Viewpoint: With weight loss drug prices plummeting, ‘it’s possible to imagine a future in which almost everyone is taking some variety of GLP-1 drug’

Last year was called the year of Ozempic, though it was also a year of Ozempic backlash and Ozempic shortages, which could persist for years. Even so, we appear very far from a peak for GLP-1 drugs, like Ozempic and Wegovy, which are powered by a molecule called semaglutide, and Mounjaro, which uses its cousin tirzepatide. It seems possible to imagine a future in which almost everyone is taking some variety of GLP-1 drug, and with a pretty good reason to do so.

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The GLP-1 drugs have been shown to cut risk of heart attacks, strokes and death from coronary disease by 20 percent among overweight and obese patients, presumably through the salubrious effect of weight loss, though the researchers can’t yet say for sure. Semaglutide has been shown to eliminate or reduce the need for insulin among those with recent-onset Type 1 diabetes.

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Much of the weight loss is from lean muscle mass, which isn’t ideal, and there are reasons to worry over the possibility of thyroid problems, loss of bone density and sarcopenia, a weakness disorder associated with aging. There are potentially other serious long-term side effects, though millions of Americans have been taking Ozempic for Type 2 diabetes for years without serious issues. (Some of them do report more familiar side effects, like nausea.)

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All that means that semaglutide isn’t exactly a cure-all, in the vernacular sense. But it seems to be about as close as we’ve gotten, even in a time of racing biomedical progress, to that old science-fiction proposition — one pill for almost everything and almost everyone forever.

This is an excerpt. Read the original post here