

# Portrayal and social response to the new era of medications for obesity

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Alongside the increasing prevalence of obesity, has been growing calls for interventions to reduce its prevalence, with arguably limited success given the continued rise. The overwhelming societal rhetoric has framed obesity as a result of a lack of willpower with individual agency the focus for prevention and treatment in policy and interventions. This is a key contributor to the pervasiveness of weight stigma, with blame directed towards PWO (and parents of children living with obesity). Media portrayal and emerging societal response to medications for obesity (MO; GLP-1 and GIP/GLP-1 receptor agonists), which appears unsupportive of their use despite their effectiveness, seems counterintuitive and ill-aligned to the continuous calls for interventions to reduce obesity. This perplexing response is based on a perception that MO offer “an easy way out” and that people should lose weight solely through behavioural modification, portrayed to be of greater moral value.<sup>1</sup> First, this portrayal and response is juxtaposed to substantial evidence of the complexity of obesity where for many people, behavioural modification alone is insufficient. The decades of focus on behavioural modification in the backdrop of the continued increase in obesity prevalence should highlight that intervention beyond individual agency is needed. Second, as per guidance from policy and health authorities—and indeed, the manufacturers—MO should also be used in combination with long-term behavioural changes. Subsequently, portrayal that MO represent an “easy option” is far from accurate and may be a reason that their use is hidden by PWO who report shame for using them.<sup>2–5</sup> This idea that they are an “easy-way-out” is akin to societal perceptions of bariatric surgery, which is likewise an invasive and long-term treatment option that should not be viewed or portrayed in this manner.

There have also been widespread calls for increased access to MO, with patient and healthcare professionals reporting significant barriers. Access issues continued to be cited as policymakers and health systems grapple with how to manage demand, economics and ensuring

that provision includes the required wraparound support. There have also been availability issues with manufacturers rapidly scaling up their operations to meet the global demand. The framing and rhetoric used for the lack of access and availability has been stigmatising, attributing fault to PWO. In some instances, this has led to “in-fighting” and blame between patient groups where for instance, people with T2D have assigned blame to PWO suggesting that availability is less because PWO are using them and that their need for access should be a lower priority. MO have been clinically approved as effective and safe for T2D and obesity; it should be noted that 90% of people with T2D also live with obesity.<sup>6</sup> Given the increased reports that people without T2D or obesity are accessing these products, despite no evidence regarding the safety of effectiveness, the lack of access concerns might be better served towards the limited restrictions and loopholes used to access them.<sup>7</sup> Recent evidence suggests highlights misuse of MO among individuals who do not meet clinical criteria — often motivated by aesthetic concerns. Pharmacovigilance data from the US Food and Drug Administration (FDA) Adverse Event Reporting System has identified misuse in people without obesity seeking appearance-related goals,<sup>8</sup> while a recent study reported increased public interest and off-label use of MO for cosmetic weight loss purposes.<sup>9</sup> The manufacturers have likewise spoke out against people without obesity and T2D using MO for aesthetic reasons; “they are not approved for—and should not be used for—cosmetic weight loss”.<sup>10</sup> This portrayal, without discouragement of their use by people without obesity and T2D but rather for cosmetic weight loss reasons may further contribute to stigma where coverage of their use does not reflect the experience of treating a long-term health condition and the required behavioural changes that are likely to be more extensive, long-term or the various associated side-effects.

It is becoming increasingly evident that there is a need to manage the portrayal and framing of MO as this may impact their use and effectiveness. Unhelpful societal discourse is known to impact intervention engagement and effectiveness. Addressing current portrayal and the societal response seems pertinent, given that MO have thus far, offered growing evidence of the wide-ranging health benefits beyond weight

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management that may address often cited concerns e. g., health system demand, economic impacts associated with obesity. Portrayal can be improved through more accurate reporting about MO and the required long-term behavioural changes that are not simple or easy. Likewise, portrayal should avoid the simplistic framing of obesity as a result of individual agency or lack of willpower, as well as the use of non-stigmatising imagery which is a long-standing issue in obesity communication. Portrayal should avoid inciting blame between patient groups but rather support calls for improved access by patient groups that MO have been proved effective and safe, as well as discouraging use by individuals who do not fall within the clinical eligibility criteria for their use.

## Contributors

SWF and CA conceived the manuscript. SWF led the writing of the manuscript. Both authors confirmed the final draft for submission.

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