

UCLA

UCLA Department of Medicine Clinical Insights

Title

The Image We Shape in the Era of GLP-1 Receptor Agonists

Permalink

<https://escholarship.org/uc/item/45c8b7m3>

Journal

UCLA Department of Medicine Clinical Insights, 1(2)

Authors

Heitmann, Sonya

Climaco, Anne

Publication Date

2026-07-10

DOI

10.5070/V6.64555

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Narrative Medicine Essay

The Image We Shape in the Era of GLP-1 Receptor Agonists

Sonya Heitmann¹, Anne M. Climaco¹

¹ Medicine, University of California, Los Angeles

<https://doi.org/10.5070/V6.64555>

UCLA Department of Medicine Clinical Insights

Vol. 1, Issue 2, 2026

Glucagon-like peptide-1 (GLP-1) receptor agonists have offered us an incredible tool to fight the obesity epidemic. This class of medications is a long-awaited breakthrough for physicians focused on preventative health to have a means to simultaneously cut down blood sugars while combatting fatty liver and lowering myocardial infarction risk. It is so rewarding to watch someone who had been fairly sedentary from a combination of knee osteoarthritis and excess fatigue from untreated obstructive sleep apnea, regain the energy they had lost and feel like running again after losing weight.

While we embrace the metabolic benefits that come with this class of medications, it is important to tackle the disconnect that can occur for some patients between the body image they hope for and what it means to be metabolically healthy. We have watched patients shed 50 to 100 pounds and return to a normal weight range but still feel unsatisfied with their weight. This sense of discontent can persist even when laboratory tests tell a story of incredible metabolic improvement from weight loss. Feelings of success can get too tied to the number on the scale coming down continuously with the hope of achieving a body image of models seen in the media. Plateaus with weight loss are normal even with effective treatment and our bodies have mechanisms in place to try to avoid continued weight loss.

For some individuals who started at a body mass index over 40 before going on treatment, they had more muscle mass than someone who has been in a normal weight range their entire life. So, when the weight target they have set for themselves is at the low end of the normal body mass index range, they can end up sacrificing muscle mass to achieve this. We can utilize body composition testing to help patients visualize this. Though we have this tool through our weight management clinic, it is not readily available at most primary care clinics. We do think this tool should be utilized more to help patients avoid excess muscle loss. It can help us better gauge what dose of the medication is helping with fat loss but not too strong to lead to excess muscle loss.

We had a patient over the age of 65 who kept wanting progressively higher and higher doses of a GLP-1 receptor agonist despite hitting a normal weight range. Her target BMI that she had set for herself was 19. In our patients over 65 in particular, we have to be watchful for muscle loss which can increase frailty and ultimately contribute to higher fall risk and loss of independence. In settings where we don't have access to body composition testing, assess-

ing grip strength and gait speed can be useful to help show patients tangible changes in their strength.

We strive to help patients lower weight while still maintaining a balanced diet with a focus on whole unprocessed foods. The goal is to avoid developing an unhealthy relationship with food, which our bodies need for fuel. The appetite suppression that occurs with GLP-1 receptor agonists can be very helpful early on in the dieting process by making it easier to cut down on consuming unhealthy calories. However, with longer-term use of this medication, the appetite suppression effect may diminish for some individuals. We find that some patients expect hunger to disappear completely and permanently, and they may seek higher and higher doses of medication to manage this sensation even when they are already within a normal weight range. This drive to eat is one of our most basic needs as humans. This drive, which helps prevent us from missing the nutrients our body needs to function at its full capacity, is not meant to be fully removed indefinitely even while on optimal treatment.

We had another patient on a GLP-1 receptor agonist whose weight had gone down from a body mass index over 30 down to a normal weight range. She also kept requesting that the dose of her medication be pushed higher and higher. As we explored what was driving this need for higher doses, we uncovered a fear of losing control. For this patient, before starting on a weight management medication, her focus on food had occupied her thoughts throughout the day and when she gave into a craving, it was such a challenge to stop eating. Each dose increase represented better control for her and maintenance dosing was frightening as she worried that her improved impulse control would slip away. Our relationship with food varies greatly from one person to the next and there can be complex ramifications of altering this relationship. We are fortunate to have both a therapist and a dietician focused on applying cognitive behavioral therapy techniques to help our patients work through this complicated relationship.

As we look forward to having even stronger medication options coming down the pipeline with a glucagon/glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 receptor agonist combination nearing FDA review, we are going to need to assist patients with navigating issues around body image, food cravings, and preserving muscle mass. We as physicians need to consistently reinforce that the goal of these medications is to achieve metabolic health and not to achieve a perfect body image. A perfect body image is an impossible goal to maintain. We need to applaud each of

the improvements in blood pressure, blood sugars, and activity level and help refocus patients on the achievable and measurable goals that will help them sustain a healthier future.



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-4.0). View this license's legal deed at <http://creativecommons.org/licenses/by/4.0> and legal code at <http://creativecommons.org/licenses/by/4.0/legalcode> for more information.