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Patients need a long-term strategy for taking GLP-1s in the short-term.



PETER DAZELEY/ GETTY IMAGES People typically regain the weight they lost within about 1.5 years after they stopped taking GLP-1s.



YOUR HEALTH

Here's What Happens When You Go Off Weight-Loss Drugs

The popular medications are designed to treat chronic diseases, not be lifestyle fixes

A recent email ad from a telehealth company selling weight-loss medications features tennis-superstar Serena Williams.

“If you’re carrying 15-20 extra pounds,” it says, “medications like Wegovy can help jump-start your progress.”

For obesity doctors and researchers, this kind of messaging is problematic. The blockbuster drugs—known as GLP-1s—are increasingly marketed as lifestyle fixes to help take off some weight. But they are actually designed as lifelong treatments for chronic diseases, namely obesity and Type 2 diabetes.

That distinction matters. While nearly 18% of U.S. adults have taken a GLP-1 drug for weight loss or to treat a chronic condition, about half of the people will stop taking it within a year.

Often, they don’t understand what is likely to come next.

Studies show that after stopping the drugs, people typically regain lost weight within about 1.5 years. And any improvements in blood sugar, blood pressure or cholesterol are reversed.

People who take GLP-1s regain weight four times faster than those who lose weight through lifestyle interventions, according to a recent analysis published in the British Medical Journal.

The depressing results raise the question: Are the drugs worth starting if you can't stay on them long-term? Doctors largely say yes but caution the need for proper counseling and lifestyle changes.

The medications, which include Ozempic, Mounjaro and Zepbound, mimic naturally occurring gut hormones such as GLP-1, suppressing appetite and making people feel full faster.

The BMJ review examined 37 studies that included people taking weight-loss medications; six were studies where people took GLP-1s rather than older weightloss medications. On average, people taking a GLP-1 lost 32 pounds on the medications but gained back 21 pounds in the first year after stopping them, the study found.

The weight gain was four times the rate of people who lost weight through behavioral changes. That approach was analyzed in an earlier study where participants took on average four years to return to their baseline weight. *Note*

While taking the weight-loss medications, participants' health markers, such as blood pressure, cholesterol and blood-glucose levels, improved. When people stopped them, levels returned to baseline within 1.4 years.

"It's virtually parallel with weight gain," says Sam West, a physiologist and postdoctoral researcher at University of Oxford in England who was lead author of the BMJ review.

In general, when you lose weight, your metabolism slows and you burn fewer calories. But there is another less-known impact.

Your appetite goes up, says Kevin Hall, a former senior investigator at the National Institutes of Health and specialist in nutrition who has done research documenting this phenomenon. "These drugs, they interfere with that feedback control system while you're on them, but once you're off the drugs and lost so much weight, your appetite is much higher than it was to begin with so you'll be overeating calories," he says. Doctors say it isn't surprising that weight gain is faster for those who stop taking medications as opposed to those who lost it through diet and exercise. When someone stops dieting, they don't go from restricting calories to eating without limits, notes Dr. Katherine H. Saunders, a clinical assistant professor of medicine at Weill Cornell Medicine and cofounder of FlyteHealth, a medical obesity-treatment company. It is usually a gradual process.

When you stop taking a GLP-1, "the hunger and food noise symptoms come back with a vengeance," she says.

Another less-studied phenomenon is when people stop taking a GLP-1 and then decide they want to go back on the medication. It isn't always as successful the second or third time around, Saunders says.

The concept of metabolic adaptation explains the body's desire to regain weight after stopping a GLP-1 medication, says Dr. Gitanjali Srivastava, medical director of obesity medicine at Vanderbilt University Medical Center in Nashville, Tenn.

This is our body's survival mechanism, evolved over many centuries, to slow our metabolism down and conserve energy during times of famine or stress.

The greatest success stories come from combining lifestyle changes with obesity medications, says Srivastava. "We really need to provide these therapies in combination, all in one, for the maximum benefit of the patient," she says.

Weight cycling—gaining and losing weight repeatedly—may negatively affect the proportion of fat to muscle, doctors say. When you lose weight, one-quarter to a third is muscle. When you gain weight back, it tends to be more fat than muscle.

"I think your body composition is likely to change," says Dr. Robert Kushner, an obesity-medicine specialist and professor emeritus at Northwestern University.

Kushner says he's only had a handful of patients who were able to keep their weight off long-term after stopping a GLP-1 medication.

In addition to your appetite roaring back, there is also the psychological impact of gaining weight back, which can lead to people feeling defeated and less likely to exercise.

Kushner says he tells patients that obesity care is no different than treating someone for high cholesterol or diabetes. When you stop taking a statin, the cholesterol will go back up. When you stop taking insulin, diabetes returns.

So is there any point to taking a GLP-1 short-term? Doctors think the answer is yes.

Kushner says he's had patients who want to go on a GLP-1 for a limited amount of time. He tells them they need a long-term strategy that could involve transitioning to a less-expensive, older-generation weight-loss medication or starting a more intensive lifestyle intervention.

"I would never say to them there's no point in starting, but I will tell them right up front we have to start thinking of the day after stopping now," he says.

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