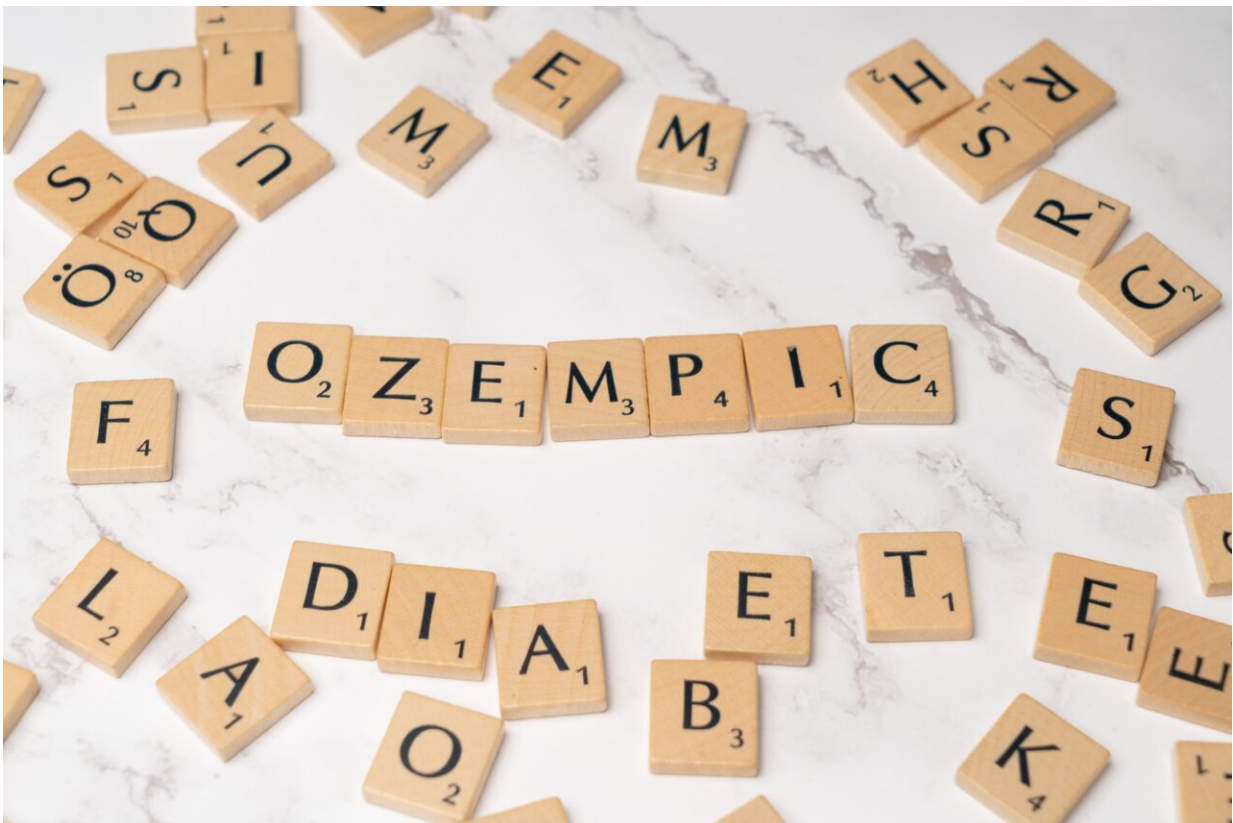


# Drugs like Ozempic won't 'cure' obesity but they might make us more fat-phobic

April 10 2024, by Emma Beckett

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Credit: Markus Winkler from Pexels

Many have [declared](#) drugs like Ozempic could "end obesity" by reducing the appetite and waistlines of millions of people around the world.

When we look past the hype, this isn't just untrue—it can also be harmful. The focus on weight, as opposed to health, is a feature of [diet culture](#). This frames the pursuit of thinness as more important than other aspects of physical and cultural well-being.

The Ozempic buzz isn't just rooted in health and medicine but plays into ideas of [fat stigma and fat phobia](#). This can perpetuate fears of fatness and fat people, and the behaviors that [harm people who live in larger bodies](#).

## **Not the first 'miracle' weight-loss drug**

This isn't the first time we have heard that weight-loss drugs will change the world. Ozempic and [its family](#) of GLP-1-mimicking drugs are the latest in a long line of weight loss drugs. Each looked promising at the time. But none have lived up to the hype in the long term. Some have even been withdrawn from sale due to [severe side effects](#).

Science does improve [incrementally](#), but diet culture also keeps us on a cycle of hope for the next [miracle cure](#). So drugs like Ozempic might not deliver the results individuals expect, continuing the cycle of hope and shame.

## **Ozempic doesn't work the same for everyone**

When we talk about the results of studies using Ozempic, we often [focus on the average](#) (also known as the mean) results or the maximum (or

peak) results. So, studies might [show](#) those using the [drug](#) lost an average of 10.9% of their [body weight](#), but some lost more than 20% and others less than 5%

What we don't talk about as much is that responses are variable. Some people are "[non-responders](#)." This means not everyone loses as much weight as the average, and some don't lose weight at all. For some people, the side-effects will outweigh the benefits.

When people are on drugs like Ozempic, their blood sugar is better controlled by enhancing the release of insulin and reducing the levels of another hormone called glucagon.

But there is greater variability in the amount of [weight lost](#) than the variability in [blood sugar](#) control. It isn't clear why, but is likely due to differences in genetics and lifestyles, and weight being more complex to regulate.

## **Treatment needs to be ongoing. What will this mean?**

When weight-loss drugs do work, they are only effective while they're being taken. This means that to keep the weight off people need to keep taking them long term. [One study found](#) an average weight loss of more than 17% after a year on Ozempic became an average net weight loss of 5.6% more than two years after stopping treatment.

Short-term side effects of drugs like Ozempic include dizziness, nausea, vomiting and other gastrointestinal upsets. But because these are new drugs, we simply don't have data to tell us if side effects will increase as people take them for longer periods.

Nor do we know if [effectiveness will be reduced](#) in the long term. This is called [drug tolerance](#) and is documented for other long-term treatments

such as antidepressants and chemotherapies.

## **Biology is only part of the story**

For some people, using GLP-1-mimicking drugs like Ozempic will be validating and empowering. They will feel like their biology has been "normalized" in the same way that blood pressure or cholesterol medication can return people to the "normal" range of measures.

But biologically, [obesity isn't solely about GLP-1 activity](#) with [many other](#) hormones, [physical activity](#), and even our gut microbes involved.

Overall, [obesity is complex and multifaceted](#). Obesity isn't just driven by personal biology and choice; it has social, cultural, political, environmental and economic determinants.

## **A weight-centered approach misses the rest of the story**

The weight-centered approach [suggests that leading with thinness means health will follow](#). But changing appetite is only part of the story when it comes to health.

Obesity often [co-exists with malnutrition](#). We try to separate the effects in research using statistics, but focusing on the benefits of weight-loss drugs without addressing the underlying malnutrition means we aren't likely to see the [improved health outcomes in everyone who loses weight](#).

## **Obesity isn't an issue detached from people**

Even when it is well-intentioned, the rhetoric around the joy of "ending

the obesity epidemic" can harm people. Obesity doesn't occur in isolation. It is people who are obese. And the celebration and hype of these weight-loss drugs can reinforce harmful fat stigma.

The framing of these drugs as a "cure" exacerbates the binary view of thin versus fat, and healthy versus unhealthy. These are not binary outcomes that are good or bad. Weight and health exist on a spectrum.

Ironically, while fat people are told they need to lose weight for their health, they are also [shamed for "cheating" or taking shortcuts](#) by using medication.

## **Drugs are tools, not silver bullets**

The creation of these drugs is a start, but they remain expensive, and the hype has been followed by [shortages](#). Ultimately, complex challenges aren't addressed with simple solutions. This is particularly true when people are involved, and even more so when there isn't even an agreement on what the challenge is.

Many organizations and individuals see obesity is a disease and believe this framing helps people to seek treatment.

Others think it's unnecessary to attach medical labels to body types and [argue](#) it confuses [risk factors](#) (things that are linked to increased risk of illness) with illness itself.

Regardless, two things will always remain true. Drugs can only ever be tools, and those tools need to be applied in a context. To use these tools ethically, we need to remain mindful of who this application harms along the way.

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