

Views on Medications for Weight Management

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Obesity is a complex condition that affects more than 40% of adults in the United States. Obesity treatment requires a comprehensive approach that can include lifestyle change such as diet and exercise, as well as bariatric surgery and prescription medications.

A number of medications are approved by the Food and Drug Administration (FDA) for adults with obesity, and for adults who are overweight with at least one weight-related condition such as high blood pressure, type 2 diabetes, or sleep apnea. However, many health insurance plans, including Medicare, do not cover medications when prescribed to help people manage their weight.

In July and August 2023, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their weight, strategies they use to manage their weight, awareness and use of prescription medications for weight management, and views on Medicare coverage for these weight management medications.

Weight and strategies to manage weight

Among all adults age 50–80, 36% had obesity as defined by body mass index (BMI) greater than or equal to 30, and 37% were overweight, or a BMI of 25–29. BMI was calculated using respondents' self-reported body weight and height.

When asked to describe their weight, 27% reported they were overweight and 38% said they were slightly overweight. Nearly three in four older adults (74%) indicated they had ever been overweight. Older adults who rated their physical health as fair

Use and interest in prescription medication for weight management AMONG ADULTS AGE 50–80

27%
reported being overweight



Among those overweight:

16% have taken a prescription medication for weight management*

63% are interested in taking a prescription medication for weight management in the future

* This poll asked about the following medications: Wegovy, Ozempic, Saxenda, Qsymia, Contrave, and Phentermine

or poor were more likely to report being overweight (44% vs. 24% of those in better health).

When asked about strategies to lose weight, 92% of all older adults said they had done at least one of the following: engaged in physical activity or exercise (89%); changed their diet (85%); used an app to track diet, exercise, and behavior change (35%); taken over-the-counter supplements (33%); worked with a registered dietician or nutritionist (18%); worked with

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a personal trainer (16%); or had bariatric surgery (3%). Nearly all older adults who described themselves as having ever been overweight (98%) reported using at least one of these strategies.

Awareness and use of medications for weight management

Overall, 64% of adults age 50–80 had heard of at least one prescription medication used for weight management. Three in five (61%) had heard of Ozempic, a medication approved and marketed for the treatment of type 2 diabetes. Some older adults were aware of Wegovy (18%) and Phentermine (13%), and very few (3%) had heard of Saxenda, Qsymia, or Contrave.

Among those who had heard of at least one prescription medication used for weight management, over half had heard about such medications through the news (e.g., TV, magazines, newspapers) (58%) or an advertisement on TV, the internet, or radio (53%). Older adults less commonly heard about these medications from friends or family (21%), social media (17%), or their health care provider (11%).

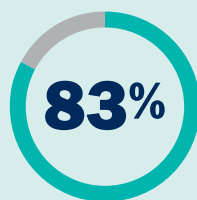
Overall, 8% of adults age 50–80 said they had ever used a prescription medication for weight management. Among those who said they were overweight, 16% indicated they had ever used these medications. Those more likely to have ever used a prescription medication for weight management included those who rated their physical health as fair or poor, women, adults age 50–64, and those with diabetes or high blood sugar.

Interest in taking medication for weight management

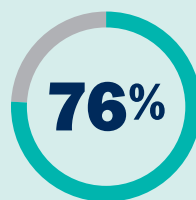
Among adults age 50–80 who have ever taken prescription medications for weight loss, 83% agreed (48% strongly agreed, 35% somewhat agreed) they are interested in taking these medications in the future. Among older adults who are overweight who have never taken a prescription medication for weight management, 59% agreed (22% strongly, 37% somewhat) they would be interested in taking these medications. Overall, 63% of all adults age 50–80 who considered themselves overweight and 45% of those with diabetes or high blood sugar have an interest in taking prescription medication for weight management in the future.

Views on health care coverage for FDA-approved medications for weight management

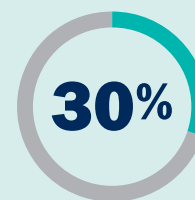
AMONG ADULTS AGE 50–80



believe health insurance should cover weight management medications



believe Medicare should cover weight management medications



favor paying more for their Medicare premium to have weight management medications covered

Among all older adults, those more likely to be interested in taking a prescription medication for weight management included women, those age 50–64, Blacks, Hispanics, those living in lower income households (less than \$60,000 annually), those with lower levels of education (some college or high school or less), those in fair or poor physical or mental health, and those with a health problem or disability limiting their daily activities.

Health insurance coverage for weight management treatments

More than four in five older adults (83%) agreed that health insurance should cover prescription medications that have been FDA-approved for weight management. When asked about Medicare specifically, 76% of older adults said that they would be in favor of requiring Medicare to cover FDA-approved prescription medications for weight management. However, only 30% of all older adults said they would be in favor of paying more for their Medicare premiums to have these medications covered, and this did not vary based on whether people had used these medications themselves.

Other weight management strategies that older adults think should be covered by health insurance included sessions with a registered dietician or nutritionist (85%), weight loss surgery (73%), gym or fitness facility memberships (65%), apps or online programs to track diet, exercise and/or behavior change (58%), and personal trainers sessions (53%).

Implications

The majority of adults age 50–80 in the U.S. are overweight or have obesity, and most of these individuals have tried one or more strategies to lose weight. Nearly two in three of those who said they are overweight are interested in taking a prescription medication for weight management, yet few reported having taken them.

This poll demonstrates that many older adults are not aware of the range of medications that are FDA-approved to treat obesity. Awareness is highest for Ozempic, which has the generic name semaglutide, and is FDA-approved only for the

treatment of type 2 diabetes. It is possible that some older adults who reported having taken Ozempic for weight management in this poll were prescribed it for diabetes, though Ozempic is also sometimes used “off label” for weight management among adults who do not have diabetes. A different formulation of semaglutide, Wegovy, is now FDA-approved specifically for weight management, but fewer adults have heard of it, and it is not yet covered by many health insurers.

While recent FDA approval of a number of prescription medications creates new opportunities to meet the high level of interest, such medications also bring new challenges. Weight management medications are recommended to be taken long term, some older adults may have side effects or contraindications, and still others will not benefit from these medications.

Further, the fact that many older adults have heard of these medications through news and advertisements and far fewer from health care providers suggests an opportunity to educate physicians and other health care professionals about the rapidly changing landscape of prescription medications for weight management. These professional education efforts should emphasize how medications can best be used as part of a comprehensive treatment program for weight management.

Finally, many weight loss medications are very expensive, and many insurers do not currently cover them, resulting in high potential out-of-pocket costs. Although most older adults support Medicare coverage of such medications, only one in three favor paying more in premiums for this coverage.

Expanding access to a range of weight management treatments can lead to improvements in health and potentially lower costs. The perspectives and experiences of older adults offer important insights for health care providers and policymakers who must navigate the opportunities and challenges presented by new therapies, such as prescription medications, to treat this common and consequential health issue.

Perspectives on Medicare coverage for weight management medications among adults age 50–80

	Favor requiring Medicare to cover FDA-approved prescription medications for weight management	Favor paying more for Medicare premium to have coverage for FDA-approved prescription medications for weight management
Total	76%	30%
Race/Ethnicity		
Non-Hispanic White	74%	28%
Non-Hispanic Black	86%	41%
Hispanic	76%	35%
Annual household income		
Less than \$60,000	81%	27%
\$60,000 or more	73%	32%
Activities limited by health or disability		
Yes	80%	35%
No	74%	28%
Self-reported weight status		
Underweight	87%	18%
About the right weight	70%	24%
Slightly overweight	74%	31%
Overweight	84%	37%
Diabetes or high blood sugar		
Yes	80%	30%
No	74%	30%

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC's AmeriSpeak probability-based panel. This survey module was administered online and via phone from July 17th–August 7th, 2023 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,657). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 50% among panel members contacted to participate. The margin of error is ±1 to 5 percentage points for questions asked of the full sample and higher among subgroups.

Findings from the National Poll on Healthy Aging do not represent the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.

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