

News and Perspectives

GLP-1 Ads Are Everywhere. What Are They Doing to Our Body Image?

Anna Zucker, JMIR Correspondent

Abstract

GLP-1 medications are incredibly accessible—while this may be a net positive for eligible patients, their widespread marketing may not be. In this *News and Perspectives* article, JMIR Correspondent Anna Zucker reports on concerns being raised about the potential impact of GLP-1 marketing practices on body image and well-being.

Key Takeaways

- GLP-1 advertisements often frame these drugs as a path to confidence, self-esteem, and personal transformation, positioning them as a self-improvement tool rather than a metabolic medication for eligible patients.
- The effects of repeated exposure to these ads on body image and disordered eating are largely understudied.
- More thorough telehealth screenings and stronger advertising standards may help protect vulnerable populations without stigmatizing those who may benefit from treatment.

Glucagon-like peptide-1 receptor agonist (GLP-1 RA) medications have had huge commercial success since Wegovy (semaglutide) was approved for weight management in 2021, with Zepbound (tirzepatide) following in 2023. In 2025, global GLP-1 sales reached [US \\$79 billion](#). Ads for both Food and Drug Administration (FDA)–approved and compounded, non-FDA-approved versions appear throughout social media feeds, often leading consumers directly to an online assessment and potential prescription via telehealth.

“I constantly see ads everywhere,” says 34-year-old Samantha P. “When I watch a TV show on Hulu, I see a GLP-1 ad at every single break. I also see ads on social media.” Advertising reaches a wider audience than those who may be medically eligible for these drugs. “Seeing ads so constantly makes it feel like something you’re supposed to be thinking about,” Samantha says.

[Researchers](#) suggest the increased visibility of GLP-1s may influence body image by creating pressure to pursue medication and encouraging comparison.

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Selling More Than Weight Loss

[Body image](#) refers to a person’s subjective picture of their own body—and a distorted body image is often a component of serious eating disorders.

In a [2025 BMC Public Health study](#), researchers analyzed 90 ads for FDA-approved GLP-1s on Facebook and Instagram from February 2023 to February 2024. Along with themes emphasizing health and safety, consultation and support, and ease and affordability, the ads focused heavily on emotional and psychological impact—promising self-confidence and transformation to a “new you.” Linking weight loss with these outcomes, the authors state, “reinforces long-standing societal beauty ideals and may contribute to body dissatisfaction, particularly among vulnerable populations.”

Samantha describes the ads she sees as highlighting these same themes. “[The ads] promise easy weight loss and convenience. The companies make it seem very affordable and easy to get. They almost make [GLP-1s] seem like Tylenol or another common drug that doesn’t have a lot of risks or side effects.”

Lauren Newman, RD, LD, CDCES, CEDS, founder of Lauren Newman Nutrition Therapy, specializes in diabetes, eating disorders, mental health, and GLP-1 therapies. Newman says, “My concern is that [ads] continue to reinforce the message that weight loss makes you a better version of yourself, tying our worth and identity to our body size.” She adds that the medications, although helpful and life-changing for many people, are not “magic,” and that they come with “risks, side effects, and potential downsides.”

The Psychological Effects We Don't Know

A [2026 paper in *Body Image*](#) argues that body image should be considered a “key motivator, mediator, and moderator” during GLP-1 treatment, since weight loss “[does] not reliably translate into a healthier psychological relationship with one’s body.” Dissatisfaction may persist or “shift into new forms of surveillance or fear of weight regain.” They call for more research into “how online access to GLP-1s shapes motivations for use and engagement, particularly among those seeking treatment for appearance-related reasons.”

The National Eating Disorders Association (NEDA) did a [community survey](#) on the relationship between social media and eating disorders, and received 2670 responses. Although GLP-1 advertising was not an option on the survey, it came up often in open-ended answers from clinicians, who reported finding “direct links between unavoidable advertising and increased disordered eating behaviors in clients.”

Jessica Scheer, MSc, CEO of NEDA, says “The field’s data collection hasn’t caught up to what’s happening in people’s feeds and in treatment rooms.” She continues, “For someone with an eating disorder, or in recovery, avoidance is often a clinical tool. Clinicians will coach patients to limit exposure to content that reinforces comparison, body checking, or restriction. What we heard is that GLP-1 advertising doesn’t respect that boundary. People described trying to opt out, and the ads kept surfacing anyway. When a recovering patient can’t control their own exposure to before-and-after imagery and transformation promises, you’re undermining the specific coping strategy their treatment depends on.”

Andrea C has wanted to lose weight since having her daughter. “The ads influenced me to a certain extent because it was constant exposure, but what really motivated me was people I knew using it and having success with it.” After stopping one GLP-1 medication due to side effects, she noticed the ads increased. “I mostly see influencers on Instagram talking about it or some that actually have discount codes.” The [Body Image](#) paper also flags [social media influencers](#) with financial relationships with GLP-1 companies, leading to “widespread misinformation, weak regulatory oversight, and ‘parasocial’ narratives that can obscure promotional intent.”

Newman states, “For people who aren’t taking GLP-1s, [the ads] can make them wonder if they’re doing something wrong by not taking them.” She cautions that it’s hard to isolate the ads’ effects “since the GLP-1 conversation is everywhere: friends, social media, podcasts, TV—we’re all kind of swimming in the messaging.” Still, she adds, “it’s important to avoid all-or-nothing thinking. They’re risky for some people, but that doesn’t mean they aren’t incredibly helpful for others.”

What Responsible Advertising Could Look Like

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GLP-1s are a legitimate, sometimes life-changing treatment for people who are eligible for them. Our concern is with the algorithm that targets people regardless of clinical indication, using language like ‘confidence’ and ‘transformation’.

Jessica Scheer, MSc

Although scientific research on the psychological effects of GLP-1 advertising remains limited, clinicians and patients are already describing a real impact—and companies, platforms, and prescribers could start responding differently. Telehealth makes obtaining a potential prescription easier, raising the stakes for people who aren’t medically eligible for GLP-1s but can access them anyway.

In the United Kingdom, [regulators have banned](#) advertising “prescription-only weight-loss medications on social media platforms,” citing practices that exploit body image insecurities. Ads may still promote consultations, as long as they don’t suggest a prescription is the likely outcome.

In the United States, the FDA sent [warning letters to 30 telehealth companies](#) over false or misleading claims about compounded GLP-1 products and issued a [report](#) on the potential danger of unapproved versions that don’t meet FDA standards for “safety, effectiveness, and quality.” These warnings address physical safety, however, not the psychological impact of ads for FDA-approved GLP-1s.

Newman suggests ongoing screening for disordered eating, “not just at the initiation of treatment, and a solid plan in place for referrals to specialists when someone does present with concerning behaviors.” She recommends shifting advertising messaging toward health biomarkers (independent of weight loss) and realistic outcomes. “[Use] examples of people with realistic changes, not the outliers. Help people have realistic expectations for what taking a GLP-1 might look like for them.”

Scheer adds, “GLP-1s are a legitimate, sometimes life-changing treatment for people who are eligible for them. Our concern is with the algorithm that targets people regardless of clinical indication, using language like ‘confidence’ and ‘transformation.’” From platforms, NEDA wants “no unavoidable exposure, meaningful opt-outs that are honored, and restrictions on before-and-after imagery.”

Telehealth access to weight-loss medication has helped millions, and clinically appropriate access should be preserved. However, marketing practices that make promises

beyond the scope of the intervention being marketed may yet know how they may be shaping body image—or what prey on body insecurity and need to change. We don't physical and psychological harm they may contribute to.

Keywords: digital health; telehealth; GLP-1; eating disorder; body image; mental health; social media; advertising; glucagon-like peptide-1 receptor agonist

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