FLOWWELL GLP-1 EDUCATION SERIES

The Obesity Crisis: 2035 Projections & How GLP-1 Changes Everything

A data-driven guide to the world's fastest-growing health crisis — and the medication class rewriting the future of weight management.

4B+
Adults overweight by 2035

22.5%
Max weight loss with tirzepatide

$261B
Annual obesity costs in the US

INSIDE THIS GUIDE

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CHAPTER 01

The Scale of the Crisis

Obesity is no longer a future concern — it's a present-day global emergency. In 2022, **1 in 8 people worldwide** were living with obesity. Adult obesity rates have more than doubled since 1990, making it one of the fastest-growing health crises in human history.

Where We Stand Today

The World Health Organization reports that over **1 billion adults** worldwide are now living with obesity — a figure that would have seemed impossible just three decades ago. This isn't a story of personal failure. It's a story of environments, food systems, stress, and biology colliding in ways that make weight management extraordinarily difficult without support.

1B+
Adults living with obesity globally (2022)

2×
Increase in adult obesity rates since 1990

107M
Americans living with obesity today

The Comorbidity Cascade

Obesity doesn't travel alone. It's the upstream driver of dozens of serious health conditions:

❤️ **Cardiovascular Disease**
2–3× higher risk of heart attack and stroke

🩸 **Type 2 Diabetes**
80% of T2D cases linked to excess weight

🧠 **Sleep Apnea**
Affects up to 45% of people with obesity

🦴 **Joint & Musculoskeletal**
Accelerates osteoarthritis, especially in knees

🎗️ **Cancer Risk**
Linked to 13+ types including colon and breast

🧬 **Fatty Liver Disease**
Now the leading cause of liver transplant need

"Obesity is not a choice. It is a complex, chronic, relapsing disease — and it demands treatment with the same

seriousness as any other serious condition."

— World Health Organization, 2025 GLP-1 Global Guideline

CHAPTER 02

2035 Projections

Without meaningful intervention, the next decade will see obesity rates reach catastrophic levels. These aren't worst-case estimates — they're **conservative projections** based on current trend lines.

The Numbers by 2035

3.3B

Adults overweight or obese worldwide

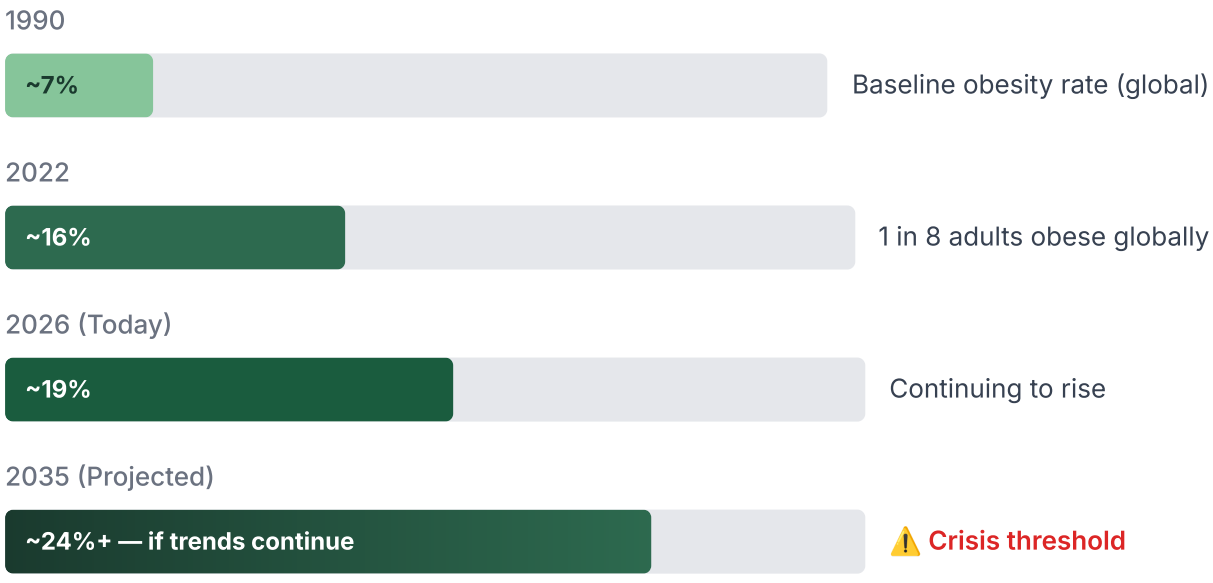
Up from approximately 2.6 billion today — that's nearly **half the world's adult population** carrying excess weight by 2035.

126M

Americans living with obesity

A projected increase of **19 million more Americans** with obesity by 2035 — roughly the population of New York State.

Projected Obesity Prevalence Growth



What's Driving This Growth?

🍔

Ultra-Processed Food Environments

Ultra-processed foods now make up 50–60% of caloric intake in Western countries, engineered to override natural satiety signals.

📱

Sedentary Lifestyles

Screen time, desk work, and urban design have dramatically reduced incidental daily movement across all age groups.

😰

Chronic Stress & Sleep Disruption

Cortisol and sleep deprivation both drive fat storage and cravings — and both have worsened post-pandemic.

🧬

Genetic & Hormonal Factors

Many people have a biological set point that resists weight loss — a feature of survival biology that becomes a liability in modern food environments.

CHAPTER 03

The Economic Burden

Obesity isn't just a health crisis. It's an economic emergency that costs individuals, employers, and healthcare systems hundreds of billions of dollars every year.

$261B

Annual US medical cost of obesity

$17K

Extra annual healthcare cost per person with obesity

21%

Of all US healthcare spending attributed to obesity

CHAPTER 04

What Are GLP-1 Medications?

GLP-1 receptor agonists are a class of medications that mimic a naturally occurring hormone in your body — one that plays a critical role in hunger, blood sugar, and metabolism.

How GLP-1 Works in Your Body

GLP-1 (glucagon-like peptide-1) is a hormone naturally released by your gut after eating. It tells your brain you're full, slows gastric emptying, and signals the pancreas to release insulin. In people with obesity, this system often becomes dysregulated. GLP-1 medications restore and amplify these signals.

1

🧠 Signals the Brain

Activates satiety centers in the hypothalamus, dramatically reducing hunger and cravings — including for highly processed foods.

2

🍽️ Slows Gastric Emptying

Food moves through the stomach more slowly, keeping you feeling fuller for longer and reducing the urge to snack between meals.

3

🩺 Regulates Blood Sugar

Stimulates insulin release in response to meals and suppresses glucagon, keeping blood glucose levels stable throughout the day.

4

❤️ Cardioprotective Effects

GLP-1 medications have been shown to reduce cardiovascular events by **20%** — independent of their weight loss effects. The heart benefits go beyond the scale.

The Current GLP-1 Medications

GLP-1 RA

Semaglutide

Ozempic® / Wegovy®

BEST IN CLASS

Tirzepatide

Mounjaro® / Zepbound®

Weekly injection. Up to **14.9% average weight loss** in clinical trials. FDA-approved for chronic weight management.

Dual GIP/GLP-1 agonist. Up to **22.5% average weight loss**. NEJM SURMOUNT-5 trial: outperformed semaglutide by ~7% additional weight loss.

Liraglutide

Saxenda® / Victoza®

Daily injection. Earlier generation GLP-1 RA. ~5–8% average weight loss. Often used as a stepping stone.

Retatrutide

Pipeline / Phase III

Triple agonist (GLP-1/GIP/glucagon). Highest weight loss in meta-analysis. Side effect profile still under review.

The Clinical Evidence

The clinical trial data for GLP-1 medications is among the most impressive in the history of metabolic medicine. Here's what the peer-reviewed research shows.

Landmark Clinical Trials

SURMOUNT-5 (NEJM, 2025)

Tirzepatide vs. Semaglutide — Head-to-Head

−20.2%
Tirzepatide at 72 wks

Tirzepatide produced −20.2% weight loss vs. −13.7% with semaglutide at 72 weeks — nearly 7% more weight lost. This landmark head-to-head study established tirzepatide as the current best-in-class GLP-1-based treatment.

SELECT Trial — Semaglutide

Cardiovascular Outcomes in Obesity

−20%
CV event reduction

Semaglutide reduced major adverse cardiovascular events by 20% in people with obesity — even those without diabetes. This trial reshaped how cardiologists think about GLP-1 therapy.

WHO GLP-1 Meta-Analysis (2025)

Effectiveness Across Demographics

11%
Avg weight loss (women)

A Johns Hopkins analysis found GLP-1 RAs comparably effective across age groups, racial backgrounds, and starting weights. Women averaged 11% weight loss; men averaged 7%. The WHO subsequently issued its first global GLP-1 obesity treatment guideline in December 2025.

What the Evidence Tells Us

- ✓ GLP-1s are the most effective non-surgical weight loss intervention ever studied
- ✓ Benefits extend beyond weight — cardiovascular, metabolic, and even mental health improvements observed
- ✓ Effective across diverse populations regardless of race, age, or starting
- ✓ Tirzepatide currently leads in weight loss outcomes; pipeline drugs

weight	(retatrutide) show even higher potential

CHAPTER 06

Supporting Your GLP-1 Journey

GLP-1 medications are powerful — but they're most effective when paired with the right knowledge, support, and lifestyle habits. Managing side effects early is the #1 key to staying on treatment.

Common Side Effects & How to Manage Them

The most common reason people discontinue GLP-1 medications is gastrointestinal side effects — nausea, constipation, and bloating. These are manageable with the right approach and typically improve within a few weeks.

⚠️ Nausea

Most common in the first 4–8 weeks. Eat smaller meals, avoid fatty/spicy foods, stay upright after eating, and eat slowly. Usually resolves with dose titration.

⚠️ Constipation

Gastric slowing reduces gut motility. Increase fiber, hydrate aggressively (8–10 glasses/day), walk daily, and consider magnesium or psyllium supplementation.

⚠️ Bloating & Gas

Eat mindfully, chew thoroughly, avoid carbonated beverages and gas-producing foods (beans, cruciferous vegetables) in the early weeks.

⚠️ Muscle Loss Risk

Rapid weight loss can include muscle. Prioritize protein (1.2–1.6g/kg body weight), strength training 2–3×/week, and creatine supplementation.

Habits That Maximize GLP-1 Results

🥩 **Prioritize Protein** — Aim for 25–35g per meal to preserve muscle and enhance satiety during caloric reduction.

💧 **Hydrate Consistently** — Dehydration worsens almost every GLP-1 side effect. Electrolytes help too.

🏋️ **Strength Train** — Resistance training preserves and builds muscle mass lost during rapid weight reduction.

😴 **Prioritize Sleep** — Poor sleep elevates cortisol and ghrelin, counteracting GLP-1's appetite suppression.

📊 **Track Progress, Not Just Weight** — Monitor energy levels, sleep quality, waist circumference, and blood markers alongside the scale.

Your GLP-1 journey starts with the right knowledge.

FlowWell creates evidence-based guides to help you navigate every stage of your GLP-1 experience — from managing side effects to optimizing your results.

Visit flowwell.bywillo.ai

Explore our complete GLP-1 resource library
