Too good to be true?

Weight-loss drugs are not without side effects, says **Dani Blum**

Tens of millions of people around the world are now taking drugs such as Ozempic — a kind of real-time experiment that offers far more data than a carefully controlled clinical trial can.

Thanks to the rapid uptake of the drugs, we now have a clearer picture than ever of their effects, and the challenges that come with taking them.

"Usually when a new medicine happens, we have time to learn how to use it," Dr Melanie Jay, director of the NYU Langone Comprehensive Program on Obesity in the US, said in an interview at an American Diabetes Association conference in New Orleans. But with the weight-loss drug GLP-1, she said, "everyone is kind of iterating in real time". Here is what we have learned in the process.

They can treat much more than just obesity. While these drugs were first approved to treat diabetes, and then obesity, some of them have now been approved to reduce the risk of heart attacks and other cardiovascular issues, and to treat sleep apnoea, severe liver disease and kidney disease.

At least some of these benefits stem from weight loss itself. But researchers increasingly believe that the drugs provide benefits that are completely separate from weight loss. A leading theory is that these drugs tamp down high levels of inflammation, which is tied to many chronic health issues.

Scientists are also studying the potential for these drugs to treat a range of other conditions, including long Covid and substance use disorders. Emerging evidence has suggested that people on these drugs drink and smoke less, and are less likely to develop substance use disorders, although scientists want more, and larger, trials before drawing conclusions.

You may regain weight if you stop taking them — but not necessarily all of it. In clinical trials of injectable drugs currently on the market, people lost around 15-20 per cent of their body weight on average after about 72 weeks. Some real-world studies back up those numbers but other research suggests people tend to lose less weight. The average weight loss in some real-world trials can range between 8 per cent and 17 per cent, depending on the drug and the study. The discrepancy between these numbers and the data from clinical trials is at least partly because many people stop taking the drugs, sometimes because of side effects or costs.

Many people who stop taking these drugs will regain at least some of the weight they've lost, but some people have been able to sustain the weight loss. One analysis of records from more than 1,80,000 patients found that over half of those who took semaglutide — the substance in Wegovy — or tirzepatide — the compound in Zepbound — kept at least some weight off or even lost additional weight two years after stopping.

Hamlet Gasoyan, who studies these drugs at the Center for Value-Based Care Research at the Cleveland Clinic, US, said patients going off the drugs often turn to other methods to keep the weight off. These can include exercise regimens, bariatric surgery or other medications, whether older weight-loss drugs or cheaper compounded versions of new ones.

But the medication does not work equally well for everyone. And these drugs can also have unexpected downsides. Many people on these medications experience side effects that have been reported in clinical trials — such as nausea, fatigue and digestive issues like vomiting and diarrhoea.

But as more people have taken the drugs, all sorts of other, less common concerns have cropped up. Some of these, like "Ozempic breath" (caused, in part, by dehydration from patients with dampened appetites drinking less) or "Ozempic face" (when losing fat leaves you looking hollowed out) have become topics of conversation on social media.

Dr Scott Hagan, an associate professor of medicine at the University of Washington, US, who studies obesity, has had patients complain that their hair is falling out.

Some of the issues that have emerged are more serious. A few studies have tied the use of these medications with a slightly increased risk of developing a very rare eye condition, though it isn't clear yet whether GLP-1s directly cause that condition. Doctors have also seen the drugs dial down appetite so extremely that some patients develop nutritional deficiencies. And the drugs have also been linked with a slight increase in risk for pancreatitis.

Patients also frequently lose muscle mass on the medications. Many young, healthy patients have been able to recover muscle — or preserve it in the first place — by strength training and eating plenty of protein, doctors said. But they have seen older adults become more frail on these medications, making them more prone to falls.

And the drugs may affect more than just your body. For example, many people on the medication say the drugs have changed their sex lives.

Marie Spreckley, a researcher at the University of Cambridge, UK, studying these medications, said some patients have said they feel emotionally flatter without the delight they once found in food, and less connected to the social element of eating. She said that those experiences warrant further research. Other people have said their personality felt duller on the medications, or that they felt more lethargic.

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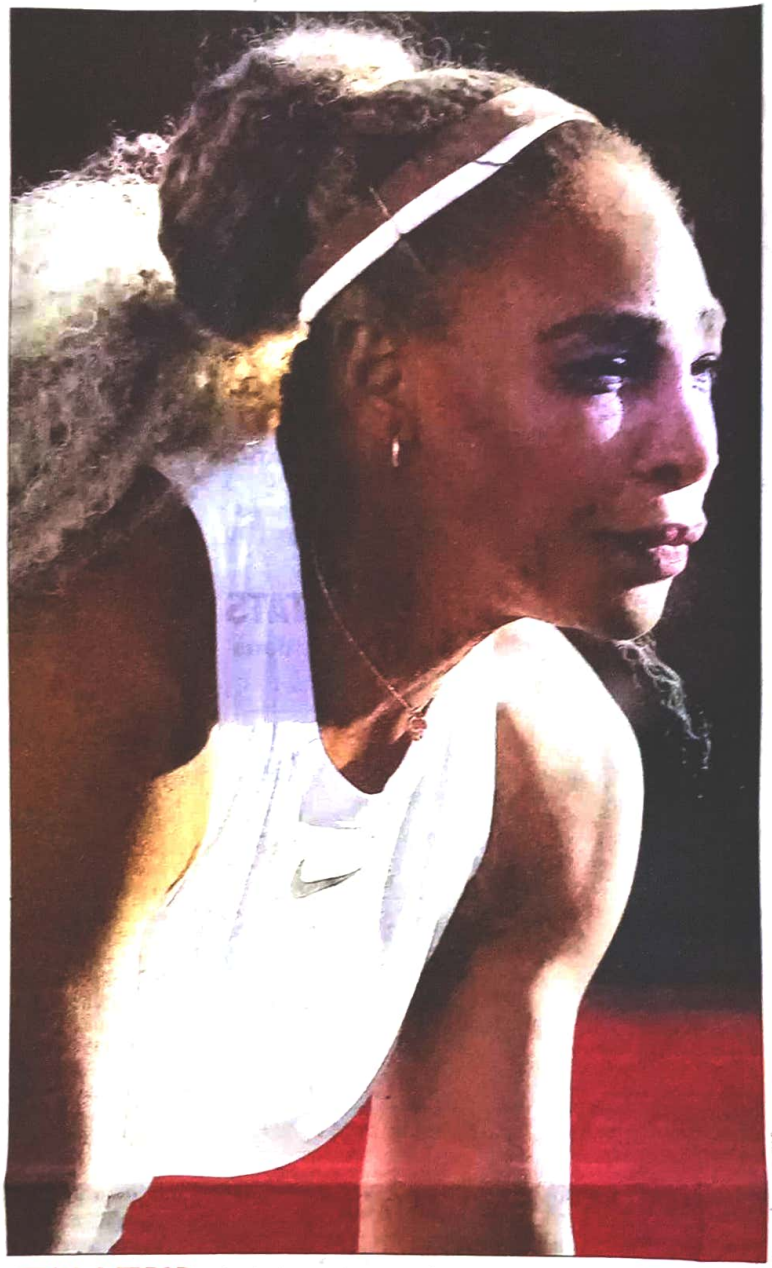

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TRIAL & ERROR: In 2025, tennis champion Serena Williams announced that she is taking weight-loss medication after struggling to see results from diet and exercise following the birth of her two daughters. There were other health considerations too. Diabetes runs in her family, and African American adults have a higher risk of being diagnosed with it. Williams, 44, recently returned to professional tennis after a hiatus of four years