

Survey: Americans want weight loss drugs despite high cost

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Many Americans really want to lose weight—and a new poll shows nearly half of adults would be interested in taking a prescription drug to help them do so.

At the same time, enthusiasm dims sharply if the treatment comes as an injection, if it is not covered by insurance, or if the [weight](#) is likely to

return after discontinuing treatment, a new nationwide KFF poll found.

Those findings display the enthusiasm for a new generation of pricey weight loss drugs hitting the market and illustrate possible stumbling blocks, as users potentially must deal with weekly self-injections, lack of [insurance coverage](#), and the need to continue the medications indefinitely.

For example, interest dropped to 14% when respondents were asked if they would still consider taking prescription medications if they knew they could regain weight after stopping the drugs.

One way to interpret that finding is "people want to lose a few pounds but don't want to be on a [drug](#) for the rest of their life," said Ashley Kirzinger, KFF's director of survey methodology. The monthly poll reached out to 1,327 U.S. adults.

The U.S. represents a large market for drugmakers who want to sell weight loss prescriptions: An estimated 42% of the population is classified as obese, according to a controversial metric known as BMI, or body mass index. In the KFF poll, 61% said they were currently trying to lose weight, although only 4% were taking a prescription medication to do so.

That gap between the 4% taking any kind of prescription weight loss treatment and the number of Americans deemed overweight or obese is the sweet spot drugmakers are targeting for the [new drugs](#), which include several diabetes treatments repurposed as weight loss drugs.

The drugs have attracted much attention, both in mainstream publications and broadcasts and on social media, where they are often touted by celebrities and other influencers. Demand jumped and supplies have become limited. About 7 in 10 adults had heard at least "a little"

about the new drugs, according to the survey.

The newer treatments include Wegovy, a slightly higher dose of Novo Nordisk's diabetes drug Ozempic, and Mounjaro, an Eli Lilly diabetes treatment for which the company is currently seeking FDA approval as a weight loss drug.

Weight loss with these injectable drugs surpasses those of earlier generations of weight loss medications. But they are also costlier than previous drugs. The monthly costs of the drugs set by the drugmakers can range from \$900 to more than \$1,300.

At, say, a wholesale price tag of \$1,350, the tab per person could top \$323,000 over 20 years.

The drugs appear to work by mimicking a hormone that helps decrease appetite.

Still, like all drugs, they come with side effects, which can include nausea, diarrhea, vomiting, and constipation. More [serious side effects](#) include the risk of a type of thyroid cancer, inflammation of the pancreas, or low blood sugar. Health officials in Europe are investigating reports that the drugs may result in other side effects like suicidal thoughts.

The KFF survey found that 80% of adults thought insurers should cover the new weight loss drugs for those diagnosed as overweight or obese. Just over half wanted it covered for anyone who wanted to take it. Half would still support insurance coverage even if doing so could increase everyone's monthly premiums. Still, 16% of those surveyed said they would be interested in a weight loss prescription even if their insurance did not cover it.

In practice, coverage for the new treatments varies, and private insurers often peg coverage to patients' BMI, a ratio of height to weight. Medicare specifically bars coverage for drugs for "anorexia, weight loss, or weight gain," although it pays for bariatric surgery.

"Unfortunately, a lot of insurers have not caught up to the idea of recognizing obesity as a disease," said Fatima Cody Stanford, an obesity medicine specialist at Massachusetts General Hospital and Harvard Medical School.

Employers and insurers must consider the potential costs of covering the drugs for enrollees—perhaps for them to use indefinitely—against the potential savings associated with losing weight, such as a lower chance of diabetes or joint problems.

Stanford said the drugs are not a miracle cure and do not work for everyone. But for those who benefit, "it can be significantly life-altering in a positive way," she said.

It's not surprising, she added, that the drugs may need to be taken long term, as "the idea that there is a quick fix" doesn't reflect the complexity of obesity as a disease.

While the drugs currently on the market are injectables, some drugmakers are developing oral [weight loss drugs](#), although it is unclear whether the prices will be the same or less than the injectable products.

Still, many experts predict that a lot of money will be spent on [weight loss](#) products in the coming years. In a recent report, Morgan Stanley analysts called obesity "the new hypertension" and predicted industry revenue from U.S. sales of obesity drugs could rise from a current \$1.6 billion annually to \$31.5 billion by 2030.

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