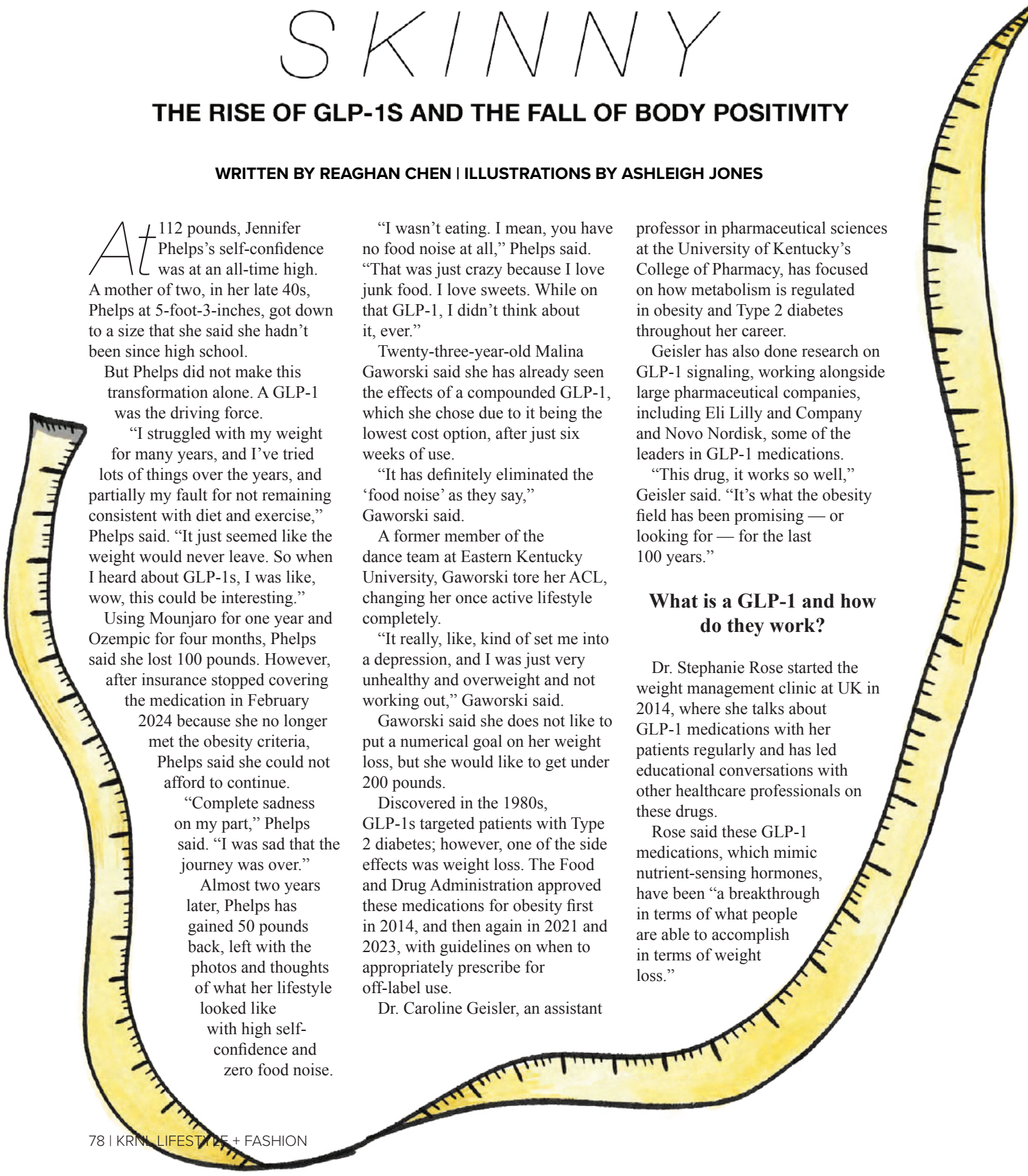
YOUR SHOT AT GETTING *SKINNY*

THE RISE OF GLP-1S AND THE FALL OF BODY POSITIVITY

WRITTEN BY REAGHAN CHEN | ILLUSTRATIONS BY ASHLEIGH JONES



At 112 pounds, Jennifer Phelps's self-confidence was at an all-time high. A mother of two, in her late 40s, Phelps at 5-foot-3-inches, got down to a size that she said she hadn't been since high school.

But Phelps did not make this transformation alone. A GLP-1 was the driving force.

"I struggled with my weight for many years, and I've tried lots of things over the years, and partially my fault for not remaining consistent with diet and exercise," Phelps said. "It just seemed like the weight would never leave. So when I heard about GLP-1s, I was like, wow, this could be interesting."

Using Mounjaro for one year and Ozempic for four months, Phelps said she lost 100 pounds. However, after insurance stopped covering the medication in February 2024 because she no longer met the obesity criteria, Phelps said she could not afford to continue.

"Complete sadness on my part," Phelps said. "I was sad that the journey was over."

Almost two years later, Phelps has gained 50 pounds back, left with the photos and thoughts of what her lifestyle looked like with high self-confidence and zero food noise.

"I wasn't eating. I mean, you have no food noise at all," Phelps said. "That was just crazy because I love junk food. I love sweets. While on that GLP-1, I didn't think about it, ever."

Twenty-three-year-old Malina Gaworski said she has already seen the effects of a compounded GLP-1, which she chose due to it being the lowest cost option, after just six weeks of use.

"It has definitely eliminated the 'food noise' as they say," Gaworski said.

A former member of the dance team at Eastern Kentucky University, Gaworski tore her ACL, changing her once active lifestyle completely.

"It really, like, kind of set me into a depression, and I was just very unhealthy and overweight and not working out," Gaworski said.

Gaworski said she does not like to put a numerical goal on her weight loss, but she would like to get under 200 pounds.

Discovered in the 1980s, GLP-1s targeted patients with Type 2 diabetes; however, one of the side effects was weight loss. The Food and Drug Administration approved these medications for obesity first in 2014, and then again in 2021 and 2023, with guidelines on when to appropriately prescribe for off-label use.

Dr. Caroline Geisler, an assistant professor in pharmaceutical sciences at the University of Kentucky's College of Pharmacy, has focused on how metabolism is regulated in obesity and Type 2 diabetes throughout her career.

Geisler has also done research on GLP-1 signaling, working alongside large pharmaceutical companies, including Eli Lilly and Company and Novo Nordisk, some of the leaders in GLP-1 medications.

"This drug, it works so well," Geisler said. "It's what the obesity field has been promising — or looking for — for the last 100 years."

What is a GLP-1 and how do they work?

Dr. Stephanie Rose started the weight management clinic at UK in 2014, where she talks about GLP-1 medications with her patients regularly and has led educational conversations with other healthcare professionals on these drugs.

Rose said these GLP-1 medications, which mimic nutrient-sensing hormones, have been "a breakthrough in terms of what people are able to accomplish in terms of weight loss."

GLP-1, which stands for glucagon-like peptide-1, according to the National Library of Medicine, is a naturally occurring hormone in our gut that helps regulate blood sugar, hunger signals and other metabolic systems.

Medications like semaglutide, branded under Ozempic and Wegovy, and tirzepatide, branded under Mounjaro and Zepbound, are GLP-1 agonists, which means they mimic the GLP-1 hormone.

Tirzepatide is a dual agonist, which means the medication activates a second hormone known as gastric inhibitory polypeptide, or GIP, along with GLP-1.

Geisler said these medications slow down how food moves through one's body. They send signals that there is food in your stomach, which can then tell someone's brain that they are full.

The most common side effects of these medications are nausea and vomiting, but Geisler said there are also risks of pancreatitis and an inability for food to move through the body when taking a GLP-1.

At UK's weight loss clinic, Rose said that there have to be specific requirements before she brings up a GLP-1 to a patient, even though she said there has only been one person who did not know what this medication was.

"I do not prescribe them unless they are absolutely indicated, right?" Rose said. "So the indications are a BMI greater than 27 with comorbidities or a BMI of greater than 30, and so I do not prescribe them to folks who have a BMI of, you know, 24 and want to get down to a BMI of 22."

Rose said she does continue her patients on medication once they get down to a normal or healthy weight because obesity is a relapsing disease.

"But in terms of giving it to somebody who otherwise falls in a normal BMI category, that's challenging. That is not something that I currently would feel comfortable doing," Rose said.

For Gaworski, who goes to the bariatric weight loss clinic at St. Joseph East in Lexington, Kentucky, she said she hopes that it is not a

> **"This drug, it works so well. It's what the obesity field has been promising — or looking for — for the last 100 years."**
>
> - DR. CAROLINE GEISLER
> ASSISTANT PROFESSOR, UK COLLEGE OF PHARMACY



lifetime drug, which is why she is also working to set healthy habits in her diet and exercise routine.

This combination of medication and lifestyle changes is something Rose also believes in for patients at her clinic.

"These meds can be a great tool, but I also explain to people that these meds are a tool. You know, just like a diet is a tool. A surgery is a tool. Medicine is a tool," Rose said. "All these things are tools that go in your toolbox to help you with weight loss."

Some people may not be aware of what life could be like after they get off the medications.

"Your body doesn't burn as much energy, and your brain tries to tell you to eat more. So when people get off these drugs, if they're not equipped to manage that, they're gonna likely gain the weight back," Geisler said.

This is the reality Phelps said she faced after she abruptly stopped taking a GLP-1 medication. She said diet and exercise were never discussed when she and her provider decided that Phelps should start the medication.

"Just take this shot, and you will lose weight, period," Phelps said of the instructions she was given by her provider.

What is the difference between a compounded & non-compounded GLP-1?

In 2024, the FDA announced there were shortages of GLP-1 medications, which caught media attention as many patients who take it for Type 2 diabetes could not get access to these drugs.

This led to the FDA allowing GLP-1s to be compounded, which Rose said essentially means the GLP-1 agonist is mixed with something else, like B12, and it could be used in place of a brand-name GLP-1 like Ozempic or Wegovy.

Compounded medications are significantly less expensive, especially for those not covered by insurance, which is a reason Gaworski said she opted for the compounded version.

But earlier this year, the FDA declared the shortage over, which means, "Compounding a commercially available product is allowable only in certain narrow circumstances," according to the Kentucky Board of Pharmacy's (KBP) guidelines.

The KBP explained that these permissible situations would occur if the medications ended back on the FDA's shortage list, but because semaglutide and tirzepatide are currently commercially available drugs, they should not be compounded.

However, there is an exception. For 503A pharmacies, which are pharmacies that compound for a specific patient, the KBP "allows compounding an essential copy when a prescriber documents a clinical difference for an individual patient."

In Lexington, Lexington Compounding Pharmacy is an example of a 503A pharmacy.

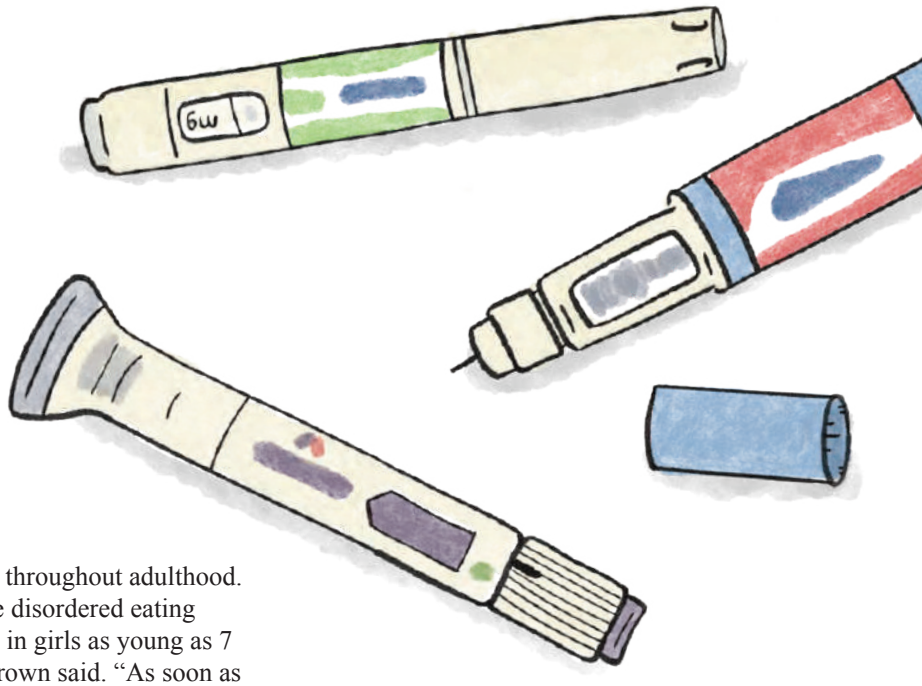
Gaworski said she decided to go with a compounded GLP-1 after looking at the price comparisons. Each month costs her $107 to get the medication and syringes delivered to her doorstep.

The clinic, Gaworski said, goes through a pharmacy in New York, which she thinks might be a reason why it was a cheaper option. She also said the clinic explained to her that a compounded version is "less concentrated, obviously, than the name brand, but … the results would be fairly similar."

Phelps said her doctor also offered a compounded GLP-1, but she chose not to proceed due to the cost being around $200 a month.

What is the true cost of a GLP-1?

With the rise of GLP-1s, off-label use has become more normalized. With websites like forhers.com and ro, people can now get a GLP-1, name-brand or compounded version,



delivered to their doorstep with no in-person doctor visit.

"It is available, and it is another tool to modify the way you look, the way you live, how much energy you have, etc.," Geisler said.

But this tool can impact more than just someone's physical appearance. Dr. Christia Brown is a developmental psychologist at UK who has studied gender and ethnicity-related issues in regard to body image and beauty standards for over 20 years.

Brown said a GLP-1 "teaches us to ignore our normal body cues," which can prevent people from thinking about food as a fuel source and discourage them from eating in a "cognitively and emotionally healthy way."

> **"Just take this shot, and you will lose weight, period."**
>
> - JENNIFER PHELPS
> FORMER GLP-1 PATIENT

Phelps said she experienced this firsthand. Now, after gaining half of the weight back, Phelps has experienced mental struggles tied to her own body image and confidence.

"I mean, if I'm being completely honest, I would prefer to be a size four rather than a 10. And I know I'm smart enough to know that's just a number," Phelps said. "Why am I even hyper-fixated on a number? But you know, it's human nature."

This fixation on "thinness" is an issue Brown said affects much of the female population, starting in adolescent girls and, many times, continuing throughout adulthood.

"You see disordered eating appearing in girls as young as 7 and 8," Brown said. "As soon as girls start to pay attention to media images of women, you start to see body image go down, and you start to see caloric restrictions for appearance's sake."

Brown said we can see this portrayed on magazine covers and in movies, with the majority of celebrities being thin. And despite the increase of body positivity in pop culture, Brown said the idea of being thin is still very prevalent and ingrained in our society.

"I think even when we have folks that were like, 'Oh, look, we are inclusive of body size,' the fact that we give so much positive attention to people losing weight kind of undercuts that ideal," Brown said.

With the rise of GLP-1s, this dialogue has continued at a larger scale, which Brown said gives clues to what is valued for women and girls.

Gaworski was first introduced to GLP-1s by her mom, who was able to lose 30 pounds with Mounjaro. She said her mom encouraged her to bring up the conversation with her provider, and today, several people in Gaworski's life are on a GLP-1.

This normalization of medicated weight loss is now a reality, but Brown said important questions have to be asked about why someone is opting for a GLP-1.

"Are you doing it for health reasons, or are you chasing a body ideal and taking medication to chase a body ideal?" Brown said. "That's where I think the slippery slope is."

With the FDA approval of these medications, it is now a personal choice if you can meet the requirements and afford to get on a GLP-1.

Despite weight-gain and having to get her gallbladder removed, which Phelps said she believes may have resulted from using a GLP-1, Phelps said she would "absolutely" recommend a GLP-1 for someone wanting to strictly lose weight.

"If I could, I would still be on it," Phelps said.

