

Supporting Long-Term Success With Obesity Management Medications: Adherence and Persistence

Why Treat Overweight and Obesity?



Obesity is a chronic, progressive, relapsing, and undertreated disease¹⁻³



High global prevalence continues to rise⁴



Sustained weight loss lowers the risk of and improves complications⁵

7x

Higher Risk of Developing Obesity in People Living With Overweight vs. Healthy Weight^{a,6}

Early intervention may help improve outcomes associated with progression to obesity³

What are Obesity Management Medications (OMMs)?

Pharmacologic therapies for weight management⁷

50%

of people living with obesity remain on OMMs for at least 1 year after initiation, but many discontinue¹

1.7 YEARS

Estimated time to return to baseline weight following OMM discontinuation^{b,1}

Benefits of Timely, Ongoing Treatment³

- Reduces adiposity and helps prevent weight regain
- Limits disease progression and complications
- Improves health and QoL

OMMs Can Be an Integral Part of Weight Management⁴

Pillars of weight management^{8,9}:

- Nutrition therapy
- Physical activity
- Behavioral support
- Pharmacotherapy
- Bariatric surgery

TREATMENT
Adherence
vs.
Persistence

Taking medications
as prescribed⁴

The **continuation**
of treatment⁴

Why Are Treatment Adherence and Persistence Important?



Lifelong, comprehensive treatment is required in weight management³



Adherence and persistence maintain treatment efficacy and help to lower complication risk^{1,4}



Stopping treatment often leads to weight recurrence and loss of health gains¹

Some Key Determinants of Adherence and Persistence to OMMs⁴

Patient factors

- Expectations and treatment targets
- Misunderstanding of the chronicity of obesity; viewing plateaus as personal or treatment failure
- Internalized stigma
- Need for adherence education
- Use of medication in patient's routine

Socioeconomic factors

- Supply chain issues
- Cost or limited insurance coverage

HCP factors

- Insufficient weight-related training and infrastructure
- Misunderstanding of the chronicity of obesity
- Weight and treatment stigma
- Negative language and stigma around low adherence

Therapy factors

- Concern surrounding the credibility of OMMs and their long-term effects
- Dosing complexity for some OMMs (eg, timing with meals)
- Route of administration
- Concern regarding adverse effects

Medical condition factors

- Need for appropriate language
- Media pressure

^aObesity: BMI ≥ 30 kg/m²; overweight: BMI ≥ 25 to <30 kg/m²; normal weight: BMI <25 kg/m²; data based on a prospective analysis of 13,888 adults in the US. ^bSystematic review of 37 studies (N=9341).

Abbreviations: BMI=Body Mass Index; HCP=Healthcare Professional; N=Number of Patients in the Analysis Population; QoL=Quality of Life.

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