and long-term engagement⁴.

Effective intervention is needed to improve individual health and the sustainability of the national healthcare system. Obesity prevalence has risen steadily over the last three decades. Without intervention, overweight and obesity will impact more than half of adults and a third of children globally by 2050⁵. If no structural intervention occurs, the current trajectory could mean the majority of UK adults will be affected within a generation, with associated disease costs reaching £50bn per year.

1.2 Increased clinical effectiveness and health impact beyond weight loss

GLP-1 medications have changed the landscape of weight management. Originally developed for type 2 diabetes, GLP-1 receptor agonists mimic endogenous incretin hormones to regulate appetite, enhance satiety, and reduce energy intake.

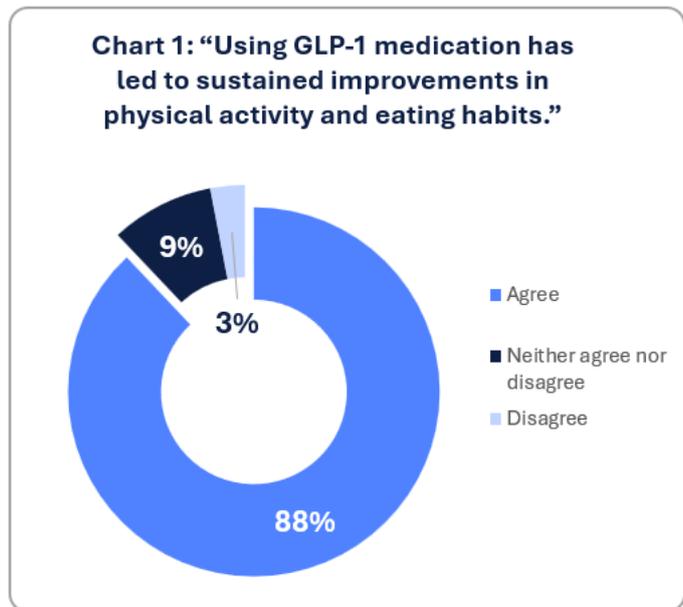
Clinical efficacy has advanced substantially since daily 3.0mg liraglutide injections delivered approximately 8% weight loss over one year⁶. In the SURMOUNT-1 trial, tirzepatide 15mg achieved a mean weight reduction of 20.9% at 72 weeks, with over half of participants achieving $\geq 20\%$ weight loss⁷. In the STEP UP phase 3b trial, once-weekly semaglutide 7.2mg produced a mean weight reduction of 18.7% at 72 weeks, significantly greater than the 2.4mg dose and placebo⁸. Nearly one in three participants achieved weight loss of 25% or more. These outcomes represent a step-change in pharmacological obesity treatment reaching effectiveness previously associated only with bariatric surgery.

Importantly, their benefits extend beyond total body weight reduction. Higher-dose semaglutide was associated with improvements in waist circumference, blood pressure, glycaemic markers and cardiometabolic risk factors, reinforcing its relevance as a disease-modifying intervention.

UK patient adoption has accelerated rapidly, with an estimated two million patients accessing GLP-1 treatment during 2025. Patients undertaking GLP-1 treatment report a wide range of health benefits beyond weight loss. More than nine in ten patients have experienced improvements in overall health, almost 80% report better quality of life, confidence, improved mobility and physical comfort, and approximately 60% have improved mental health, energy and stamina. GLP-1 treatments also support improvements in comorbidities for more than 40% of patients, with 18% of respondents reporting they have reduced medication for other conditions, notably linked to cardiovascular health and chronic disease management.

1.3 Healthier living enabled by treatments

GLP-1 treatment effectiveness has contributed to the narrative that they are substitutes for lifestyle change. However, our research shows patients attempt an average of four different weight loss approaches prior to initiating GLP-1 treatment, including calorie restriction, increased exercise, structured dietary guidance and behavioural programmes. Medication appears to support behavioural reinforcement, not replace it. For example, 88% report treatment has helped them sustain healthier eating and physical activity habits. Reported improvements in energy, mobility, and mental wellbeing increase alongside changes to diet and activity.



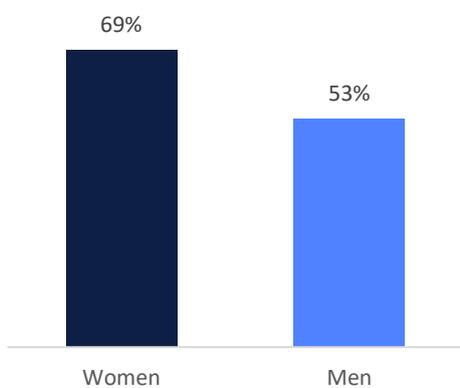
Patients' GLP-1 treatment intentions also reflect long-term engagement; 43% continue primarily for weight maintenance, 31% have stated they do not currently expect to stop treatment, and many plan to discontinue only once healthier routines are embedded. Evidence indicates that individuals who stop GLP-1 therapy without embedded lifestyle change can experience rapid weight regain.

A recent BMJ analysis found that regain occurred at substantially accelerated rates in the absence of structured behavioural intervention⁹. When GLP-1 therapies are framed as definitive or rapid solutions, patients may experience judgement or self-criticism if weight regain occurs. Sustainable outcomes depend on integration of medical treatment with behavioural change.

CHAPTER 2: WEIGHT LOSS IS SUPPORTED BUT SCRUTINY REMAINS

Public attitudes are evolving slower than clinical practice and patient adoption; social narratives remain anchored in willpower and personal responsibility, compounded by wider beliefs that obesity is a lifestyle choice.

Chart 2: Women are more likely to hide treatment



Research data indicate 54% of patients report more positive attitudes from others once they lose weight. Almost 90% of patients report healthier habits as part of their GLP-1 treatment journey.

Patients report behavioural shifts, including 44% spending less on food and 32% consuming fewer takeaways, alongside wider improvements in diet, activity, and health habits. In addition, 88% say treatment helped sustain healthier nutrition and exercise patterns, indicating that medication functions as a support mechanism rather than a standalone solution.

However, 38% of patients report being judged for using GLP-1 therapies. Among those experiencing judgement, 79% were accused of taking the “easy way out” and 68% were told to “just eat less and move more.” Some also report GLP-1s being described as cheating or even dangerous.

Social stigma also shapes healthcare decision-making; 21% of patients report that judgement was a primary factor when deciding whether to pursue treatment, and two-thirds hide their treatment from some or all friends and family.

Concealment limits open discussion, reduces support networks and risks reinforcing the perception that medically supervised obesity treatment lacks legitimacy. Gen Z (74%) and women (69%) are most likely to hide treatment, reflecting longstanding social and gendered expectations around weight management and appearance.

Chart 3: Women are more likely to experience judgement for using GLP-1s

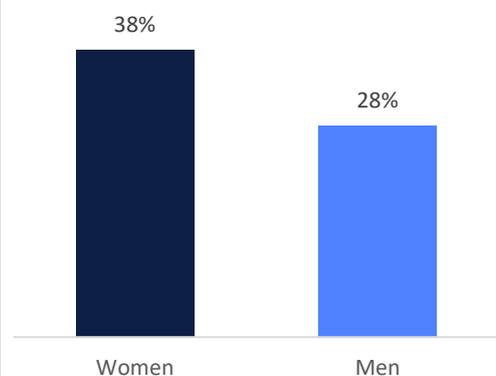
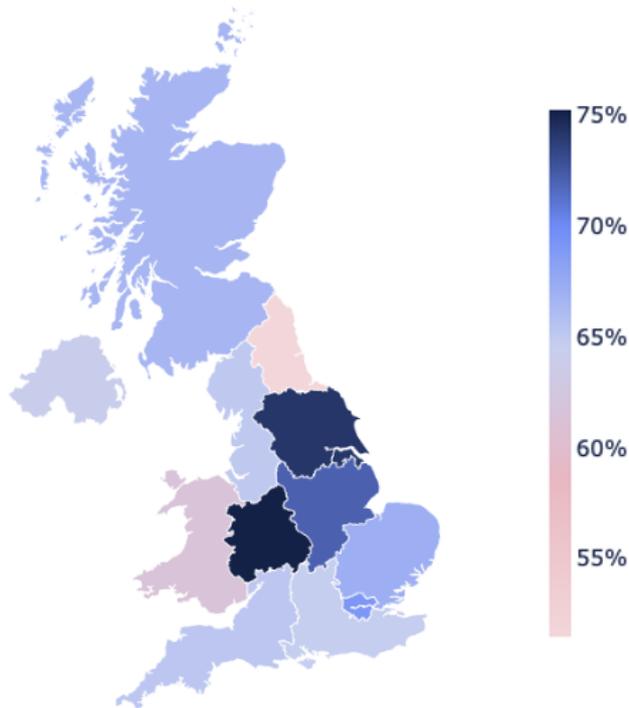


Chart 4: Reported concealment of GLP treatment by region



Patients in England and Scotland report the highest exposure to judgement and stigma towards GLP-1 treatment use (38% and 37% respectively), whereas in Wales just 30% of patients report experiencing social stigma, and in Northern Ireland it drops to 23%.

Regionally, the East Midlands reports the highest family/friend judgement at 87%, with London, West Midlands, and Yorkshire & The Humber close behind at 84%.

The North-East sees the lowest judgement from friends and family but the highest at work. It is also the region with the lowest rate of treatment concealment, yet still with more than half hiding treatment.

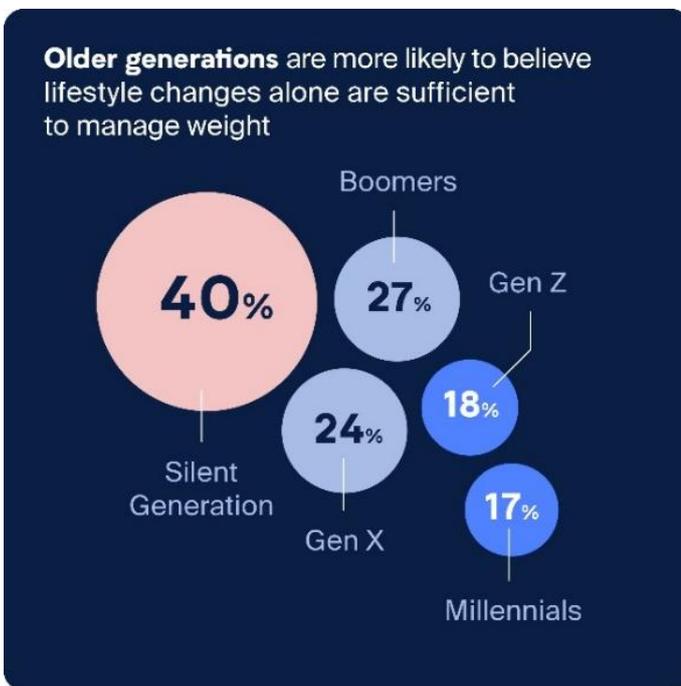
Persistent social stigma surrounding GLP-1 treatment shapes treatment access, adherence, clinical engagement and outcomes. The data show 52% of surveyed patients report feeling uncomfortable discussing GLP-1 treatment.

Generational differences show the highest need populations are typically the least comfortable in seeking support or in engaging openly with treatment. Younger generations are two to three times as likely as older generations to be comfortable discussing GLP-1 treatment. 47% of Boomers and 56% of Silent Generation adults admit to feeling *very uncomfortable* discussing GLP-1 treatment. Delayed engagement, concealing treatment, and disengagement from clinical support can undermine adherence, reduce treatment efficacy and increase the likelihood of weight regain.

CHAPTER 3 : CLOSING THE AWARENESS / UNDERSTANDING GAP

Within clinical practice, obesity is now broadly accepted as a chronic medical condition governed by individual biology, social circumstances and cultural norms. Although 64% of adults in the UK are aware of GLP-1 treatments¹, half of UK adults do not consider obesity as a medical condition; treatment awareness is rising faster than disease understanding. Frequently, discussions turn to willpower, personal responsibility, or “quick fixes.”

Among UK adults, just 6% report currently using GLP-1 treatments, approximately 30% are category “rejectors” who view obesity as purely lifestyle-driven, and only a small minority (14%) recognise GLP-1 use as a responsible or legitimate medical approach.



Generational differences reinforce social stigma and the gap between public awareness and patient experience. Older adults are more likely to associate weight management with personal responsibility, discipline, and lifestyle change. Half of Silent Generation respondents consider obesity to be a purely lifestyle issue, compared with 1 in 3 for Gen Z or Millennial respondents. 40% of Silent Generation and 27% of Boomer respondents believe obesity should be treated by lifestyle changes alone. Gen Z and Millennials are the most likely to recognise obesity at least in part as a health issue, and most willing to consider treatment, but they are also the most likely to hide their use of it (74% and 70% respectively).

Perceptions of effort and personal responsibility are pervasive, and distributed unevenly across age, gender, and social demographics. Social judgement based on historic narratives reinforces secrecy and limits engagement. If awareness continues to outpace understanding, it will create barriers to care for younger adults, women, and other socially scrutinised groups.

Closing the perception and stigma gap is important for individual patient outcomes, for encouraging equitable access to treatment across genders, ages, cultures and social groups, for improving adherence, reducing preventable disease burden, and supporting the long-term sustainability of healthcare systems.

These generational differences indicate that future public discourse may evolve as younger cohorts become a larger proportion of patients and consumers. To maximize societal benefit, this report calls for:

- **Renewed acceptance that obesity is a chronic disease:** Framing obesity as a health condition, rather than a moral failing, will align public understanding with clinical reality.
- **Reframing GLP-1 medications as part of long-term chronic disease management:** Highlighting their role as a tool within a broader behavioural, lifestyle and medical strategy to counter misperceptions of “shortcuts.”
- **Accurate representation aligned with clinical reality:** Education materials, headlines and social discourse must emphasise sustained lifestyle change and supervision, rather than “miracle” narratives.
- **Public and social environments that reduce social stigma and support open discussion of medically supervised treatment:** Embedding consistent, evidence-based messaging across public health campaigns, employer guidance and community health settings to normalise clinically supervised obesity care.
- **Increased education on safe access routes:** Ensuring patients access safe, licensed sources reinforces trust and mitigates stigma associated with perceived unsafe routes.

CONCLUSION: FROM SECRECY & STIGMA TO HOLISTIC HEALTHCARE

Obesity is a chronic, complex condition with a growing health and economic burden. Clinically effective treatments deliver measurable improvements across physical, mental, and functional health. However, public discourse continues to emphasise willpower and personal responsibility, and has not progressed at the same pace as the medical evidence.

Framing outcomes as rapid or effortless distorts expectations and obscures the behavioural requirements that underpin sustained results. This misalignment contributes to judgement, concealment and discomfort discussing treatment, particularly among women, younger adults and older populations who may also have elevated clinical need.

Stigma and misperception are associated with delayed treatment uptake, reduced openness with clinicians and support networks, and inconsistent adherence. Where effective therapies are under-adopted, prematurely discontinued or accessed outside structured or regulated pathways, long-term clinical benefit is diminished, and avoidable health system cost remains.

Addressing this gap requires coordinated and consistent action across institutions. Obesity should be communicated as a chronic medical condition within public health and clinical messaging. GLP-1 therapies should be positioned within long-term, integrated disease management pathways. Media and public communication should reflect clinical evidence and avoid reductive narratives that mischaracterise treatment intent or durability. Clear education on regulated access routes is necessary to maintain trust and reduce risks associated with misinformation or unsafe supply.

Effective pharmacological interventions are now established. The remaining challenge is alignment. Ensuring that public understanding reflects clinical reality will support appropriate uptake, sustained adherence and more efficient use of health system resources.

M E T H O D O L O G Y

Patient survey n=3,086 (Simple Online Pharmacy GLP-1 users, non-nationally representative). Consumer survey by Onepoll n=2,000 (UK nationally representative). Fieldwork conducted 2025-2026.

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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