PCR5

Ease of Use of Tirzepatide: Results From a US Survey of Individuals With Obesity or Overweight

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OBJECTIVE

- To assess perceived ease and confidence in administering tirzepatide, via either auto-injector or vial, for the management of obesity or overweight

CONCLUSION

- In this real-world survey, most tirzepatide auto-injector and vial users reported that tirzepatide was easy to use and that they were confident in administering their dose

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BACKGROUND

- Tirzepatide is a once-weekly, glucose-dependent insulinotropic polypeptide and glucagon-like peptide-1 receptor agonist approved for weight management[1]
- In individuals with obesity or overweight, tirzepatide has demonstrated efficacy in reducing weight[2-4] and improving self-reported health-related quality-of-life outcomes[5,6] in Phase 3 clinical trials
- Understanding the real-world experiences of individuals initiating tirzepatide is important for optimizing treatment adherence and outcomes

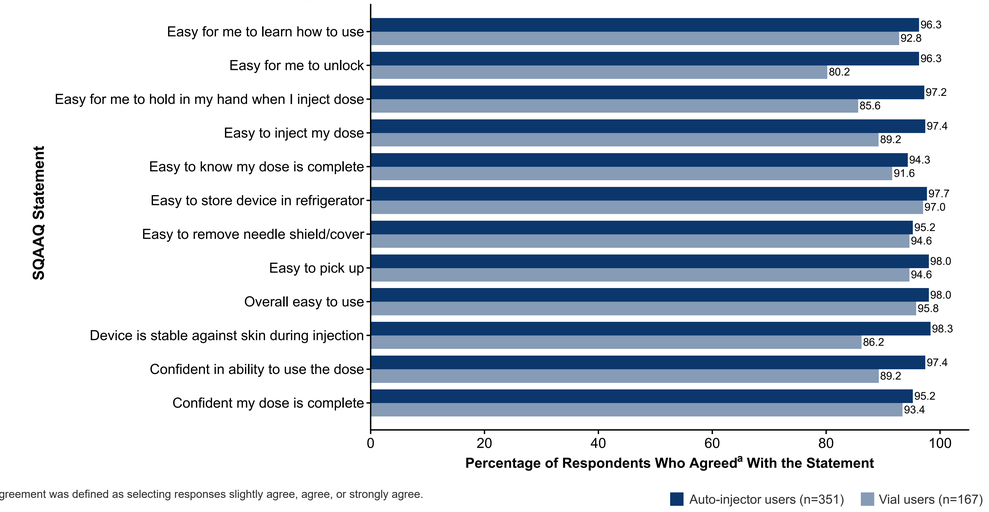
METHODS

- Data were derived from a US longitudinal survey conducted from June to November 2025
- Eligible participants were full-time employees without type 2 diabetes and with a body mass index (BMI) ≥30 kg/m^2, or 27-29.9 kg/m^2 with ≥1 obesity-related complication, who initiated tirzepatide for the management of obesity or overweight
- Participants completed the modified Subcutaneous Administration Assessment Questionnaire (SQAAQ),[7] which includes 12 items scored on a 7-point Likert scale, specifying agreement/disagreement[a]
  - Participants were asked to respond to questions about the first dose of tirzepatide that they injected using either an auto-injector device or from a vial

[a]Responses were strongly disagree, disagree, slightly disagree, neither agree nor disagree, slightly agree, agree, and strongly agree.

KEY RESULT

Both Auto-injector and Vial Users Generally Agreed That Tirzepatide Was Easy to Use and That They Were Confident in Administering Their Dose



[a]Agreement was defined as selecting responses slightly agree, agree, or strongly agree.

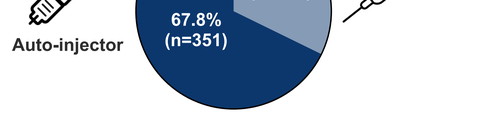
Results

Baseline Demographics

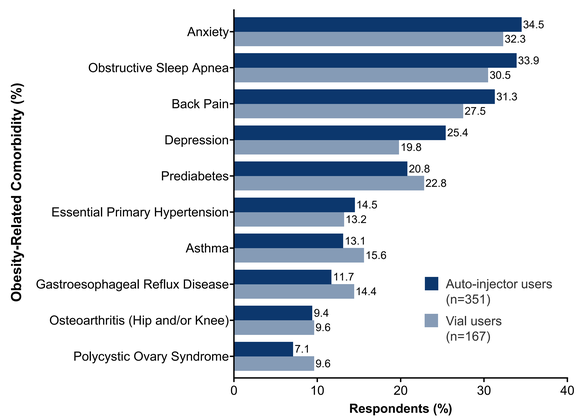
Characteristic	Auto-injector (n=351)	Vial (n=167)	All Participants (N=518)
Age, mean (SD), years	44.7 (11.4)	48.8 (11.5)	46.0 (11.6)
Female	268 (76.4)	137 (82.0)	405 (78.2)
BMI, mean (SD), kg/m^2	39.0 (8.5)	37.2 (8.1)	38.4 (8.4)
Race[a]			
White	229 (65.2)	131 (78.4)	360 (69.5)
Black or African American	101 (28.8)	27 (16.2)	128 (24.7)
Other	19 (5.4)	4 (2.4)	23 (4.4)
Asian	9 (2.6)	7 (4.2)	16 (3.1)
American Indian or Alaskan Native	6 (1.7)	2 (1.2)	8 (1.5)
Native Hawaiian or other Pacific Islander	1 (0.3)	1 (0.6)	2 (0.4)
Ethnicity: Hispanic or Latino	39 (11.1)	11 (6.6)	50 (9.7)
Highest education level			
Associate's degree	56 (16.0)	31 (18.6)	87 (16.8)
Bachelor's degree	104 (29.6)	48 (28.7)	152 (29.3)
Graduate/ Postgraduate degree	90 (25.6)	61 (36.5)	151 (29.2)
High school diploma or equivalent	92 (26.2)	25 (15.0)	117 (22.6)
Some high school, but no diploma	1 (0.3)	0	1 (0.2)
Other	8 (2.3)	2 (1.2)	10 (1.9)
Annual income, median (range), USD	65,000 (0-6,500,000)	74,000 (45-920,000)	68,000 (0-6,500,000)

[a]Participants could choose ≥1 race and therefore counts exceed the sample size.
Note: Data are n (%) unless stated otherwise.

Type of Injection Device Used



Obesity-Related Comorbidities Among Participants



Note: Obesity-related comorbidities >20% in either group are shown.

Limitations

- Limitations of the study include self-reported survey data that were collected within a range of 0 to 63 days between the first dose of tirzepatide and the SQAAQ survey, which may be affected by recall errors, selection bias, or misinterpretation of questions

Dosing Characteristics

Characteristic	Auto-injector (n=351)	Vial (n=167)	All Participants (N=518)
Initiation dose,[a] mg			
2.5	324 (92.3)	138 (82.6)	462 (89.2)
5	23 (6.6)	18 (10.8)	41 (7.9)
7.5	4 (1.1)	4 (2.4)	8 (1.5)
10	0	4 (2.4)	4 (0.8)
15	0	1 (0.6)	1 (0.2)
Unknown[b]	0	2 (1.2)	2 (0.4)
First prescription via telehealth[c]	95 (27.1)	46 (27.5)	141 (27.2)
Prescribing provider[d]			
Primary care physician	225 (64.1)	102 (61.1)	327 (63.1)
Obesity/overweight specialist	36 (10.3)	22 (13.2)	58 (11.2)
Nurse practitioner	33 (9.4)	16 (9.6)	49 (9.5)
Endocrinologist	12 (3.4)	8 (4.8)	20 (4.0)

[a]Participants were initiated on different doses as recommended by their prescribers; [b]Participants responded "I don't know" or "I can't remember"; [c]Virtual or app-based consultation with a healthcare professional; [d]The top 4 prescriber types are shown.
Note: Data are n (%).

References: 1. ZEPBOUND® (tirzepatide) Injection [US Package Insert]. Indianapolis, IN: Eli Lilly and Company, 2026. 2. Jastreboff AM, et al. *N Engl J Med*. 2022;387:205-216. 3. Aronne LJ, et al. *JAMA*. 2024;331:38-48. 4. Wadden TA, et al. *Nat Med*. 2023;29:2909-2918. 5. Hunter Gibble T, et al. *Diabetes Ther*. 2025;16:977-991. 6. Hunter Gibble T, et al. *Diabetes Obes Metab*. 2025;27:4268-4279. 7. Callis Duffin K, et al. *Med Devices (Auckl)*. 2016;12;9:361-369.

Abbreviations: *BMI=body mass index; SD=standard deviation; SQAAQ=Subcutaneous Administration Assessment Questionnaire; USD=US dollar*

Disclosures: T. H. Gibble, **C. Gerber**, **M. Shepherd**, and **X. He** are employees and shareholders of: Eli Lilly and Company; **E. Collins** and **C. Bottomley** are employees of: Clarivate, London; **C. Bottomley** is a shareholder of: Clarivate, London; **A. Golden** is employee of: the Obesity Society, Rockville; **H. Bays** is employee of: Louisville Metabolic and Atherosclerosis Research Center, Louisville
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