

Is there a GLP-1 Halo Effect? Potentially Better Overall Health Management Due to Starting GLP-1 for Weight Loss

Shaloo Gupta, MS¹, Nikoletta Sternbach, BA¹, Lulu Lee, PhD¹ and Kathy Annunziata, MA¹

¹Oracle Life Sciences, Austin, TX

Background

- Semaglutide a glucagon-like peptide-1 (GLP-1) agonists class of drug has shown to significantly reduce HbA1c levels and body weight.¹
- Injectable semaglutide has resulted in similar weight loss and had a similar side effect as seen in randomized controlled trials.²
- Existing literature has shown that engaged and activated patients who have effective communication with their healthcare providers (HCP) have better care management of their chronic conditions and better health.^{3,4}
- As adult Americans are flocking to pharmacies to begin weight-loss treatment with GLP-1 medications, this may increase HCP engagement and in turn have positive health benefits.

Objective

This study analyzed the association between using GLP-1s for diabetes or weight-loss and the frequency of doctor visits and newly diagnosed comorbidities using a nationally representative real-world dataset.

Methods

Data Source

- Data from the 2024 US National Health and Wellness Survey (NHWS), a cross-sectional, nationally representative, general population survey of adults, were used.
- The US NHWS is an annual, self-administered, internet-based survey. Participants are adults (at least 18 years old), recruited using general population panels and a quota sampling technique attaining large respondent sample sizes that provide representative data for the US.
- The study included those diagnosed with Type-2 Diabetes (T2D) or those taking steps to lose weight. Then, the sample was divided into those taking a GLP-1 vs. those not taking a GLP-1.

Variables

- Healthcare resource utilization (HRU) was measured in terms of % patients reporting visits and mean number of visits to any healthcare provider (HCP), emergency room (ER) visits, and hospitalizations in the past 6 months.

Statistical Analysis

- Unweighted comparisons of socio-demographic, resource utilization, and diagnosed comorbidities reported between those taking GLP-1 vs. those not taking a GLP-1 were examined using chi-square tests and ANOVA tests for categorical and continuous variables, respectively.

Results

- From 75,013 total survey respondents, 26,061 respondents reported being diagnosed with T2D or taking steps to lose weight, but not taking a GLP-1 and 2,945 respondents reported currently taking a GLP-1.
- GLP-1 users were more likely to be older, married, employed full-time, White, and had a higher household income (Table 1).
- GLP-1 users were more likely to be overweight/obese, and current smokers. They also exercised fewer days in the past month than those not taking a GLP-1 and were less likely to take steps to lose weight (Table 1).

Table 1. Respondents Demographics and Health History

	Currently not taking a GLP-1 medication n=26,061	Currently taking a GLP-1 brand for type 2 diabetes / weight loss n=2,945	P-values
Female	59%	57%	0.002
Mean Age	52.2	55.4	<0.001
Married	51%	60%	<0.001
Single, never married	25%	16%	<0.001
Employed Full Time	41%	50%	<0.001
College Graduate	50%	56%	<0.001
White	65%	74%	<0.001
Non-White	35%	26%	<0.001
Household income \$75K & over	47%	57%	<0.001
Obese/Overweight (BMI >=25)^	78%	83%	<0.001
Currently smoke cigarettes	13%	20%	<0.001
Drink alcohol	68%	70%	0.033
Mean number of days vigorously exercised in the past month	10.5	8.2	<0.001
Currently taking steps to lose weight	91%	80%	<0.001

^Differing base size

Figure 1. Resource Utilization in the Past 6 Months

- GLP-1 users were more likely to visit their general practitioner (68.8% vs. 60.3%, p<0.001) and visit any healthcare provider (HCP; 97.1% vs. 88.3%, p<0.001) in the past six months (Figure 1a). They also had a greater number of visits to a healthcare provider (8.6 vs. 4.7, p<0.001), emergency room and hospitalizations (Figure 1b).

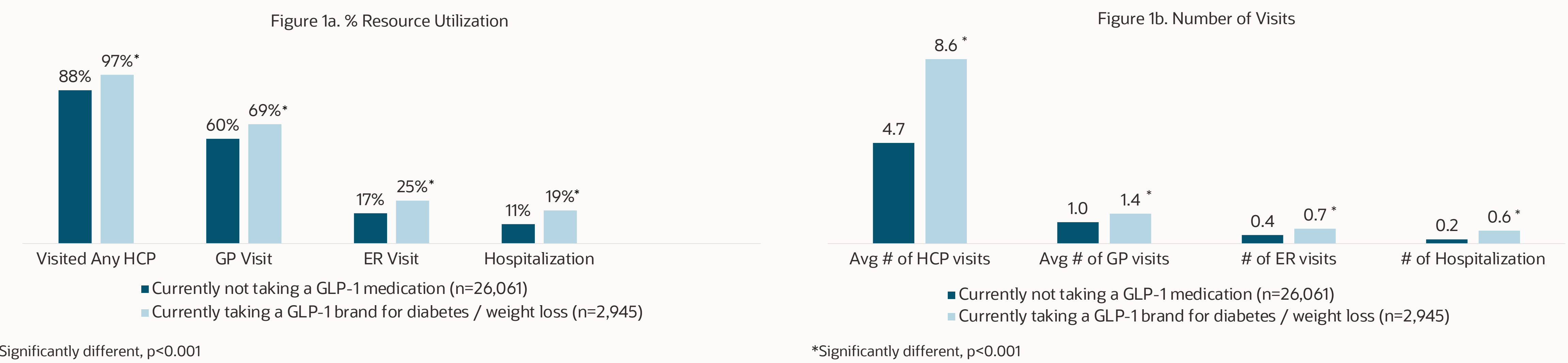
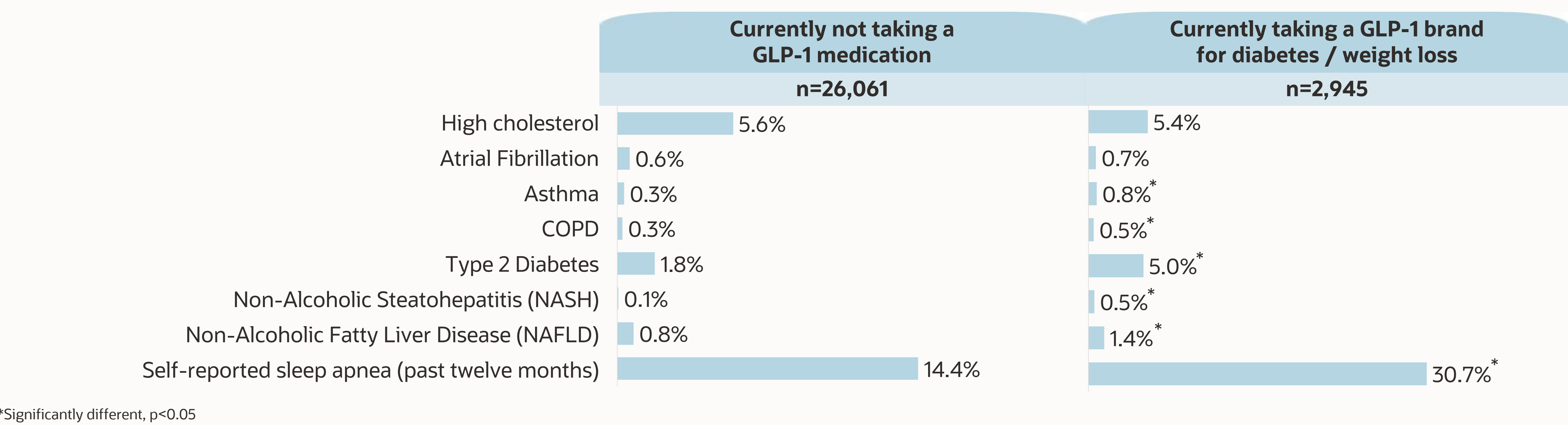


Figure 2. Diagnoses in the Past 2 Years

- In the past two years, GLP-1 users also were more significantly likely to be diagnosed with asthma, COPD, type 2 diabetes, NAFLD, NASH or experiencing sleep apnea (all p<0.05). Both groups had similar numbers of being diagnosed with high cholesterol and atrial fibrillation (all p>0.05) (Figure 2).



Conclusion

- This nationally representative survey showed that GLP-1 users were having higher rates of new diagnoses for common chronic conditions than non-GLP-1 users.
- These findings suggest that individuals taking GLP-1 medications are visiting their HCPs more frequently and engaging in conversations with various HCPs.
- As a result, HCPs were able to diagnose conditions that may have previously been overlooked or untreated. Use of GLP-1 may have a positive halo effect on health management as a result of greater patient and HCP engagement.

References

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