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Can you stomach it?: A content analysis of TikTok videos and

comments about weight loss with Ozempic

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Abstract

Medications containing semaglutide, like Ozempic, have recently gained popularity due to their ability to help people lose weight quickly and effectively. The hashtag "#Ozempic" has been viewed hundreds of millions of times on TikTok, making the social media platform a useful place to analyze the discourse surrounding medical weight loss. In this study, I conduct a content analysis on sixteen TikTok videos and their accompanying comments to compare how people discuss weight loss with Ozempic and weight loss with more traditional diet methods through the example of WeightWatchers. This analysis reveals that, in many ways, people discuss Ozempic in a manner that resembles discussions about traditional diets. For instance, people using Ozempic share their specific biometric information on TikTok to compare the amount of weight they have lost on the drug with others, and they share tips on how to lose more weight with the medication. However, there are some key differences, including the reliance on a medical framing of fatness to justify using medication for weight loss. While people participating in the WeightWatchers program can employ a variety of framings to explain their desire to lose weight, people using Ozempic rely almost exclusively on the framing of obesity as a disease, illustrating how the use of medication for weight loss is only seen as acceptable when it is explicitly related to health, and not to vanity. The medicalization of fatness plays a critical role in how people discuss Ozempic, providing insight on how medical weight loss might change the way people talk about the relationship between weight loss, health, and beauty.

Introduction:

In the 1990s, fen-phen exploded in popularity and was heralded as a miracle diet pill to help people lose weight. However, the case of fen-phen provides an important example of how the trendy off-label usage of a drug for weight loss can go wrong. A combination of two separate

appetite suppressants, fenfluramine and phentermine, fen-phen was found to help people lose weight more effectively than either drug on its own. It quickly became a phenomenon and "an estimated six million Americans took [the drugs], most of them women, not all of them obese" (Kolata 1997). Unfortunately, fen-phen was eventually found to be "associated with rare valvular heart pathology" and the manufacturer removed the drugs from the market (Capriotti 1998). Of course, not all off-label drug use or drug use for weight loss has such negative consequences, but fen-phen does tell a cautionary tale about how peoples' fervent desire for weight-loss can accelerate the usage of a drug before the outcomes are fully known. This case of a weight-loss drug gone wrong seems especially critical now as drugs like Ozempic are rising in popularity due to their ability to help people lose weight.

Off-label use of Ozempic for weight loss started to gain popularity in part due to a trend on TikTok. Videos with the hashtag "#Ozempic" have been viewed hundreds of millions of times on the platform, sparking interest in the drug's seemingly magical ability to help people lose weight. Speculation about the use of Ozempic in Hollywood by celebrities like Kim Kardashian has only increased the popularity of and interest in Ozempic. Doctors' offices in places like Beverly Hills and weight loss programs like Calibrate boast that they prescribe Ozempic off-label for people looking to lose weight. All of this buzz around Ozempic has led to shortages, leading some to question who should have access to the drug (Semley 2022).

Even without the supply shortages, Ozempic can be difficult for people to access due to its costs. Ozempic can cost close to $900 per month without insurance, and because it is prescribed off-label, insurance companies often refuse to cover the costs (Blum 2022). Furthermore, while many view Ozempic as a quick fix to weight loss, the side effects can be intense and even dangerous. Common side effects of the injectable drug include nausea,

dehydration, fatigue, and changing bowel movements, calling into question if the weight loss effect of the drug outweighs its potential side effects (Office of the Commissioner, 2021). Given how Ozempic affects appetite, the drug also significantly impacts eating behaviors, which is of particular interest and concern to some medical professionals (Semley 2022).

Because the trend of using Ozempic for weight loss is so new, it is not clear who exactly is using the drug. The typical TikTok user sharing their Ozempic journey seems to be a young to middle-aged white woman, though that certainly does not provide a complete profile. Furthermore, public and medical opinions about Ozempic seems to be mixed, with some praising the drugs' ability to treat obesity and others worrying about the implications of the drug. For instance, what happens when people who are not classified as obese or overweight use the drug for weight loss? Additionally, because Ozempic is being used off-label, there is not clear evidence about its long-term safety and effectiveness.

This paper explores the discourse surrounding the off-label use of Ozempic to better understand how people talk about the use of medication for weight loss. By analyzing popular TikTok videos with the hashtag "#Ozempic" and their accompanying comments, I identify important and interesting themes that reveal how people view the use of medication for weight loss and provide insight into popular ideas about health and beauty. I further analyze TikTok videos with the hashtag "#WeightWatchers" as a comparison case. My analysis focuses on three themes. First, I discuss how weight loss is considered an absolute good, whether it occurs through dieting or medication. Next, I outline how the discourse surrounding weight loss with Ozempic compares to the discourse surrounding weight loss with Weight Watchers. Finally, I look at the ways people discuss maintaining weight loss through these different methods and how they consider whether the costs of weight loss are worth it. I argue that while people rely

more heavily on medical framings of fatness as a disease when discussing weight loss with a medication, discussions about weight loss with Ozempic still mirror those of traditional diets in key ways, including the frequent measurement and surveillance of weight change. Ozempic serves as a fascinating case study to further our current understanding of how health and beauty ideals interact and influence the way people think about themselves, their bodies, and others.

Literature Review:

The existing literature on health, the body, and weight loss highlights how diet culture encourages people to make their bodies thinner in the name of health and beauty. The thin beauty ideal has been well-documented by both academic literature and popular media since the late 20th century. From Wolf's *The Beauty Myth* (1991) to Brumberg's *The Body Project* (1997), many books and articles lay out the myriad ways in which the thin beauty ideal impacts girls and women. Diet culture is ubiquitous and unavoidable in the United States, and frequently leads people to experience discomfort or dissatisfaction with their bodies and appearance (Knobloch-Westerwick and Crane, 2012). As people try to manage body dissatisfaction, they sometimes take dieting and weight-loss behaviors to the extreme, resulting in the development of eating disorders. While eating disorders (ED) have been classified as a form of mental illness, some scholars emphasize the cultural and social factors that lead to the development of ED, highlighting how different bodies come to take on meaning and value based on a variety of factors including size, gender, and race (Hesse-Bieber et al 2006).

In Western societies obsessed with thinness, thin bodies represent achievement, which in turn incentivizes dangerous and harmful behaviors like those associated with ED (Dilling and Petersen 2022). Furthermore, smaller bodies are seen as healthier bodies, providing a justification for the valorization of thinness perpetuated by diet culture on the basis of health

rather than beauty. While diet culture and beauty standards can certainly impact any person regardless of gender, the vast majority of research on these topics has focused on women, and more specifically, middle-class white women. The focus on women may be justified in part by the racist and sexist origins of current beauty standards which objectify the female body and glorify white feminine beauty, but it is crucial to recognize that men also experience the harmful effects of diet culture and to apply an intersectional lens to this topic (Deliovsky 2014; Striegel-Moore et al 2009). This study is limited in its focus on women who are mostly white, representing an important limitation that I hope future research can address.

Given the idealization of thinness in Western society, obesity has become increasingly stigmatized. Fatness and obesity signify more than just a lack of beauty; they signify a lack of self-control and discipline and a lack of health (Gracia-Arnaiz 2010). The moralization of obesity shapes anti-fat biases (Ringel and Ditto 2019), healthcare providers' attitudes about and approaches to treating fat patients (Phelan et al. 2015), and obese patients' experiences of healthcare. The medicalization of obesity has also resulted in the declaration of an obesity epidemic, which news media has covered in an alarmist and individual-blaming fashion (Saguy and Almeling 2008). There are, however, many scholars and physicians who challenge the pathologizing of obesity, questioning whether classifying obesity as a disease does more harm than good (Katz 2014). People can be obese and healthy, and except in the most extreme cases, obesity does not seem to affect lifespan (Mann et al 2015). Building from these debates about obesity and beauty, this study seeks to question how individuals use and discuss pharmaceutical interventions for weight loss in ways that perpetuate diet culture by relying on the medical declaration of fatness as pathological.

Saguy's (2013) fat frames provide a useful scaffolding for analyzing how people discuss and understand fatness as both related to beauty and health. Saguy (2013) describes how fatness has been framed in different ways in Western society to serve specific purposes. She focuses on three specific problem frames: fatness as immoral, fatness as a medical problem, and fatness as a public health crisis. In addition to these problem frames, Saguy (2013) also discusses frames that push back against the idea of fatness as a problem, including the Health at Every Size[1] movement, framings of fat as beautiful, and fatness as a social justice issue. Importantly, Saguy (2013) highlights how fat and obese people participate in fat acceptance movements to center themselves in conversations about large bodies. They challenge conventional ideas about beauty and health and seek to stop the stigmatization of fat people in ways that mimic other social movements, such as the movement for LGBTQ+ rights (Saguy and Ward 2011).

It is critical to acknowledge that while the thin beauty ideal dominates Western culture, beauty standards differ across racial and class lines. For instance, research suggests that Black women view the ideal body as larger and curvier as opposed to the slimmer ideal body type of white women. Statistics also reveal that Black women have the lowest rate of anorexia when compared with white, Asian, and Hispanic women (Overstreet et al 2010). Other factors also lead to differences in the prevalence of ED behaviors across racial groups, such as minority stress. Class also comes into play in the study of ED, as people experiencing food insecurity seem to be more likely to develop binge-eating disorders or bulimic-spectrum ED than restrictive ED like anorexia (Hazzard 2020).

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[1] The Health at Every Size movement promotes a holistic approach to health and includes five core principles: weight inclusivity, health enhancement, eating for well-being, respectful care, and life-enhancing movement (ASDAH, 2023).

Obesity trends also vary between racial and class groups in the US. Generally, both men and women without college degrees appear more likely to be obese than their college-educated peers. Minority groups experience obesity at disproportionate rates, with the highest rates of obesity reported among Black, Hispanic, and Native Americans. Asian Americans appear to be the outlier minority group, however, as they have the lowest prevalence rates of obesity among those minority groups (Purnell 2018). Considering how race, class, and gender intersect in obesity and ED trends is essential when exploring how beauty standards and weight loss trends impact people. Not all groups of people experience Western diet culture in the same way and recognizing the differences that exist may allow for a better understanding of how to promote health and self-esteem. While this study is limited by a small sample size, future research should consider how race, class, and gender impact the ways in which people experience diet culture.

The literature on beauty ideals and the literature on health standards both contribute to this project in important and unique ways, but the intersection of these topics also provides critical background information. After all, health and beauty do not exist independently from one another in the public imagination. In fact, some scholarship reveals how concepts of health and beauty are intertwined and frequently conflated. Through semi-structured interviews with overweight and obese participants, Kwan (2009) found that participants frequently viewed depictions of beauty as depictions of health, used beauty indicators as health indicators, and employed beauty as a motivational tool to reach health goals, revealing how health and beauty ideals interact and influence peoples' thoughts and behaviors.

Unsurprisingly, the idealization of thinness and the stigmatization of fatness often lead people to participate in various diets and weight-loss trends. From juice cleanses to the Atkins Diet to fen-phen, people have relentlessly searched for the magic solution to weight loss (Obert

et al 2017; Tahreem et al 2022; Capriotti 1998). While many of these diet trends produce short-term results, they are often unsustainable due to costs, time constraints, or extreme dietary restrictions (Obert et al 2017). Regardless of their long-term effectiveness, fad diets gain popularity because they claim to provide a quick fix for weight loss. However, research suggests that in addition to failing to meet their claims of sustained weight loss, some fad diets may even be harmful due to nutritional inadequacy (Tahreem et al 2022). Signe Rousseau (2015) highlights how celebrity endorsements of fad diets often perpetuate myths about health and weight loss, challenging mainstream medicine and relying on questionable scientific evidence. Most traditional and fad diets rely on behavior change, requiring individuals to modify their eating and exercising habits. Ozempic offers something new to the world of dieting because it is not only effective in terms of helping people lose weight, but it does not require individuals to change their behaviors. Rather, the physiological effects of the drug result in changed eating patterns that cause weight loss. Thus, following the online discourse surrounding this new method for weight loss can provide important insight on how Ozempic impacts people's ideas and perceptions of dieting, weight loss, health, and beauty.

The role of social media in perpetuating certain body ideals and spreading information about weight and health cannot be understated in a discussion on the pressures to be thin and the stigmatization of obesity in Western society. There is substantial evidence that social media use is associated with negative body image and research highlights that social media is unique in perpetuating damaging body ideals when compared to other types of media. Social media features users themselves along with the users' peers, and the images or information people share on social media tend to be idealized. This encourages social comparison that can often be damaging, especially when it comes to body image (Fardouly and Vartanian 2016). Social media

also facilitates the spread of information about weight loss that is not always backed by science. Weight loss trends also frequently originate on social media platforms, such as the "#Ozempic" trend which has been viewed hundreds of millions of times on TikTok (Burki 2022).

Interestingly, despite the evidence that social media can negatively impact body image and self-esteem, some scholars believe that social media can be utilized as a motivational tool to help people achieve their weight loss goals. According to this school of thought, social media can supplement weight loss interventions by helping to provide people with health information, social support, and motivation. Additionally, proponents of using social media to promote weight loss suggest that social media can also help make weight loss programs more accessible to a wider audience (Dahl et al 2016).

This study seeks to explore the discourse surrounding the off-label use of Ozempic for weight loss on TikTok to expand the current understanding of how the medicalization of obesity intersects with beauty ideals to incentive weight loss. Building from the current literature that explores health and beauty standards, I aim to look at the new trend of using semaglutide (ex. Ozempic) for weight loss to analyze how people discuss the use of medication for weight loss in comparison to more traditional methods of weight loss, including diet and exercise through programs like WeightWatchers. Drugs containing semaglutide, including Ozempic, are a relatively new way for people to lose weight quickly and effectively, and it is crucial to understand how these medications affect the way people think about health and beauty and how they perceive and understand their bodies. By studying a new trend on TikTok, I hope to evaluate how ideas stemming from diet culture and the medicalization of obesity show up online in popular content.

Research Design:

Ozempic:

The FDA approved Ozempic to help treat diabetes in 2017 (Office of the Commissioner, 2021). The active ingredient in the medication is semaglutide, which works by mimicking the glucagon-like peptide-1 hormone produced by the intestines, slows down digestion and subsequently limits peoples' appetites, leading to weight loss. Currently, the FDA has only approved Ozempic for people with Type 2 diabetes. However, the drug manufacturer of Ozempic, Novo Nordisk, has released a new drug also containing semaglutide called Wegovy, which the F.D.A has approved for "adults with obesity or excess weight with at least one 'weight-related condition'" (Blum 2022). Both drugs require weekly injections and fall under the class of drugs known as GLP-1 (glucagon-like peptide-1) agonists.

Weight Watchers:

WeightWatchers is one of the most widely used commercial weight loss programs in the world. Established as a company in 1963, WeightWatchers began by providing participants with a diet plan and hosting meetings for participants to empathize with one another. Over time the program has undergone various modifications and today it relies on a points system for dieting. The points system leads to moderate calorie restriction for weight loss, and the point value of individual foods depends on calories and nutritional content. The program calculates a participant's individual daily points from their height, weight, gender, age, activity level, and goal weight (Barnett, 2018). On its website, WeightWatchers boasts that it is "the #1 doctor-recommended weight-loss program" (WeightWatchers, 2023).

Study Design:

Information about the use of Ozempic for weight loss has been spreading through multiple different forums, but TikTok seems to play an especially large and critical role.

According to the New York Times, TikTok videos with the hashtag "#Ozempic" had been viewed hundreds of millions of times as of November 2022 (Blum 2022). On TikTok, people who are taking Ozempic share about their experiences losing weight with the drug, people discuss their thoughts and opinions about the use of Ozempic for weight loss, and medical professionals also provide information about the medication and their thoughts on prescribing it to patients. This study aims to analyze the discourse on TikTok surrounding the off-label use of Ozempic for weight loss in comparison to the discourse on TikTok surrounding weight loss through more traditionally popular methods, including diet and exercise with WeightWatchers.

By using a comparative model, I hope to uncover how ideas about beauty and health impact perceptions of the use of medicine for weight loss. Past research reveals how, in Western culture, fatness and obesity signify more than just a lack of beauty; they signify a lack of self-control and discipline and a lack of health (Gracia-Arnaiz 2010). As I compare TikTok users who discuss weight loss achieved through behavior change versus with medication, I am interested in how the concepts of discipline and self-control appear and change the way people discuss weight loss. Furthermore, the medicalization of obesity is of great importance to this inquiry. The declaration of an obesity epidemic and classification of obesity as a disease has changed the way people think about health and has had major implications for peoples' interactions with the healthcare system (Oliver 2006). As I analyze how the discourse about weight loss with WeightWatchers compares with the discourse about weight loss with Ozempic, I pay particular attention to the significance of the medical classification of obesity as a disease.

TikTok is a particularly interesting platform to study given its immense popularity and its relatively recent emergence as a social media platform. A study published in 2021 estimated that close to a billion people worldwide were using TikTok at that time, highlighting the massive

reach of the platform (Li et al 2021). While a vast number of people use the platform, individual users' experiences vary greatly depending on the types of videos they interact with. Each user can view their personalized "For You" page to see algorithmically-selected videos based on that user's past engagement with content on the app. The platform is also organized by hashtags, which users can attach to their videos and search for on the platform (Southerton and Clark 2022). On TikTok, the search function can be used to search for users, videos, sounds, LIVEs (videos posted live that allow users and creators to interact in real-time), and hashtags, and the most relevant content will be displayed under the "Top" tab (TikTok 2023). The TikTok videos analyzed in this study were selected by using the search function to find the most relevant videos containing two different hashtags.

This study relies on content analysis to compare the discourse surrounding weight loss with Ozempic and with WeightWatchers. Content analysis is an appropriate method for analyzing data from social media because it allows a researcher to search for meaning and underlying tones (Lune and Berg 2012). In this study, I am exploring how people talk about the use of medication for weight loss and am looking for the cultural frames they use in discussing the body, health, and beauty. Content analysis allows me to evaluate the types of logic creators of popular content on these topics use to support their beliefs about different methods of weight loss.

Methods:

I searched the hashtag "#Ozempic" to select the sample of videos used to explore the discourse surrounding Ozempic. The Ozempic videos were selected from the "Top" tab based on two conditions. First, only videos with more than 100,000 views at the time of the search were selected. Second, only videos in which the creator was discussing their own personal experience

with semaglutide were included in this study. That means, for example, videos of doctors explaining their medical opinion were excluded. For the comparison of discourse surrounding weight loss through behavior change alone, a sample of the most popular videos containing the hashtag "#WeightWatchers" was selected. Given that this hashtag is much less popular than the hashtag "#Ozempic," the conditions for selection were slightly different for this group of videos. For the WeightWatchers group, videos were selected if they had more than 20,000 views at the time of the search and if the creator discussed their own personal experience with the program. This did include creators showing what they ate in a day on the program. None of the creators of the WeightWatchers videos disclosed producing content paid for or sponsored by the program. WeightWatchers is used for the comparison group because of its popularity and its reliance on traditional dieting methods, including calorie restriction (Barnett 2018). While the selection of the top videos based on hashtags represents popular content among users of those hashtags, the samples used in this study are not representative of all the content containing the hashtags (Baker and Walsh 2018). Rather than attempting to achieve a representative sample, the goal of this study is to gather information about the popular discourse of a new phenomenon. I analyzed ten of the top videos from the Ozempic group and six of the top videos from the WeightWatchers group, for a sample of sixteen total videos. After analyzing the videos for each hashtag, few new themes and information emerged, indicating that I reached saturation (Small 2009).

Once the video samples were selected by searching for relevant content by hashtags, I performed content analysis on all of the videos and their accompanying comments. As I downloaded the TikTok videos, I kept track of the information of the video creator, including any description on their profile page and their appearance in terms of age, gender, and race. All

comments on the videos were downloaded, including replies to comments, or nested comments. However, information on the commentors was not collected beyond username and profile image.

After data collection, videos and comments were imported to the coding software MAXQDA for two cycles of coding. I began the analysis by utilizing the paraphrasing function to get a general sense of the data. This allowed me to familiarize myself with the videos and comments and gave me the opportunity to note topics that stood out as initially interesting or important. I then categorized my paraphrases, identifying emergent themes from the data and creating a code book. This coding process was iterative, and as the code book expanded, I returned to previously coded videos and comments for additional cycles of coding.

Using content analysis, this study provides greater insight on the ways that people discuss the use of medication for weight loss. The use of medications like Ozempic for weight loss is relatively recent, and understanding how they change peoples' ideas about health and the body, if they change them at all, is essential. The results from this study deepen our understanding of the ways people use social media to communicate their thoughts and experiences with weight loss, but it is limited to the most popular content. Furthermore, this study is limited by the content people post on TikTok. Exploring and evaluating the messages people share on public platforms like TikTok is extremely useful and important, but it does not give us insight on their private thoughts and feelings. For instance, content analysis in this study is unlikely to reveal contradictions in how people feel privately about different weight loss methods compared to what they say publicly.

Like all methods, content analysis has some shortcomings, but overall, it is a useful method for researchers because it can "be used nonreactively...mean[ing] that the information that we are coding existed before we came along and was not influenced at all by our research

process or objectives" (Lune and Berg 2012, 199). Analyzing TikTok videos about weight loss with Ozempic and WeightWatchers reveals how common ideas about body size and self-discipline, along with the medicalization of fatness, play into popular discourse. This study aims to explore a recent trend and phenomenon and my hope is that the findings from this study will lead to more questions about the use of medication for weight loss that can be addressed with different methods in the future.

Discussion:

The analysis of TikTok videos with the hashtag "#Ozempic" and the hashtag "#WeightWatchers" along with the accompanying comments revealed a number of themes. In the comment sections of the videos about Ozempic, TikTok users discussed their experiences with side effects while using the medication, they debated who deserves the drug, they shared tips on how to have a better experience with it, they frequently shared information about their health and various medical conditions, and much more. The videos about WeightWatchers were less popular than those about Ozempic, and consequently, had fewer comments. The comments on the WeightWatchers videos also covered fewer topics, but there was a clear focus on points and weight loss with the program. One prominent theme I identified throughout the coding process of both the groups was the use of biometrics and a specific focus on the amount of weight lost while using the drug or participating in the program.

Can you ever lose too much weight?

Comparing the TikTok videos and comments from both the Ozempic sample and the WeightWatchers sample reveals interesting themes in how people think of health and beauty in relation to each other and in relation to weight loss. People across all of the videos and comments included in this study frequently shared specific biometric information when discussing their

experience with weight loss, relying on numbers and measurements to track their progress. When people share their biometric information, and in this case, their body weight or amount of weight lost, they often explicitly draw a connection to health. Weight loss is considered an absolute good, and the more weight lost, the better. Of the nearly 10,000 comments I coded, none mentioned losing too much weight or labeled a certain amount of weight loss as dangerous. Furthermore, only a handful of comments from each group discussed concerns about the development of eating disorders given how Ozempic suppresses appetite and can drastically alter eating habits or how WeightWatchers can lead people to experience certain food phobias or obsess over points and calories.

This emphasis on weight loss as positive and healthy is unsurprising, especially given the way the obesity epidemic is covered in an individual-blaming and alarmist fashion by the news media (Saguy and Almeling 2007). The focus on specific measurements of weight also relates to the primacy of BMI as a measure of health. BMI is calculated using body weight and height, so as a person loses weight, their BMI changes, potentially moving them into a different category of obese, overweight, normal, or underweight. Thus, the comments and the use of weight measurements specifically suggests that the users included in this content analysis frequently monitor and measure their body weight in order to keep track of their health.

One of the most common themes I noticed through my coding process of the Ozempic videos and comments involved users sharing the specific amount of weight they lost on the drug, often comparing the amount of weight they lost with others to determine whether the drug "worked." Some examples of comments that illustrate this theme include: "My mom & sis have lost soooooo much weight doing this!! My mom lost 60lbs and my sister has lost 40!," "How

long did it take to lose 40 pounds?,” and “I've lost a stone[2] on ozempic in 3 months I have been a bit lazy on it but it has kick started my diet.” Often, when users shared the amount of weight they lost, they also included the amount of time it took to lose that weight. Sometimes, this sharing of weight loss and time frames would then lead to discussions about how to lose weight more quickly on the drug, implying that there is no rate at which one can lose weight too quickly, in addition to weight loss being an absolute good.

Some of the comments also revealed that users felt the drug led to minimal weight loss. In these cases, users would add the qualifier “only” to their weight loss amount, emphasizing that the amount of weight they lost was insignificant or less than it should be. For instance, one user commented, “I'm currently on Ozempic 1mg and only about 4lbs weight loss,” and another commented, “I'm in week 2 on Ozempic only 3 pounds.” Commenting on a video in which the creator discussed losing a significant amount of weight, one user wrote “I am so jealous lol. I've been on it for 2 months now and nothing has happened for me!” In contrast, many of the comments about weight loss amount also included comments about how using the drug has been amazing or life changing. This suggests that peoples' perceptions of the drug's effectiveness and usefulness may be tied to the specific amount of weight they lose while taking it. Furthermore, users seemed to compare their weight loss with the weight loss of others, expressing concern when they lost less weight in the same time frame as someone else. Such concern relates to the way weight and health are often perceived as individual issues and personal responsibilities. When Ozempic did not work for certain individuals, rather than questioning whether such a lack of efficacy had something to do with the drug, individuals expressed feelings of personal failure.

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[2] One stone is equivalent to 14lbs.

A similar theme emerged in the comments of the WeightWatchers videos as users paid particular attention to the exact amount of weight lost on the program. Comments frequently included measurements, such as "I did 35 my first time around in 6 months as well and kept it off for 2 years...," "I lost 50 pounds on Weight Watchers and kept it off...," and "I lost 112 lbs off weight watchers and kept it off for 20 years." As these examples highlight, discussions about weight loss sometimes included time frames, as they did in the Ozempic comments, but the amount of time a person kept the weight off also became an important topic of discussion for the people commenting on WeightWatchers videos. This elicits the phenomenon of yo-yo dieting and suggests that people losing weight with WeightWatchers may feel a need to prove that the program can be effective over the long-term, rather than leading to only short-term weight loss. As with the Ozempic videos, comparisons between users about the amount of weight lost using WeightWatchers also appeared in the comments. This suggests that using TikTok to discuss weight loss may lead to increased social comparisons, relating to previous research about how social media drives such behavior (Fardouly and Vartanian 2016).

Most of the comments containing weight measurements clearly drew the connection between weight and health. The connection between weight and beauty did not always appear so obviously, though it did emerge as an important subtext. In some of the videos and comments, people described how losing weight with Ozempic made them "feel lighter," improved their self-esteem, and made them feel like themselves again. None of those phrases refer explicitly to beauty ideals, but they do elucidate how body image plays an important role in confidence and emotional well-being. Past research provides evidence that body image can be significantly impacted by media images and beauty ideals and further advances the idea that body image influences self-esteem and confidence (O'Dea 2012). Considering why creators and commentors

only made oblique references to how their weight loss related to their perceptions of their attractiveness or confidence in their appearance might further our understanding of how people think about beauty standards. Women in particular face competing pressures when it comes to ideas about beauty. On the one hand, social media and other forms of popular media bombard women with images portraying specific beauty standards and ideals. On the other hand, certain stereotypes suggest that feminism and normative beauty practices are incompatible (Rudman and Fairchild, 2007). This bind might help explain why the women in the videos and many of the people leaving comments did not ever directly invoke beauty as a motivation for weight loss with Ozempic.

While the comments expressing concerns about eating disorders or how Ozempic might impact a person's relationship with food and eating were few and far between, they do bring up an interesting point worthy of attention in this study. Throughout the comments analyzed for this study, people frequently describe how the drug "takes hunger away" or leaves people without any appetite. Despite acknowledging how taking this medication changed their eating habits, for the most part people did not discuss what that meant to them or how it changed the way they thought and felt about food and eating. In the few cases where people did discuss this topic in more depth, they sometimes credited the medication with healing their previously troubled relationship with food. Here again we see how ideas of health permeate the discussion of Ozempic. In this instance a simple dichotomy is established in which eating too much is unhealthy and eating less is healthy. Some of the comments even compared using the medication with dieting, revealing the central role dieting plays in how people think about food, eating, and weight loss. Existing research on how diet restrictions taken to the extreme can often lead to eating disorders brings into question here how we should think about the impact Ozempic and

similar drugs have on eating (Knobloch-Westerwick and Crane, 2012). Some comments and videos revealed that people taking Ozempic eat very little when taking the drug which is reminiscent of the restrictive eating behaviors that characterize anorexia, potentially drawing a connection between medical weight loss with semaglutide and eating disorders.

Ozempic vs. Weight Watchers:

Health narratives:

The Ozempic videos and comments also revealed the use of health narratives to justify and explain using the drug for weight loss. Health-based narratives did not appear in the WeightWatchers videos and comments, even though WeightWatchers claims to be the weight-loss program that doctors recommend most frequently. This suggests that the actual use of medicine may play a critical role in how people understand their weight loss in relation to health. Users frequently referenced conditions like insulin resistance, polycystic ovary syndrome (PCOS), high C-reactive protein (CRP), and autoimmune conditions like Hashimoto's disease. In these comments, people referenced the health conditions they were managing to explain why their doctor prescribed the drug or how it got approved by insurance. This practice seemed to respond to accusations in the comments sections that people were using drugs like Ozempic "just to lose weight." By listing their health conditions, users were, in a sense, proving that they needed this drug for their health. The medicalization of weight and the declaration of obesity as a disease are essential to this focus on the relationship between health and weight loss. In fact, when using health as a justification for using Ozempic off-label, creators and commentors almost always employed framings of fatness as a medical issue or a public health crisis, as described by Saguy (2013).

This appeal to health conditions to justify drug use was frequently accompanied by users referencing that their healthcare providers or doctors recommended the drug. In this way, medical authority seemed to play an important role in conversations about who should take the drug and why. If users started to debate some aspect of the drug, like when to increase dosage or when the drug becomes necessary to treat a particular condition, the words of their doctors became a critical defense. Interestingly, while the knowledge or opinions of doctors was used to justify taking the drug, people in the comments also discussed which types of doctors they could go to in order to obtain a prescription for the medication. In these cases, people knew they wanted to take Ozempic or a similar drug, and they needed to know where they could go to access it. This exposes a contradiction in how people perceive medical authority: it is at once something to be obeyed and respected, but it can also be manipulated to serve individual desires. Here we see an example of how people can employ different framings of fatness in different contexts to achieve different goals, such as getting a prescription for a medication or achieving a certain beauty ideal.

Additionally, the classification of obesity as a disease became an important way to validate the use of drugs like Ozempic for weight loss in the videos and comments about Ozempic. Users wrote comments like "Obesity is a medical condition that should be treated," "obesity is a chronic illness and disease just like diabetes," and "Obesity kills 3 times more people annually than diabetes and deserves treatment just like any other long term disease." These types of ideas about obesity as a disease served to argue that people who are classified as obese may need medications like Ozempic just as much as people with diabetes, for whom the medication was initially indicated. The obesity as a disease justification came up in response to comments shaming people without diabetes for using the drug, like "How about hit the gym and

eat healthy so people who ACTUALLY need this can have it. Don't be lazy." To further establish that using Ozempic for weight loss is valid, people would also refer back to medical authority, such as "I'm pre-diabetic & insulin resistant my bmi is 45 and my dr said I needed this medication."

The idea that obesity is a disease, however, did not show up in the WeightWatchers videos and comments, revealing another interesting difference between these two groups. Discussions about health in the WeightWatchers videos and comments focused more on whether specific foods should be considered healthy. For instance, the video with the most views and comments from the WeightWatchers group came from a woman who went to McDonalds for breakfast and got an EggMcMuffin and then listed the points for the food. In the comments, people debated whether such a breakfast could be considered healthy, with some people stating simply "not healthy," and "not real food." Others responded with more nuanced views such as "she was showing that on weight watchers you don't have to cancel foods. If you eat healthy 80% of the time, it's still a healthy lifestyle." Of course, this comment still labels foods as healthy versus unhealthy, but suggests that eating unhealthy foods is okay if you mostly eat healthy foods. A few people in the comments of the WeightWatchers videos offered the idea that labeling foods as healthy/unhealthy or good/bad is not even necessary in the first place. For example, they would suggest "no food is bad food! I had an amazing cookie skillet after rice and salmon. It's all about balance," or "Weight Watchers does not have good and bad foods."

Whereas the indication of specific weight loss amount in the comments on these TikTok videos can help elucidate how people understand and measure health and potentially how health relates to beauty, the appeal to medical authority and the use of health as a justification for using the drug seems to draw more of a distinction between health and beauty. Throughout the videos

and comments included in my content analysis, people debate and discuss whether weight loss alone is a good enough reason to take Ozempic or a similar drug containing semaglutide. Most people who support the idea that it is appropriate to take Ozempic for weight loss rely on the argument that obesity is a chronic disease requiring medical treatment. On the other side of the argument, people accuse those who are taking Ozempic specifically for weight loss of vanity and selfishness. Thus, there seems to be some shared understanding that taking the medication for weight loss in order to satisfy beauty ideals would be wrong, but taking the medication for weight loss in order to improve health can be justified.

In a number of the videos I coded, the creators explained that while they were taking Ozempic off-label, meaning they were not taking it to treat type 2 diabetes, their primary reason for taking the drug was to treat some other health condition, not to lose weight. Whether that condition was insulin resistance or Hashimoto's disease, the creators emphasized that weight loss was just a "happy side effect," not the motivating factor for their drug use. These arguments appear to have a moral valence, supporting the idea that using medication for weight loss would be less justifiable. In the comments of these videos, however, some users did accuse the content creators of false portrayal. These commenters believe that the creators' primary reason for taking the drug was in fact to lose weight, and that they are using some other medical condition as an excuse. The way people appeal to ideas about health when discussing weight loss reveals the framings they use to understand body size, health, and beauty. Based on my content analysis, the creators and commenters seem to rely predominantly on the framing of fatness as a public health crisis or the framing of fatness as a medical condition. When commenters question the validity or truthfulness of others, however, they seem to suggest that some people are exploiting framings of

fatness that involve ideas about health to cover up or hide their true motivations, which are more closely related to ideas about beauty or morality.

Insurance and cost:

As people commented on the TikTok videos containing the hashtag "#Ozempic" included in this study, another one of the most common topics of discussion involved the cost of the drug. These discussions centered around whether insurance would cover the cost of the medication and how much it would cost either out-of-pocket or with a copay. Throughout the hundreds of comments mentioning cost, people provided different estimates of how much they personally paid for the medication or how much they believe it costs in their area. Many people in the comments referenced the cost of Ozempic, or other medications containing semaglutide, as one barrier to access. One user wrote "I have the same insurance and my doctor sent if off with pre auth and my insurance denied so I appealed and got denied again. 240lb w/ PCOS." By stating their weight and that they have PCOS, this user implies that they need the medication, but insurance still will not cover it. Interestingly, as people discussed insurance coverage, they frequently included their diagnoses and sometimes even postulated that insurance coverage of particular semaglutide-containing medication depended on the diagnoses given by healthcare professionals. One user stated that "The dx code will determine if it's covered more often than not," and another wrote "genuinely believe the[y] deny or cover based on the DX code."

Lots of the discussion about the cost of Ozempic revolved around insurance coverage and the cost of the medication with insurance, but some users also expressed their thoughts or experiences with paying for the medicine completely out of pocket. Comments revealed a wide range of prices from as low as $200/month without insurance to as much as $1300/month. However, not all users listed the monthly cost of the medication, as some listed the cost per dose

instead. Two particularly interesting themes emerged from these discussions: the idea of whether the cost was worth it, and acknowledging how the cost of the drug excludes certain people from accessing it. One user included the cost of Ozempic as one of many reasons they would not use the drug, writing "Not paying $1300 a month to inject poison in my body feel sick for the entire time, I'd rather sweat it out in the gym." Of course, this user appears to have a negative view towards using semaglutide for weight loss for more than just the cost, but we can see here how the high cost of the drug becomes a tool for critics. While some users expressed that the financial cost of the medication was not worth any potential benefits, others disagreed, though they still frequently recognized that taking semaglutide is expensive. Comments expressing this sentiment include "Saxeenda is fantastic, just expensive," and "it's a life changer...but most of us are paying out of pocket because insurance won't accept that it's actually helpful." While the second comment highlights a positive view of the medication, it does also reveal some frustration with the cost, and more specifically, the denial of insurance coverage.

A small number of comments about the cost of Ozempic or similar drugs focused on how the high price renders the medication inaccessible to many people. In one comment, a user posed a question: "How can people afford this?...$390 a month is not in reach for many." While some commentors acknowledged that people with less money might have difficulty paying for the drugs, others suggested it might be easier for lower-income people to access the medication if they are enrolled in Medicaid. One person commented "...$900 a month unless you are super poor on Medicaid and can get for free," suggesting that being "super poor" makes semaglutide more accessible in terms of the financial burden. As I have noted, the comments about price and insurance coverage revealed variation in the personal experiences of the people commenting on the videos included in this study, but overall, most comments about cost recognized that

Ozempic and similar medications are expensive. However, comments about how the high cost of the drug impacts people disproportionately based on socioeconomic status were less frequent, providing unique cases in which users thought about access more broadly.

One final interesting pattern that came up in comments about the cost of the medication involved users referring other users to different locations to access the medication at lower costs. Specifically, some commentors suggested using medspas or compound pharmacies to get the medication. These comments sometimes explicitly stated the cost, such as "Medspas ~ $300/month," or "A compounding pharmacy gives a 3 month supply of the low dose for $300." This practice of directing other people in the comments to places where they could access semaglutide relates to the sharing of tips on how to feel better while taking the medicine. I also observed this practice in the comments on the WeightWatchers videos as users shared ideas for meals and how to better utilize points for weight loss.

Online communities:

The comments section of the videos included in this study reflected the weight loss communities' people establish online using platforms like TikTok. This theme appeared in both the comments on videos with the hashtag "#Ozempic" and in the comments on videos with the hashtag "#WeightWatchers," suggesting that people look to social media as a place to share and learn new information to help with weight loss. While the types of tips users shared differed depending on whether they were using medication or WeightWatchers, these tips appeared frequently regardless of the method of weight loss.

Among the videos talking about Ozempic, many of the comments focused on how to reduce the side effects of the medication. In the comments, people discussed other medications they took to relieve side effects, like nausea. For instance, users often mentioned Zofran, a drug

that helps alleviate nausea, in comments such as "I live off of Zofran," or "Get Zofran...keep it everywhere." In addition to Zofran, B12 supplements and ginger chews also came up as ways to reduce the nausea that can be a side effect of semaglutide. In addition to sharing tips for medications that might relieve nausea, another common tip discussed by the users included in this study involved the site of injection for the medication.

Whereas the tips about medications that can be taken for side effects almost never led to debate between commentors, conversations about the relationship between injection site and side effects involved more back and forth. Some users expressed their belief that injecting in certain parts of the body versus others makes a huge difference in terms of side effects. Some comments highlighting such a belief include "Thigh I've always found you get less symptoms. I've been on Ozempic for a while now and get cramping if I inject in my belly," and "It made night and day difference in my thigh!" While a large contingent of people shared their experience of noticing an improvement regarding side effects when changing injection site, other users challenged those stories.

One user wrote "Injection site does not matter. Side effects can happen everywhere" and another wrote "Nurse here. It doesn't matter where you inject side effects happen no matter what to some not everyone. But injection site does not matter." The latter comment is particularly interesting because of how the commentor appeals to their medical authority as a nurse. In this instance, this person calls on their professional background to contradict the claims made by other users and to imply that they have a stronger position to speak from given their occupation. This reliance on scientific authority when discussing injections and side effects even led to more extended debates, such as one exchange in which one user claimed, "you have to leave it in for

10 seconds" and replied to a comment that read "paperwork says 6" by stating "my education says 10."

Comments about the injection site when using Ozempic were commonly about reducing side effects, but some people also brought up the question of whether the medication is most effective when injected in one site versus another. As an example, one comment stated that "the medication is less effective in the thigh and arm. That is why it goes in the abdomen. Taking it at bedtime will help." Another user wrote that "Dr told me it's not as effective in thigh," again referencing medical authority to give the claim legitimacy. These comments provide another example of how discussions about semaglutide on TikTok often produce contradictory information and involve people referring to personal experience to make general claims about the drug.

While information about injection served as a topic in which people created community and discussions in the comment sections of the "#Ozempic" videos, people commenting on the "#WeightWatchers" video seemed to share their tips and establish community in discussions about meals and points. Notably, many of the top videos on TikTok with the hashtag "#WeightWatchers" feature creators displaying what they eat in a day on the program, sharing with other people the point values of different foods and how to create meals that work well in terms of following a WeightWatchers diet. Comments providing tips also centered around how to eat using the point system, including "lots of low carb breads are now found in stores!!! Look at the 'keto friendly ones' most of them are 1 point for 2 slices," and "Use those zero point foods and drink lotsa water."

In the comments sections of both groups of videos with the hashtag "#Ozempic" and the hashtag "#WeightWatchers," people seemed to create online communities where they could

express frustration, find support, and ask questions and share information. By going back and forth in the comments, users debated whether a medication like Ozempic was worth the side effects for the weight loss and whether a program like WeightWatchers could lead to successful weight loss. Through these comments, users connected with people over shared experiences and had an outlet where others could understand and relate to them.

Thus, this study provides an example of how people use social media platforms, like TikTok, to find support for and information about weight loss. In both groups of videos and comments, this type of exchange between users took place, suggesting that whether people are attempting to lose weight through changing their behavior with a program like WeightWatchers or using a medication like Ozempic, social media become an important space and outlet. The communities that form in the comments section are not singular, but rather small communities continuously form and dissipate as different topics of conversation emerge. This creates a forum for people to express support for a specific method of weight loss while simultaneously allowing people to express their opposition. As I have shown, people use different framings of fatness and ideas about weight loss to support their views as they leave comments on these videos.

What happens next?

Is it worth it?

The question about whether semaglutide is "worth it" came up occasionally in the comments about insurance coverage and cost, but discussions about worth most commonly revolved around the side effects that come with taking the medication. Overall, side effects dominated the discourse surrounding Ozempic in the videos included in this study. Comments about side effects were by far the most frequent compared to any other topic, indicating that side effects are a major part of the way people think and talk about Ozempic and other similar drugs.

From the comments coded in this study, peoples' experiences with side effects varied greatly, with some users making claims like "I've been on it a while, no side effects," and others expressing that they felt like they were dying due to the side effects, as seen in the comment "Ozempic almost killed me – muscle weakness, 4 days straight of projectile vomiting, and stomach issues. Couldn't keep anything down. It was horrible." Given the extremes with which people discussed side effects, I made side effects a master category in my code system with subcategories including the following: no/minimal side effects, horrible side effects, felt like dying, and tips for managing side effects. Between those categories, I found horrible side effects to be the most common, followed by no/minimal side effects, then tips for managing side effects, and finally felt like dying.

The discussions about side effects at first glance may seem to do little more than describe the physical experience of taking GLP-1 agonists, but these comments actually help uncover how people think about the use of medication for weight loss, how they support their views about it, and how they make decisions about whether or not taking the medication is worth the weight loss. On one end of the debate, people argue that the side effects are so intense that they outweigh any benefits. Comments supporting that view included "with those side effects, I'd rather be overweight" and "The side effects are horrendous. Vomiting and nausea every day. It was not worth it." On the other end of the debate, the weight loss that comes as a result of taking the medication makes enduring the side effects worth it. Commentors made statements like "It's going to make you sick, but I promise you the results are worth it my friend did it, and she couldn't be happier" and even pushed others, saying "Tough it out!! It's worth it...lots of saltines. I'm 60 down!" In some ways, the side effects people are willing to endure for weight loss seem reflective of the extremes people are willing to go to with dieting to lose weight. Here, we see

how suffering is understood as a part of the weight loss process whether with dieting or medication, relating to ideas about discipline and achievement that are wrapped up in the thin beauty ideal.

When it comes to using medications containing semaglutide, like Ozempic, the comments revealed a question of whether the price — physical, emotional, and financial — of taking the drug is worth the weight loss. Stated differently, users discussed the price they were willing to pay to lose weight with medication. Conversely, worth and price never appeared in the comments I analyzed on the WeightWatchers videos. Instead, the question with WeightWatchers seemed more about whether someone could succeed with this specific program, making the conversation about success versus failure rather than worth.

While a number of comments on the WeightWatchers videos stated whether a user felt they were successful on the program, there was not as a clear a divide or debate as in the Ozempic comments. In fact, one theme from the WeightWatchers comments involved an emphasis on supporting individuals doing whatever works for them. The comment that "WW works for some people and that's great and if it didn't work for you then that's okay too," sums up this sentiment well. These types of comments seemed to support people regardless of their experience by acknowledging that people would have different responses. There were, however, still users who seemed to express frustration due to a lack of results, such as "I'm giving up. Been 2 ½ weeks and have only lost 2lbs. And I'm staying within the points usually 20-23 points. Help what am I doing wrong????" This comment shows how individuals might see the lack of weight loss on a program like WeightWatchers as a personal failing. The same type of language can be seen when people have positive experiences and discuss their "success," in comments like "These have helped me be a successful Weight Watcher since 2015. Lost 120 & have kept it off."

Weight gain when stopping:

Although the long-term effectiveness of WeightWatchers was not one of the most common themes in the comments of these videos, it did appear in a number of comments. Some of the WeightWatchers comments on this topic included "they are designed to not be long term," and "it's so unsustainable," referencing the well-documented phenomenon of yo-yo dieting. Interestingly, the idea of weight gain after weight loss was one of the most significant areas of overlap between the WeightWatchers videos and the Ozempic videos. In the comments of the Ozempic video, people frequently questioned what happens when a person stops the medication while others warned of gaining all the weight lost when stopping the medicine.

In one of the videos about Ozempic, the creator announced that she plans on taking Ozempic as long as her insurance will cover it. This introduced the topic of the length of time people must take semaglutide when using it for weight loss and how to maintain weight loss from the drug. Many users posed questions, asking "So will you have to be on this forever," or "Is this a lifelong medication? If you get off, will it all come back?" Other users even used the potential of gaining weight when stopping the medication as a way to challenge or antagonize those posting about using semaglutide. Such comments included "If you return to your bad habits after you are off this the weight will return," "can't wait for in 3 years when all these ozempic idiots have put all the weight back on," and "As soon as you stop you will gain all plus more back. Education yourselves people." The potential of weight gain when stopping the drug also led people to draw a comparison between medications containing semaglutide and traditional diets, making statements like "So it's just like every other 'diet' that as soon as you stop eating healthy and exercising all the weight, plus some comes back on?"

Some users suggested that taking medications like Ozempic helped them establish new eating and exercising habits that could help them maintain weight loss even when stopping. For example, one comment stated "Saxenda has worked great for me it's lots more pricey but I have lost 6kgs in 2 months x it's a great tool to help with lifestyle change." Others explained that sometimes lifestyle changes in diet and exercise are not enough to help some people lose weight. One user wrote that "I'm not prediabetic anymore only because of Ozempic. My body gains weight even with me eating and living healthier" and another wrote "I have metabolic syndrome and cannot lose weight like a normal person. Diet and exercise alone doesn't cut it for me." In some instances, these discussions led people to question the "real reason" someone started the medication. A number of comments challenged whether people were taking semaglutide because they could not lose weight in any other way or because they did not want to make lifestyle changes or simply because they wanted to be thin or look a particular way.

Even when creators of videos with the hashtag "#Ozempic" claimed that their primary motivation for taking the drug did not involve weight loss or that weight loss was not even significant to them, they made claims that suggested weight loss was an important part of their experience with the medication. One of the video creators claimed that she "feel[s] much lighter" after taking the medication and another talked about "feeling like [herself] again" in relation to the change in her body size. These cloaked references to weight loss and a reduction of body size reveal a tension in how people talk about and present their use of semaglutide in relation to the weight loss.

Conclusion:

While content analysis cannot reveal the "real reasons" people decide to take medications like Ozempic or participate in diets like WeightWatchers, the discourse surrounding the use of

these weight lose methods and their ability to help people lose weight provides interesting and important information about how ideas about health, body size, and beauty interact and inform each other. The diet and exercise industry has been selling products to help people lose weight and modify their bodies for decades, but Ozempic and other similar medications represent the role that the medical field and the pharmaceutical industry play in perpetuating ideas about health and beauty. This content analysis revealed that while some people find Ozempic to be "life-changing" or the long-awaited magic fix to weight loss, others find that the side effects and cost of taking the medication are "not worth it." Such debates and disagreements illuminate how people think about and prioritize weight loss and the lifestyle changes they are willing to either make or endure. This relatively new medication has already caught the attention of millions on TikTok alone, and following the discourse surrounding its use is critical to understanding how it changes or perpetuates the way people think about fatness.

Give the limitations of content analysis and the small sample of videos and comments included in this study, future research should build off of the findings discussed in this paper. For instance, interviews could provide useful insight on how individuals who have lost weight with Ozempic experience the drug and the change in their bodies. Furthermore, studying drugs like Ozempic in relation to eating disorders could provide interesting questions and findings. Semaglutide works by suppressing appetite, leading to more limited food consumption, which bears resemblance to the restrictive eating habits associated with anorexia. These drugs also lead to frequent vomiting, resembling bulimia. Interestingly, however, some believe that these medications may provide a treatment option for binge eating disorders (Johnson, 2023). This highlights the need for more research to further our understanding of the implications of GLP-1 agonists for ED and ED treatments. While people have searched for weight loss solutions and

medications for decades, semaglutide represents a breakthrough given its effectiveness.

Following how the medication is used by the public and how it changes ideas about health and

beauty in the coming years will, therefore, be critical.

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