OPINION

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Are Weight Loss Drugs America's Solution?

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With the growing popularity of weight loss drugs, numerous pharmaceutical companies are currently seeking a piece of this lucrative market. Eli Lily's ZepBound is now available in the United States. Roche is taking over Carmot Therapeutics to gain access to their once-a-week injection (CT-388). Both these companies are playing catch-up to Novo Nordisk, whose diabetes drug Ozempic and obesity drug Wegovy have been effective in helping people lose weight. On the other hand, Pfizer's weight loss drug has been scrapped due to its reported side effects.

The weight loss drug market is estimated to grow to over $100 billion by the end of the decade. This has created a pharmaceutical arms race among Big Pharma competitors, all seeking to grab the largest share of this burgeoning market.

Obesity is a serious public health problem in the United States. Over 40% of the adult population is obese, as reported in the NHANE survey (and nearly 70% are overweight). With the condition of obesity comes a plethora of health problems, including elevated risks for some types of cancers, Type 2 diabetes and hypertension. The cost to treat a population laden with obese people is significantly higher than one filled with healthy-weight people.

Obesity is a complex issue, more than simply consuming too many calories relative to energy expended. There are often hormonal issues that disrupt a person's eating habits and how food is digested, making it difficult to limit food consumption and maintain a healthy weight.

Then, there are the economic issues that make it difficult for some Americans to purchase high-quality food. In food deserts, even finding such food can be a challenge, independent of their cost.

The average weight of an American adult began climbing in the early 1960s. Organizations like Weight Watchers began at this time, offering a variety of

programs to help those struggling with their weight to gain control. Yet, the success of such programs has been limited, given that every person is unique and has their own weight management issues to deal with. Weight Watchers recently jumped onto the pharmaceutical bandwagon, offering assistance to those who wish to follow this path.

So, will a pharmaceutical intervention solve the nation's obesity problem?

If history is an indicator, the answer is, most likely, "no."

A pill or injection is certainly an attractive option for those suffering with obesity. However, it does require motivation, compliance and active participation. If any one of these is lacking, the person may not stick with the treatment plan.

Then, there are the costs. For example, Ozempic may cost as little as $25 per month for those whose health insurance covers it. For those without insurance coverage, the cost can run around $900 per month. The retail cost for Boehringer's diabetes pill Jardiance runs over $800 per month. Eli Lily estimates that Zepbound will cost around $25 per month or per quarter with health insurance coverage. For those whose insurance does not cover the drug, the monthly cost may run as much as $550. To put this into perspective, the monthly retail price for these treatments is on par with an average monthly car payment.

If insurance companies opt to cover the drug, then insurance premiums must rise for all, given that the majority of those insured would be eligible for the products. There are no free lunches when it comes to health insurance coverage.

From the perspective of the pharmaceutical companies, any product that requires daily, weekly or monthly maintenance is a cash cow for them, such as the statin market, which has grown to become a multi-billion-dollar industry.

Then, there are the risks associated with side effects. All pharmaceuticals carry with them some types of potential unintended consequences, and weight loss drugs are no exception. Although these appear to be mostly mild, the long-term effect of such products remains unknown.

Clinical trials for weight loss drugs have provided impressive results to date. Yet, their true test will be when millions of people begin to take such products. Will they simply take the treatments without also incorporating lifestyle changes like exercise? Will their choice of foods change?

And, then, there is the long-term commitment to continue the treatments. What happens if a person is treated, loses weight, but then stops consistently using the drug? Will they regain all their weight loss? What are the health consequences of such weight oscillations?

Clearly weight loss drugs will be a big winner for big pharma. They will also likely provide benefits to those who are obese and are motivated to address it. The future impact of such products on the population remains promising but unclear.

Until more is known and more people take the treatments and see results, the full impact of such products will remain shrouded in uncertainty.

As we all know, when something sounds too good to be true, it usually is not. How weight loss drugs fit into this calculus is a story that is being written in real-time.

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