Surge in GLP-1RA Prescriptions for Obesity Without Type 2 Diabetes

Semaglutide emerged as the most frequently prescribed GLP-1 receptor agonist (GLP-1RA) in 2023 by a significant margin. A nationwide study revealed a substantial rise in new GLP-1RA prescriptions over the past decade, especially since 2020.

While semaglutide dominated prescriptions in 2023, the study also noted a shift in the patient population. There was a decrease in new users with type 2 diabetes (T2D) and an increase in prescriptions for individuals with obesity or related comorbid conditions but without T2D. The researchers suggested that the high prevalence of obesity and the growing demand for GLP-1RAs for obesity treatment could contribute to drug shortages and exacerbate existing racial and ethnic disparities in drug access. The brief research report is published in the Annals of Internal Medicine.

Researchers from the Perelman School of Medicine at the University of Pennsylvania and Cedars-Sinai analysed data from TriNetX, a federated health research network with records for 45 million individuals in the U.S. They examined the annual trend in new GLP-1RA prescriptions from 2011 to 2023, categorising them based on the presence of diabetes and comorbid conditions related to diabetes or obesity. New prescriptions were defined as those given to individuals receiving GLP-1RAs for the first time, according to the TriNetX database.

The analysis revealed that among the 1 million new GLP-1RA users identified during the study period, a disproportionate number were female, non-Hispanic White, and had a BMI of 30 kg/m² or greater. Additionally, there was a twofold increase in the proportion of users without T2D but with a BMI of 30 kg/m² or greater or a BMI of 27 to 30 kg/m² with an obesity-related comorbid condition. The proportion of users without FDA-approved indications rose from 0.21% in 2019 to 0.37% in 2023.

In 2019, semaglutide and liraglutide accounted for 31.4% and 35.3% of all new GLP-1RA prescriptions, respectively. By 2023, these figures shifted dramatically, with semaglutide making up 88.1% of new prescriptions and liraglutide dropping to 10.3%.

Obesity now affects 2 in 5 adults in the U.S., positioning it as a major public health challenge. Despite its prominence, accurately identifying obesity remains difficult due to the diversity of the U.S. population. There is no consensus on a single definition of obesity, and focusing solely on it as a disease rather than a broader, more inclusive concept could have unintended effects, such as reinforcing weight bias in the healthcare system.

While the healthcare community addresses related health risk factors like hypertension and high cholesterol proactively, insurers often set higher barriers for obesity treatment coverage. Given that obesity stems from a complex mix of genetic, social, cultural, environmental, and behavioral factors, clinicians need time and understanding to treat patients holistically. This is increasingly important with the advent of new, highly effective weight loss treatments. Equitable access to these treatments will depend on clinicians' ability to make nuanced decisions based on individual patients' unique situations rather than rigid definitions of disease. It is time to recognise obesity as a serious health threat and prioritise obesity education in medical school and residency training.

Source: Annals of Internal Medicine
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