



Virta Vitals: The Rise of the GLP-1 Era

A consumer report on GLP-1 demand, doubt, and demographic differences across America.

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Virta Vitals: Report Overview

When we first published our Virta Vitals report in 2024, GLP-1s were already hard to ignore. Most Americans had heard of them, but relatively few knew someone taking one.

Two years later, nearly one-third of U.S. adults know someone using a GLP-1 for weight loss. The conversations have moved well beyond the doctor's office, into mainstream culture, social feeds, group texts, and workplace conversations. The strongest weight-loss drug in history is increasingly being viewed through a wellness lens - nearly half of Americans now describe GLP-1s as either a "general weight-loss tool or a lifestyle product" rather than a treatment for a serious medical intervention.

Yet despite the growing visibility, one finding stands out: GLP-1 use is surprisingly personal. Among current and former GLP-1 users, 69% say they are unlikely at all to tell others they use the medication.

Growing awareness has not necessarily translated into widespread acceptance. Even with the introduction of oral GLP-1 options, most Americans (61%) say they would rather change their own behavior than take a prescription medication for weight loss. Nearly one in four would not consider taking a GLP-1 at all. For many Americans, the question is not simply whether GLP-1s work, it's about the tradeoffs, measuring concerns, like cost, side effects, appearance changes, and the prospect of long-term use.

The data also show that there is no single American view of GLP-1s. Not surprisingly, different entry points shape how the medications are viewed. For some, they're a serious medical intervention. For others, they're simply another weight-loss tool. Where you live, how much you earn, your age, and your experience with healthcare all influence how you think about GLP-1s.

For some people, these medications can play an important role in improving health. For others, they may not be the right fit.

At Virta, what matters most is whether metabolic health is improving in a way that can be sustained over time. Nutrition and behavior change remain foundational to long-term metabolic health, whether someone chooses to use a GLP-1 or not. Our goal is to help people build lasting health through evidence-based care that addresses, and fixes, the root causes of metabolic disease.

The numbers that explain America today.

GLP-1s have rapidly become one of the most paradigm-shifting treatments in health.

The picture in 2026: Over the past two years, GLP-1s have become a common topic of discussion far beyond clinical settings.

Today, almost a third of Americans now know someone who is on or has taken a GLP-1, and nearly half (48%) of Americans now call one of the strongest medical interventions for diabetes patients, a “general weight loss tool or lifestyle drug” for anyone.

Ads have multiplied, conversations are everywhere, and what was once a medical topic for doctors’ offices now sits squarely in the middle of mainstream culture.

But despite their growing visibility, 69% of current and former GLP-1 users are unlikely to admit to using one, revealing a surprising gap between public conversation and personal disclosure.

As awareness and convenience increased, so did Americans’ anxiety around affordability and appearance. GLP-1s might be everywhere, but awareness does not necessarily equate to acceptance.

WHAT AMERICANS SAY	2024	2026
Personally know someone on a GLP-1	21%	31%
I have discussed GLP-1s with my family or friends	14%	21%
Cost would stop me from considering one	54%	58%
Worry about "Ozempic face" (wrinkles, sagging)	38%	43%
Prefer my own behavior over a prescribed drug	69%	61%

SOURCES *Virta Vitals I* (Wakefield Research, July 2024, n=1,000) and *Virta Vitals III* (Researchscape, April 2026, n=1,210). Both samples weighted the U.S. adult population.

FINDING 01

The wellness-washing of a drug.

Far from its origin as a serious medical treatment, GLP-1s are quickly turning into a lifestyle weight loss treatment.

GLP-1s hit the fast track to wellness washing following their FDA approval as a weight loss treatment. With the 2025 introduction of an oral option, Americans are treating a serious medical intervention like a general weight loss product.

- Less than a third of U.S. adults consider a GLP-1 a medical treatment for serious health conditions.
- Nearly half (48%) call it a "general weight loss tool or wellness product."
- If you're single, the number of Americans who call it a "general weight loss tool or wellness product" shoots up to almost 60%.

FINDING 02

Convenience isn't a cure-all.

A GLP-1 pill alone may not overcome concerns. As familiarity and convenience increase, so does anxiety around affordability and appearance.

While many prefer a pill over a shot (49%), preference for form hasn't translated into intent to use.

Nearly half of Americans (46%) say the pill form doesn't change their interest in taking a GLP-1, while **13%** said the convenient delivery method makes them *less* interested in the medication.

What's stopping them?

- Cost continues to rank as the number one barrier preventing potential users from considering a GLP-1 (**58%**), even if their doctor prescribed one.
- Appearance anxiety, from hollowed features to saggy skin, was up five percentage points (**43%**) since 2024, growing faster than any other concern.

Physical side effects (**52%**) and the fear of long-term commitment (**35%**) were also top dealbreakers for American adults.

FINDING 03

Everyone's best kept secret.

There is a surprising gap between public conversation and personal disclosure.

GLP-1s are the drug everyone is talking about, but few admit to taking. Although they have crossed the cultural threshold into casual knowledge, they still carry a privacy premium.

Among those who have used or are currently using a GLP-1, **69%** are unlikely to tell others they're using the medication.

Silence isn't evenly distributed. Women are also measurably quieter than men: **29%** of female users say they're likely to share, vs. **34%** of men.

Against the grain. Four groups that break ranks.

Four demographic snapshots with the most significant contrasts show how different access means different perceptions of GLP-1s.

Across the 2026 survey, demographic snapshots produced the largest significant contrasts: generation, ethnicity, location, and income.

Communities that have historically had limited access to metabolic care view GLP-1s as lifestyle drugs rather than medically necessary treatments. White Americans and older generations who over-index on chronic-care access, are more likely to encounter GLP-1s in a doctor's office and call it a "medical treatment."

Higher income means more ads, more conversations, and more willingness to swap behavior for a prescription. But cost still remains a major concern, despite household income.

GENERATIONAL: Gen X sees medicine. Millennials see a lifestyle.

	GenX ¹	Millennials ¹
Consider a GLP-1 a serious medical treatment	39%	20%
GLP-1s are a lifestyle tool for anyone to lose weight	7%	24%

¹ As defined by Pew Research guidelines, https://www.pewresearch.org/short-reads/2019/01/17/where-millennials-end-and-generation-z-begins/ft_19-01-17_generations_2019-png/

ETHNICITY: Among non-White Americans, GLP-1s are more likely to be read as "lifestyle". Medical framing skews White.

	White Americans	Black Americans	Asian Americans
Consider a GLP-1 a serious medical treatment	34%	19%	13%
A general weight loss tool for anyone who wants to lose weight	12%	26%	29%

LOCATION: Where you live also shapes your perception of GLP-1s.

	West ²	South ²
Consider a GLP-1 a serious medical treatment	40%	26%
GLP-1s are a lifestyle tool for anyone to lose weight	25%	36%

² As defined by the U.S. Census Bureau, https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf

INCOME: The higher the income, the more likely you are to see more ads and reach for a GLP-1. But cost was still the number one stopper across every income bracket.

	\$100K+ Households	<\$50K Households
Would rather take a prescribed drug than change their own behavior	42%	35%
Have talked about GLP-1s with friends and family	29%	17%
Personally know someone taking a GLP-1 for weight loss	36%	28%
Cite cost as the No. 1 reason they would not consider a GLP-1, even if a doctor recommended it	61%	54%
Have seen a noticeable increase in GLP-1 ads and social posts	39%	27%