

GLP-1S & THE LIFESTYLE GAP

What long-term GLP-1 outcomes mean for your people and your benefits strategy.



What You Need to Know About GLP-1s

1 in 8

U.S. adults are currently taking GLP-1 medications — up ~400% since 2020

\$10K

Estimated average annual employer cost per employee on GLP-1 therapy

2/3

of lost weight is regained within 12 months of stopping GLP-1s without lifestyle support

>50%

of GLP-1 users discontinue within the first year — often before durable habits form

The headlines around GLP-1 medications — semaglutide, tirzepatide, and others — are hard to ignore. GLP-1 medications have delivered weight loss results that were once unachievable without surgery — and sparked a genuine shift in how medicine approaches chronic weight management. That's made them one of the most talked-about developments in employer health in years.

But behind the results is a story that isn't getting as much coverage: **what happens to those outcomes over time, and what the research consistently tells us about the role of lifestyle intervention in making them last.**

This guide is for organizations that want to go beyond the prescription. Whether you're evaluating GLP-1 coverage, managing cost and utilization, or building a benefits strategy around long-term member health, the information here gives you the clinical grounding and practical framework to do it well.

What you'll learn:

- Why GLP-1 results don't last without lifestyle support — and what the research says
- The real cost of discontinuation for your organization
- How to evaluate and strengthen your current GLP-1 benefits strategy

How GLP-1 Medications Work — And Where They Stop

GLP-1 (glucagon-like peptide-1) receptor agonists work primarily by mimicking a naturally occurring hormone that signals satiety to the brain. They slow gastric emptying, reduce appetite, and — in newer dual-agonist formulations like tirzepatide — also act on GIP receptors to enhance metabolic effects.

They're widely recognized as highly effective. In large studies, people using these therapies tend to lose around 15% of their body weight over about 68 weeks, with some seeing 20% or more.

That level of weight loss is far greater than what's typically seen with lifestyle changes alone.

The impact goes beyond the scale. Many people also see improvements in conditions linked to obesity, like type 2 diabetes, high blood pressure, and heart health. For many, these changes can meaningfully improve long-term health and reduce disease risk.

But here is what GLP-1 medications don't do:

- Build or preserve muscle mass
- Improve sleep quality or stress regulation
- Teach sustainable nutrition habits
- Increase cardiovascular fitness
- Address the behavioral, environmental, or psychosocial drivers of weight gain

These are the domains of lifestyle intervention. And the research is unambiguous: without them, the results that GLP-1s deliver tend not to hold.

1. Weight regain after stopping is significant and fast

The most widely cited challenge with GLP-1 therapy is what happens when it stops. The STEP 1 Extension Trial — which followed participants one year after stopping semaglutide — found that patients regained approximately two-thirds of the weight they had lost. Other studies confirm a regain rate of roughly one pound per month following discontinuation.

The STEP 1 Extension Study (NEJM, 2022)

Here's what the data actually shows: **participants who stopped semaglutide after 68 weeks regained nearly two-thirds of their total weight loss within the next 12 months.** Blood pressure, blood sugar, and cholesterol all trended back toward where they started.

In other words, the medication works — until it stops. And without the lifestyle habits to back it up, your people are right back where they began.

The chronic nature of obesity is, of course, the clinical reality. What it means for employers and health plans is that a GLP-1 benefit without a structured transition or maintenance strategy is a benefit with a predictable endpoint — and a predictable cost cycle.

The most effective organizations are those building lifestyle infrastructure before, during, and after GLP-1 therapy — so when medication changes, the habits don't.

2. 15–60% of GLP-1 weight loss comes from muscle, not fat

Not all weight loss is created equal — and this is the part most benefits conversations skip right over. Research shows that between 15% and 60% of the weight lost on GLP-1s isn't fat. It's muscle. And that distinction matters more than most people realize.

Here's why:

- Less muscle means a slower metabolism — making it harder to keep weight off long-term
- For employees over 40, that muscle loss stacks on top of what the body naturally loses with age, raising the risk of injury, reduced mobility, and chronic pain
- And when muscle goes, the body becomes more efficient at storing fat — especially without regular movement to counter it

Leading health organizations now recommend strength training as a standard part of any GLP-1 treatment plan. So here's the real question for your benefits strategy: **are your people getting moving while they're on these medications?** Because if the answer is no, you may be investing in results that quietly work against themselves.

3. Long-term success requires lifestyle integration

Research consistently shows that GLP-1 therapy works best not in isolation, but as part of a comprehensive lifestyle approach. Those who pair GLP-1 medication with structured behavioral support tend to lose more weight, sustain it longer, and see greater improvements across key health markers.

- Weight outcomes are more significant and durable when medication is combined with consistent nutrition and movement habits.
- Cardiovascular and metabolic markers show stronger improvement in patients engaged in concurrent lifestyle programming.
- Engagement in lifestyle support also helps patients manage common side effects and maintain adherence over time, both of which are critical to long-term success.

The lifestyle components that research consistently identifies as high-impact:

Lifestyle Domain	Why It Matters for GLP-1 Users
Resistance Training	Preserves and rebuilds lean muscle mass lost during weight reduction; maintains resting metabolic rate
Protein-Forward Nutrition	Supports muscle retention; addresses micronutrient gaps common during reduced-calorie intake on GLP-1s
Sleep Optimization	Poor sleep elevates cortisol and ghrelin – the hunger hormone GLP-1s work to suppress – undermining medication effectiveness
Stress Management	Chronic stress promotes fat storage and emotional eating patterns that medication alone doesn't address
Cardiovascular Fitness	Improves heart health, insulin sensitivity, and energy – particularly important as weight loss slows at the 6-month plateau

What This Means For Your Organization

The employer cost conversation

GLP-1 medications are among the highest-cost pharmacy items in employer health plans. Depending on the formulary and member usage, annual spend per covered employee can range from \$12,000 to \$20,000 – and with utilization rising steeply, total plan cost is a growing concern.

But the financial question isn't just about what GLP-1s cost today. It's about what discontinuation – and subsequent regain – costs over a multi-year horizon.

The cost cycle employers need to plan for

Obesity drives significant downstream costs: Type 2 diabetes management, cardiovascular conditions, musculoskeletal issues, and mental health treatment account for the majority of chronic disease spend in most plans.

When GLP-1 therapy reduces these conditions – and then those improvements reverse after discontinuation – the cost impact is compounded. Not only does the employer lose the benefit of the medication investment, but the comorbidities return – often alongside additional complications from the intervening period.

Obesity-related conditions cost U.S. employers an estimated \$13.4 to \$26.8 billion annually in lost productivity— separate from direct healthcare costs.

What the data shows about employer GLP-1 trends

77%

of large employers say managing their overall GLP-1 costs is extremely or very important.

50%

Total GLP-1 spend increased around 50% in 2025 due to heightened utilization.

60+

obesity contributes to more than 60 chronic conditions and 66% higher annual healthcare costs for affected individuals.

23%

of employers offer GLP-1 drug coverage for type 2 diabetes and/or weight management.

The 24-month GLP-1 member journey

Understanding the typical arc of GLP-1 use helps organizations design support that meets members at each phase – not just at the beginning.

Months 0–3 Rapid Response	Average weight loss of about 5% of body weight. Appetite suppression is strong. GI side effects are most common in this window. This is the highest engagement period – and the ideal moment to layer in behavioral support while motivation is high.
Month 6 Plateau Begins	Most patients hit a weight loss plateau. Average total loss of about 10%. Motivation often dips as progress slows. Without lifestyle structure, this is where adherence challenges and discouragement emerge. Strength training support becomes critical.
Month 12 The Decision Point	Peak weight loss for most patients. The question becomes: continue, taper, or transition? Organizations that haven't built lifestyle infrastructure face higher regain risk if members reduce or stop medication at this point.
Month 18–24 Outcomes Diverge	Research shows a clear split. Members with lifestyle support maintain significantly more of their outcomes. Those without it regain weight within 12 months of stopping – and are more likely to see related health conditions return.

A Framework For Action

Evaluate your current GLP-1 benefit strategy

Use this checklist to assess where your organization currently stands – and where the gaps are.

Check	Strategy Element
<input type="checkbox"/>	GLP-1 coverage decisions include prior authorization and clinical criteria for obesity management
<input type="checkbox"/>	Employees on GLP-1s are connected to fitness and nutrition resources – proactively, not reactively
<input type="checkbox"/>	Your wellness benefit includes access to resistance training and strength-focused programming
<input type="checkbox"/>	Nutrition support is available that addresses protein needs and micronutrient gaps common during GLP-1 use
<input type="checkbox"/>	There is a defined 'transition plan' for members tapering or stopping GLP-1 therapy
<input type="checkbox"/>	Leadership has visibility into the projected 3-year cost trajectory of GLP-1 utilization
<input type="checkbox"/>	You have a way to measure outcomes – not just weight, but fitness, engagement, and claims trends – for GLP-1 users

How to present the lifestyle gap to leadership

Getting buy-in for lifestyle investment alongside GLP-1 coverage requires translating clinical research into business language. Here's a framework for the conversation:

Frame it as ROI, not expense

GLP-1 coverage is already a significant line item. Positioning lifestyle investment as a multiplier on that existing spend — rather than an additional cost — changes the equation. The question becomes: how do we protect the investment we're already making?

Lead with the regain data

The most compelling data point for business audiences is the rate at which outcomes are lost after treatment ends. It makes the limitations of a medication-only approach tangible: you're making a significant per-person investment for results that may not be sustained over time without additional support.

Quantify the downstream cost

Model the downstream cost impact of the chronic conditions being addressed. What are the implications if those conditions return? And how would even a modest improvement in long-term outcomes influence your cost trend over time?

Position it as a talent differentiator

In a tight labor market, comprehensive wellness benefits — particularly those that address GLP-1 support — signal genuine investment in employee health. This is increasingly a differentiator in recruiting and retention conversations.



Built For Exactly This Moment

FitOn Health is the all-in-one health and wellness benefit that gives your people the premium support GLP-1 medications can't provide on their own — and gives you the outcomes data to prove it.

Movement & Strength Programs

Protect muscle. Build metabolic health.



The largest variety of in-person fitness experiences plus premium digital workouts — strength training, HIIT, yoga, and low-impact options — designed to preserve the lean mass that matters most during GLP-1 therapy.

Nutrition & Condition Support

Guidance built for GLP-1 users.



Premium nutrition courses and condition-based health education that address the dietary needs unique to GLP-1 therapy — protein prioritization, micronutrient gaps, and habits that outlast the medication.

Whole Person Well-Being

Sleep, stress & the habits that sustain.



Sleep quality, stress resilience, and mindfulness support — the behavioral pillars that research links most strongly to sustained GLP-1 outcomes and reduced weight regain.

Experience the difference for your people.

FitOn Health extends the impact of GLP-1s by supporting the everyday behaviors that drive lasting change.

Our [Weight Loss Companion Program](#) brings this to life with structured support that helps people stay active, eat well, and build sustainable routines that last beyond medication alone. **Explore more at FitOnHealth.com**