

— FLOWWELL EVIDENCE SERIES —

# Why Patients Stop GLP-1 Medications

The Primary Drivers of Discontinuation  
— and How to Overcome Them

**75%**

DISCONTINUE  
WITHIN 1 YEAR

**60%**

WEIGHT REGAINED AFTER  
STOPPING

**28%**

STOP DUE TO SIDE  
EFFECTS



**FlowWell Wellness Education**

Evidence-Based GLP-1 Support · 2026 Edition

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# The Discontinuation Crisis

GLP-1 medications represent the most significant advance in obesity treatment in decades. Yet despite their proven efficacy, the majority of patients quit before experiencing the full benefit.

**50–75%**

of patients discontinue within 12 months (TCTMD, 2025)

**64.8%**

of non-diabetic obesity patients quit within 1 year (JAMA Network Open, 2025)

**60%**

of weight lost is regained within 12 months of stopping (Cambridge, 2025)

*"Obesity is a chronic disease requiring long-term treatment — yet our healthcare system is structured for short-term interventions. The discontinuation crisis is, at its core, a system failure, not a patient failure."*

— Cleveland Clinic Obesity Research, 2025

# What Happens When You Stop

GLP-1 medications work by continuously modulating hormonal signals involved in hunger, satiety, and metabolism. When discontinued abruptly, those signals revert — often rapidly. Research shows weight regain is not simply a matter of willpower returning to baseline; it is a biological response to the removal of pharmacological support.



## Rapid Weight Regain

A meta-analysis (PMC, 2025) found patients regain on average 60% of lost weight within 12 months of stopping. For semaglutide users, this can mean regaining 10–15 lbs in the first 3 months.



## Cardiovascular Risk Returns

The SELECT trial demonstrated GLP-1s reduce major cardiovascular events by 20%. Discontinuation removes that protective effect, with risk markers (CRP, blood pressure) rebounding within weeks.



## Hunger Hormone Surge

Ghrelin (the hunger hormone) rebounds sharply after GLP-1 withdrawal. Patients frequently report feeling hungrier than before they started treatment — compounding emotional distress around the decision to stop.



## Psychological Setback

Regaining weight after months of progress is a significant psychological event. Studies show it increases depression scores, reduces treatment-seeking behavior, and creates a shame cycle that delays re-initiation.

**Key Insight:** Discontinuation is rarely the end of the story — 43.7% of patients eventually re-initiate GLP-1 therapy (JAMA, 2025). But the gap between stopping and restarting is costly, both medically and emotionally. The goal of this guide is to help patients and caregivers prevent that gap.

# Side Effects

The #1 reported reason — affecting 28.2% of discontinuers (Truveta/ISPOR 2025)

GLP-1 medications slow gastric emptying as part of their mechanism — the same process that reduces hunger also triggers a range of gastrointestinal symptoms. For many patients, these effects peak during dose escalation and subside over time. But without proper guidance, patients often interpret temporary discomfort as a sign to quit permanently.



## Nausea & Vomiting

Affects 40–50% of users. Peaks at weeks 4–8 during escalation. Usually resolves with slower titration and meal timing adjustments.



## Constipation

Reported by 25–35% of users. A major underreported driver of discontinuation. Slowed gut motility reduces water absorption and bowel frequency.



## Fatigue & "Brain Fog"

Caloric restriction combined with GLP-1's CNS effects can cause low energy and cognitive slowness, particularly in the first 4–6 weeks.



## GERD & Acid Reflux

Delayed gastric emptying increases acid exposure. Often manageable with smaller, more frequent meals and avoiding lying down after eating.



## Hair Thinning

Telogen effluvium (stress-related shedding) triggered by rapid caloric deficit. Typically resolves by month 4–6 with adequate protein intake.



## Muscle Loss

"Ozempic face/body" — lean mass loss alongside fat loss. Exacerbated by insufficient protein (target 1.2–1.6g/kg bodyweight) and lack of resistance training.

**The evidence shows:** The majority of GI side effects are transient and dose-dependent. Patients who receive proactive education about the side effect timeline are significantly more likely to persist through the escalation phase. Knowledge is the first medicine.

# Cost & Insurance Barriers

The most common driver of discontinuation overall (Obesity Journal, 2025)

A landmark 2025 study published in *Obesity (Silver Spring)* found that high cost and insurance-related issues were the most common reasons for discontinuation with semaglutide and tirzepatide. The financial barrier is staggering:

**\$1,349**

Avg. monthly cost of semaglutide (Wegovy) without insurance

**~100%**

of commercial plans required prior authorization for AOM GLP-1s by 2025 (Penn LDI)

**35%**

of prior authorization requests for weight-loss GLP-1s are initially denied

## THE INSURANCE LANDSCAPE

- ✓ Medicare Part D covers GLP-1s *only* when prescribed for diabetes — not obesity
- ✓ Most employers exclude obesity pharmacotherapy from benefits packages entirely
- ✓ In 2025, prior authorization jumped from 5% to nearly 100% of beneficiaries
- ✓ Step therapy requirements force patients to fail cheaper drugs first — delaying effective treatment by months

Advocacy groups estimate insurance access gaps disproportionately affect patients from lower-income brackets, creating significant health equity concerns.



### What You Can Do Right Now

**Appeal denials** — 40–60% of initial insurance denials are overturned on appeal when submitted with proper physician documentation

**Manufacturer savings** — Novo Nordisk and Eli Lilly offer copay assistance programs that can reduce monthly cost to \$25–\$99

**Compounding transition plan** — work with your provider on a bridge plan during insurance gaps rather than quitting entirely

# Psychological Barriers

The hidden drivers nobody talks about — but nearly every patient faces

The American Psychological Association's 2025 report identifies a new frontier in GLP-1 care: the psychological dimension. Many patients who stop don't cite a single clinical reason — they describe a complex emotional landscape involving shame, identity, fear, and deeply held beliefs about what "counts" as valid weight loss.



## "I Should Do This Naturally"

A pervasive moral narrative frames medication-assisted weight loss as "cheating." This stigma — internalized or externally applied — causes patients to abandon effective treatment out of guilt, even when they're seeing results.



## Fear of Long-Term Effects

Social media amplifies rare case reports and unverified claims. Many patients discontinue due to fear of thyroid cancer, pancreatitis, or "dependency" — fears that are disproportionate to the actual risk profile established in large-scale trials.



## Identity Disruption

Research published in *Body Image* (2026) identifies that rapid body changes can create a disconnect between self-image and physical reality. Some patients feel "like a different person" — triggering anxiety that leads them to stop treatment to regain a familiar sense of self.



## Social Pressure & Judgment

Friends, family, and social circles can inadvertently create pressure to stop. Comments like "you don't need that shot" or "just eat less" undermine patient confidence and erode motivation — even when treatment is working.



**Reframe:** GLP-1 medications correct a hormonal imbalance that drives excess weight — the same way insulin corrects the hormonal imbalance in diabetes. Using medication to treat a biological condition is not weakness. It is precision medicine.

#### DRIVER #4

## Perception of Progress

"It stopped working for me"

Nearly all GLP-1 users hit a weight loss plateau at 3–6 months. This is physiologically normal — the body adapts to a new set point — but without education, patients interpret this as treatment failure.

**Unrealistic expectations:** Social media showcases dramatic results. Patients losing 8 lbs/month (clinically excellent) feel like failures when they see others claiming 20 lbs.

**Scale obsession:** Weight is only one metric. Blood pressure, A1C, inflammation markers, and energy levels all improve — but patients who only track scale weight miss these victories.

**Dose mismatch:** Some patients plateau because their dose isn't optimized. A conversation with their provider about titration could re-start progress — but many quit without having it.

#### DRIVER #5

## Medication Availability

A systemic failure — not a patient choice

The Truveta ISPOR 2025 study found medication unavailability was a primary discontinuation driver throughout 2023–early 2024, with AOM patients especially affected by supply chain disruptions.

**Supply shortages:** Semaglutide and tirzepatide faced persistent shortages from 2022–2024. FDA confirmed the shortage resolved for branded products by late 2024, but access remains uneven.

**Compounding ban impact:** The FDA's 2024–2025 ban on compounded semaglutide disrupted thousands of patients who relied on lower-cost compounded versions.

**Pharmacy gaps:** Not all pharmacies carry GLP-1 pens. Rural patients and those using smaller independent pharmacies may face 1–3 week delays.

# Support & Lifestyle Gaps

The medication alone is only half the equation

GLP-1 medications suppress appetite and improve metabolic signaling — but they don't automatically instill the nutrition habits, movement patterns, and emotional coping skills needed for long-term success. Patients without structured support tend to drift, lose momentum, and eventually stop.



## No Nutrition Guidance

Patients eating the same diet with GLP-1 suppression often under-consume protein and fiber — worsening side effects, increasing muscle loss, and stalling progress. Most are never given specific dietary targets.



## Absence of Movement Programming

Resistance training is critical to preserve lean mass during GLP-1-driven weight loss. Without it, patients lose muscle alongside fat — a process that slows metabolism and increases risk of regain when they stop.



## No Accountability Structure

Studies show that patients engaged in coaching or group support are 2–3x more likely to persist through difficult phases. Most GLP-1 prescriptions are written without referral to any behavioral support.

## THE SUPPORT GAP BY NUMBERS

< 20%

of GLP-1 patients receive structured nutritional counseling alongside their prescription

3×

higher 12-month persistence rate when behavioral coaching is added to medication therapy

1.2g/kg

minimum daily protein target to prevent muscle loss during GLP-1 treatment (AJCN, 2026)

# The Persistence Blueprint

Evidence-based strategies to stay on track and maximize your outcomes



## Slow the Titration

Talk to your prescriber about extending dose escalation intervals from 4 to 6–8 weeks. Research shows a slower ramp reduces GI side effects by up to 40% with no significant impact on long-term efficacy.



## Prioritize Protein First

Target 1.2–1.6g of protein per kg of bodyweight daily. Eat protein first at every meal before vegetables and carbs. This preserves lean mass, sustains energy, and reduces constipation-driving dietary fiber deficits.



## Hydrate Aggressively

Dehydration amplifies nausea and constipation. Target 2.5–3L of water daily. Add electrolytes (sodium, potassium, magnesium) if experiencing fatigue — reduced food intake often means reduced mineral intake too.



## Lift Weights 2–3x/Week

Resistance training is the single most effective tool for preserving lean muscle during GLP-1 therapy. Even 2 sessions per week of compound movements (squats, rows, presses) can prevent "Ozempic body" muscle loss.



## Track More Than Weight

Log blood pressure, waist circumference, energy levels, sleep quality, and A1C. When the scale plateaus, these metrics often continue improving — giving you evidence that the medication is still working.



## Get Behavioral Support

Ask your care team for a referral to a health coach, dietitian, or obesity medicine specialist. Patients with behavioral support are 3x more likely to persist through challenging phases and maintain long-term results.

**Remember:** GLP-1 treatment is a long-term commitment, not a 90-day experiment. The patients who see the most transformative results are those who treat persistence as a non-negotiable — and build the systems to support it.



# You're Not Alone on This Journey

FlowWell creates evidence-based resources to help you navigate every stage of your GLP-1 journey — from side effects to plateaus to long-term success.



## Evidence-Based Guides

Peer-reviewed content you can trust



## Nutrition Support

Protein & fiber strategies for GLP-1



## Actionable Plans

Step-by-step blueprints that work

**Explore All FlowWell Resources**

[flowwell.bywillo.ai](https://flowwell.bywillo.ai)

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