

## IN THIS CHAPTER

- » Reviewing the history of weight-loss medicines
- » Discussing the importance of FDA approval and available options
- » Looking at future potential weight-loss medication options

# Chapter **1**

# Tracing the Path of Weight-Loss Medications

**M**edications for weight loss have a long and sometimes wild history. People have been trying to manage their weight since ancient times. Early remedies included herbal laxatives and strange tonics that promised to melt fat but mostly caused discomfort. Some people even went as far as swallowing tapeworm eggs because they hoped the parasite would do the work for them. As time passed, we moved into an era of stimulants and appetite suppressants, and many of those drugs worked at first but carried risks we only understood later.

You might wonder why any of this matters when you are here looking for answers today. It matters because it shows that the struggle you feel is not new and it is not a personal failure. People have been searching for real solutions for centuries. History shows that people in your shoes often tried things that were unsafe because they were desperate for help. When you understand where we started, you can appreciate how far the science has come and why safety matters more than ever. You also see that you're not alone in this and that your desire for a healthier life connects you to many others who have walked this road. Today, we finally have options that focus on health rather than punishment and fear. Modern medications are built on decades of learning from the mistakes of the past. This chapter gives you the background you need so you can move forward with confidence and choose what is safe and effective for you.

# Sifting through the Science: Early Experiments That Helped and Hurt

People have been trying to solve the challenge of weight for as long as we have written history — a powerful reminder that you are not alone in this. Even though the tools have changed, the same themes keep showing up as people search for answers, hope, and relief. Many treatments through the centuries promised breakthroughs but fell short because they were unsafe or misunderstood. However, each one of these therapy failures taught us something important about how the body really works. In this section you will see how those lessons shaped the medicines we have today. This illuminates the science behind current treatments and how these medicines give you a much stronger chance of having an effective weight-loss journey.

## Ancient times through the 19th century: Looking for weight-loss answers

The pursuit of weight loss is as old as recorded medicine. Ancient Greek and Roman physicians, such as Hippocrates and Soranus of Ephesus, advised lifestyle changes like reduced food intake, avoidance of fullness, regular exercise, and sometimes nighttime running.

In addition, these ancient physicians recommended herbal mixtures which turned out to cause more harm than good. These treatments did not support health; they pushed the body into distress because people were desperate for any tool that might make them thinner. Hellebore, for example, was a powerful purgative that caused severe diarrhea, dehydration, dizziness, and, in higher doses, even heart problems or death. Scammony was another strong laxative resin that irritated the gut so intensely that people often developed cramping, electrolyte loss, and dangerous weakness afterward. Honey water seemed gentle, but when used in excess as a cleansing agent it could lead to fluid shifts and ongoing diarrhea that weakened the body. Cnidian berry was believed to “cleanse” the system, yet historical accounts describe nausea, vomiting, and intense abdominal pain after taking it. Even donkey milk with honey, which sounds mild today, was used in quantities that acted as a laxative and sometimes caused prolonged digestive upset.



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If you’re searching for what *not to do*, you can read more about these practices in several ancient medical texts. Much of this information appears in the writings of Hippocrates, particularly in works like *On Regimen* and *Airs, Waters, Places*. It is important that you keep in mind that these well-intentioned but failed ancient therapies are simply the stepping-off point to a safer weight-loss journey which you can take starting now.



REMEMBER

Up until the 19th century many physicians encouraged people to limit food intake, eat bulky foods (these were probably high in fiber), take baths before meals, and engage in hard exercise. Some of these ideas were reasonable because eating more fiber and moving your body can support health in many ways. These are still helpful habits, and you will see your doctor recommend them today. These simple lifestyle changes are now based on evidence and have been shown to help you feel full and keep your metabolism steady.



WARNING

Other practices were far less helpful and sometimes harmful because they were based on dangerous guesswork rather than science. Elixirs that contained opium, ginger, cinnamon, myrrh, saffron, and castor oil were used often, and some of these ingredients carried real risks. Opium caused sedation and addiction. Castor oil caused severe cramping. Myrrh and saffron caused digestive irritation. Some physicians even tried harsh tactics like stitching a person's mouth partly shut so that they could only take liquids. These measures were signs of how desperate people felt to control their weight. Those practices are not supported in today's state-of-the-art medical field.

This history matters because it shows why safety must come first when you explore treatment options today. Many older drugs were pulled from the market after scientists discovered how dangerous they were. Your doctor now uses evidence, lab testing, and close follow-up to help you find a treatment that supports your health. Some people start with lifestyle changes and then add medications slowly to see how they respond. Others may have health conditions that make GLP-1 medicines a good place to begin. A good doctor helps you make this decision together and guides you through the safest and most effective plan for your body.

## 1930s to 1950s: Relying on research

The 20th century brought an explosion of research into weight loss, and new medications began appearing faster than ever before. Scientists were learning more about metabolism, appetite, and hormones, and many of these discoveries led to drugs that promised real hope. But once medications reached the public, researchers often found that some did not work as expected and others carried risks that only became clear after years of use. This is why post-release research is so important — it helps us see which treatments truly help people and which ones need to be removed to protect patient safety. For example, several weight-loss drugs have been pulled from the U.S. market after serious health concerns came to light:

- » Fenfluramine, which became widely used in the 1970s and later paired with phentermine as Fen Phen, was withdrawn in 1997 after it was linked to dangerous heart valve damage.

- » Sibutramine was approved in 1997 and stayed on the market until 2010, when studies showed a higher risk of heart attacks and strokes.
- » Ephedra, a stimulant found in many herbal weight-loss products in the 1990s, was banned in 2004 because it raised blood pressure and caused life-threatening heart rhythm problems.

These drugs often looked promising when they first came out, but real-world use revealed risks that outweighed their benefits. You will read more about these drugs and others in the later section, “Suppressing appetites in the 1960s to 1970s.” The stories of these medical therapies for weight loss remind you why strict testing, careful monitoring, and a good doctor by your side matter so much when you start any modern weight-loss treatment.

New medications from this time period include

- » **Thyroid hormone:** When doctors first began experimenting with thyroid hormone for weight loss, it marked a major shift in how medicine approached obesity. Until then most treatments relied on herbs, purging, or extreme lifestyle rules, and none of them were based on real science. As physicians learned more about how the thyroid controls metabolism, they noticed that people with overactive thyroid glands tended to be very thin. This sparked the idea that boosting thyroid hormone might help people lose weight in a more predictable way. It felt like an exciting leap forward because it was one of the first times doctors used a biological explanation instead of guesswork. But even though the logic made sense, the results were risky. You would not want this treatment today because it caused muscle loss, heart-rhythm problems, tremors, diarrhea, and in some cases life-threatening complications. Because of these dangers, your doctor should not prescribe thyroid hormone for weight loss unless you have an actual thyroid disorder that needs treatment. This chapter shows you how these early scientific attempts shaped the safer, more targeted options you have today.

- » **Dinitrophenol (DNP):** In 1933, researchers discovered that DNP, a chemical previously used for explosives, could dramatically increase weight loss by stimulating energy production in cells and speeding up metabolism. Weight came off quickly, but users suffered overheating, cataracts, peripheral neuropathy, and, in many cases, death. By 1938, the FDA banned DNP in one of its earliest safety-driven drug withdrawals.

DNP is still found on the black market. Its use for weight loss is illegal and potentially fatal.



WARNING

- » **Amphetamines:** First synthesized in the late 1800s, amphetamines started to be used in the 1930s as appetite suppressants. By 1937, generic and branded amphetamines were widely prescribed for weight loss. Amphetamines



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changed chemicals in the brain called norepinephrine and dopamine, which made people feel alert and less hungry.

Dopamine is mainly produced in two regions deep in the brain: the substantia nigra and the ventral tegmental area, both part of the midbrain. Its true job is to help regulate movement, motivation, learning, and the feeling of reward. When dopamine works the way it should, it helps you stay focused, enjoy pleasurable experiences, and learn from them. Norepinephrine is produced mostly in a small structure in the brainstem called the locus coeruleus. This chemical helps control alertness, attention, stress response, and the fight or flight system. When norepinephrine rises, your brain becomes sharper and more awake, which is why stimulants can make you feel energized but also jittery or anxious.

You may recognize these names because they also affect mood and focus. When amphetamines force these chemicals to rise too high, you may feel a burst of energy at first, but your body eventually pays the price with crashes, mood changes, and dependence. Over time doctors learned that these pills caused addiction, high blood pressure, severe insomnia, and personality changes. Because of these risks, you should not be given amphetamines for weight loss today. Your doctor may prescribe them for attention disorders, but that is a very different medical use which requires strict monitoring.

The stimulants from weight-loss history remind you that not every fast-acting treatment is a safe one. Further, it shows why you deserve a doctor who guides you toward options with real evidence and real safety checks (see Chapter 4 for more on putting together a health care team).

## 1960s to 1970s: Suppressing appetites

These decades marked a major turning point in weight-loss medicine because researchers were beginning to understand the brain's role in appetite and metabolism. New medications came to the market that felt more modern and more targeted, and many people were hopeful that safer options had finally arrived. At the same time, this period exposed how quickly things could go wrong when drugs were released without strong long-term safety data. In this section you will see how promising ideas, risky experiments, and new regulations all shaped the weight-loss landscape that your doctor works within today.

» **Phentermine:** Phentermine was approved in 1959 and is still prescribed today, which makes it the longest standing weight-loss medication you might actually be offered. Doctors liked it in the 1960s and 1970s because it was less intense than classic amphetamines and seemed to curb appetite without the same level of addiction risk. Phentermine works by stimulating the release of norepinephrine in your brain, which signals your body to feel less hungry. It

also slightly increases your energy level, so you may feel more alert while eating less. It did become a mainstay during that time, and some people still use it today under close medical supervision. You should know that phentermine is still a stimulant, so it can cause palpitations, insomnia, anxiety, and increased heart rate. These risks are not ancient history. They still matter for you now, and your doctor will monitor you closely if this is part of your plan.

- » **Fenfluramine:** Fenfluramine hit the U.S. market in 1973, offering appetite suppression by enhancing serotonin release in the brain. Initially, doctors saw it as a promising alternative to stimulants. However, the combination of fenfluramine and phentermine (later known as “Fen-Phen”) would become the most high-profile, and ultimately notorious, weight-loss regimen in history (see the later section, “Exploring the Fen-Phen era,” for more details on this drug).
- » **The rainbow pills:** The rainbow pill craze took off in the 1960s and early 1970s, and it remains one of the most chaotic and dangerous chapters in weight-loss history. These packs contained mixtures of amphetamines, barbiturates, thyroid hormone, diuretics, and laxatives, and each pill had a different effect on your body. The amphetamines suppressed appetite by boosting dopamine and norepinephrine, while the barbiturates sedated you so you did not feel overstimulated. Thyroid hormone ramped up your metabolism, and the diuretics and laxatives forced rapid water and stool loss that looked like weight loss but was not real or safe. If you had walked into a clinic then, you might have been handed a rainbow packet with no explanation of what each pill did. These combos led to addiction, heart attacks, psychiatric events, and deaths, which triggered Senate hearings and tighter FDA action in 1967 and 1968. Because of these changes, you will not see anything like rainbow pills prescribed today. Their history is a powerful reminder that fast weight loss is never worth risking your life, and it shows why you deserve safe, evidence-based care with a doctor who truly understands this landscape.

## 1990s: Exploring the Fen-Phen era

Combining phentermine with fenfluramine (or dexfenfluramine), Fen-Phen produced rapid, significant weight loss and soared in popularity throughout the 1990s. At its peak, millions took it, often for months or years. But soon, severe side effects emerged — most notably heart valve damage and primary pulmonary hypertension, conditions often fatal or requiring surgery. By 1997, the FDA requested withdrawal of fenfluramine and dexfenfluramine, ending the Fen-Phen chapter and re-emphasizing the need for long-term safety data.



REMEMBER

Only phentermine remains available today under close monitoring.

## UNCOVERING THE FAILINGS OF FEN-PHEN

Fen-Phen became one of the most talked about weight-loss treatments in the 1990s, and for a while it seemed like everyone knew someone who was taking it. The combination came together because phentermine was already FDA approved in 1959 and fenfluramine was FDA approved in 1973. Doctors began prescribing them together even though the FDA had never formally approved the two drugs as a single combined therapy. At the time this was allowed because physicians could legally prescribe approved drugs “off label,” and many believed the pair worked better than either drug alone. This created a buzz that spread through weight-loss clinics, and demand grew very fast.

People taking Fen-Phen often lost weight quickly, but the excitement did not last. As more patients used it, doctors started to see serious heart valve problems that were hard to ignore. These cases kept showing up, and eventually researchers connected the issue to fenfluramine.

In 1997 the FDA withdrew fenfluramine from the market, and the era of Fen-Phen came to an abrupt end. This withdrawal pushed regulators to strengthen safety monitoring after drugs reach the market, and it led to stricter rules for tracking rare but serious side effects. The Fen-Phen story reminds you why early enthusiasm can never replace good science and why you need a doctor who puts your safety above fast results. It also set the stage for the much more careful testing standards that guide today's weight-loss medications, including the newer GLP-RA treatments.

## 2000s: Prescribing safer pills due to stricter standards

The 2000s brought a new wave of weight-loss medications that entered the market under much stricter safety standards than in earlier decades. Regulators were now closely watching for long-term risks, and drugs had to prove not only that they worked but also that they protected your heart and overall health. In this section you will see how these medications reflected a major shift toward safer design, clearer oversight, and a stronger focus on understanding how each drug worked inside your body.

» **Sibutramine (Meridia):** Sibutramine came onto the market in 1997 and worked by changing the levels of three important brain chemicals: serotonin, norepinephrine, and dopamine. As you have learned, these chemicals help control your appetite, mood, and energy. Sibutramine kept these chemicals active longer by blocking their “reuptake,” which is the process your brain uses to pull the hormones back in after they are released. When these chemicals

stayed active, you felt less hungry and more satisfied with smaller meals. At first this seemed promising, and many people lost weight on it. But a large study called the SCOUT trial (Sibutramine Cardiovascular OUTcomes trial) found that sibutramine increased the risk of heart attacks and strokes, especially in people who already had heart disease. Because of this danger, the drug was pulled from the market in 2010. This is not a medication you can take today, and you would not want to, because the safety risks were real and serious.

- » **Orlistat (Xenical):** Orlistat was approved in 1999 and works in a very different way from earlier weight-loss drugs. Instead of acting on your brain, it works right in your gut by blocking an enzyme called lipase that breaks down fat. When this enzyme is blocked, your body absorbs less fat from the food you eat, and some of that fat passes through your gut, is packaged into your poop, and is evacuated when you use the toilet. This is what is meant by *local action* — the drug does not travel through your bloodstream or affect your heart or nervous system. That lower risk is the reason orlistat is still available today. But because undigested fat has to leave your body, many people experience oily stools, gas, or urgent bathroom trips. You can still get orlistat in prescription strength as Xenical or buy a lower dose over the counter under the name Alli.
- » **Exenatide (Byetta):** Byetta arrived in 2005 as a medication for type 2 diabetes, not weight loss. It is part of a group of drugs called GLP-1 receptor agonists (GLP-RAs).

GLP stands for *glucagon-like peptide*. This means it copies a hormone your body already makes to help control blood sugar, appetite, and digestion. This type of drug can also slow the emptying of food contents from your stomach.

When people started using Byetta, doctors noticed that many of them were losing weight without trying. This happened because GLP-1 hormones slow digestion, increase feelings of fullness, and help regulate hunger signals in your brain. That surprise benefit opened the door to a whole new way of thinking about weight-loss medication. It also led to the development of newer GLP-1 medicines like semaglutide and tirzepatide, which are the medications reshaping obesity care today. You can read more about these newer drug developments below and in focus in Chapter 2.



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## 2010s to present day: Mulling over modern options

The 2010s to today have brought some of the biggest breakthroughs we have ever seen in weight-loss medicine. Researchers finally began creating treatments that

work with your natural biology instead of fighting against it. The results from this paradigm shift in weight-loss care have been more effective and often much safer than older strategies. In this section you will see how each medication fits into this new era and what you should know before deciding whether one of them is right for you.



WARNING

» **Lorcaserin (Belviq):** Belviq was approved in 2012 as a medication to help you feel full sooner and eat less. It worked by gently activating a serotonin receptor in your brain that helps control appetite, and the goal was to create a safer option than older drugs that affected serotonin in riskier ways. At first it looked promising because early studies did not show the heart problems seen with fenfluramine. Over time, however, new safety monitoring raised concerns about a possible link to cancer. Belviq was withdrawn after long-term safety data showed a slightly higher rate of cancer diagnoses in people taking the drug versus those taking a placebo.

In a large five-year randomized clinical trial with about 12,000 participants, 7.7 percent of people taking lorcaserin were diagnosed with cancer compared to 7.1 percent in the placebo group. The range of cancers that occurred more often in the lorcaserin group included pancreatic, colorectal, and lung cancer. Because of this safety concern, the manufacturer voluntarily withdrew Belviq from the U.S. market in 2020, and it is no longer available. This is a drug you cannot and should not take now, and it is a good example of why long-term follow-up matters so much when new medications come out.

» **Naltrexone/bupropion (Contrave):** Contrave was approved in 2014 and is still available today for many patients. It combines two medicines that work together to help you control hunger and reduce cravings. Bupropion increases the activity of dopamine and norepinephrine in your brain, which can help you feel more in control of your eating choices. Naltrexone blocks opioid receptors, which plays a role in reducing the urge to snack for comfort or reward. When these two drugs are paired, they help some people feel less driven by cravings and more able to stick to a plan. Contrave can raise blood pressure and can also affect your mood, so your doctor will monitor you closely to be sure it is safe for you. This is a medication you may be prescribed today, but it requires careful oversight to keep you healthy.

» **Phentermine/topiramate ER (Qsymia):** Qsymia was approved in 2012 and combines two medications to help you eat less and feel full sooner. Phentermine helps reduce your appetite and gives you a small boost in energy. Topiramate, which is also used to treat migraines, can make certain foods taste less appealing and helps you feel satisfied with smaller portions. Together they create a stronger effect than either medication alone. Qsymia works well for many people, but it can cause birth defects if taken during



pregnancy, which makes it unsafe for anyone who could become pregnant without reliable contraception. If you are a woman of childbearing age, your doctor will require pregnancy testing and consistent birth control before prescribing Qsymia. This medication is still available today, but it must be used with real caution and close follow-up.

» **GLP-1 and GIP/GLP-1 receptor agonists:** The biggest change in modern weight-loss medicine came with the arrival of injectable GLP-RA drugs, which began with liraglutide in 2014 and grew massively with semaglutide in 2021. Similar in mechanism of action to Byetta (exenatide), these medications copy natural GLP hormones that your gut releases after you eat. They help your brain recognize fullness sooner, reduce hunger between meals, and slow stomach emptying so you stay satisfied longer. They also help keep your blood sugar steady, which can reduce cravings and prevent energy crashes. Tirzepatide, which was approved as Zepbound, goes a step further by activating not only GLP-1 but also another hormone called GIP.

*GIP* stands for glucose-dependent insulinotropic polypeptide.

It is a natural hormone your body releases from the gut when you eat, especially when you eat carbohydrates or fat. GIP helps your pancreas release insulin at the right time, which keeps your blood sugar steady after meals. It also plays a role in appetite and fat metabolism, which is why newer medications that activate both GIP and GLP-1 can lead to even greater weight loss.

We call this new class of GLP-RAs dual-acting drugs because they work on multiple pathways simultaneously. This combination makes it even easier for many people to lose weight because it targets appetite from more than one angle. These medications do not rely on stimulants or harsh ingredients. They work with your natural biology, which is why they have changed what people expect from weight-loss treatment today and why they remain some of the safest and most effective options your doctor can prescribe. Read Chapter 2 for more information about these types of drugs.

Seeing all of these medications side by side is helpful because the history of weight-loss drugs is full of patterns and repeat lessons. Table 1-1 gives you a quick snapshot of when each major drug arrived, how it worked, and why it stayed or disappeared. It also helps you see how safety standards changed over time and why your doctor is so careful about the medications that are used today. This table offers a historical timeline of major weight-loss drugs and their ultimate outcomes.

**TABLE 1-1** Historical Timeline of Major Weight-Loss Drugs

Era	Drug	Mechanism	Outcome
1930s	Thyroid hormone	Increases metabolic rate	Still used for hypothyroidism but not for weight loss without deficiency
1930s	DNP	Uncouples oxidative phosphorylation	Banned for fatal side effects
1940s–1950s	Amphetamines	CNS stimulation, appetite suppression	Controlled due to abuse and addiction potential
1960s–1970s	Rainbow pills	1968	FDA crackdown for safety violations
1970s	Phentermine	Appetite suppression	Still in use short-term
1970s	Fenfluramine	Increases serotonin	Withdrawn for heart valve risk
1990s	Fen-Phen (phentermine/fenfluramine)	Appetite suppression	Withdraw by FDA
2000s	Meridia (sibutramine)	Reuptake inhibition (5HT, NE, DA)	Withdrawn by FDA for heart disease risk
2000s	Byetta (exenatide)	GLP-1 receptor agonist	Still used for diabetes
2010s	Belviq (lorcaserin)	Serotonin 2C agonist	Withdrawn for cancer risk
2010s	Contrave	Bupropion + naltrexone	Still in use, with specific precautions

## Understanding Why You Can Safely Rely on Current Medications

After reading about all the strange, risky, and sometimes terrifying things people once tried to lose weight, you might wonder how you can trust any medication today. You may still see powders, cleanses, or other “fat burners” at big box stores or online. Some of these options promise dramatic results but are not backed up with any scientific evidence. It can feel overwhelming, especially when history has shown us that fast results often come with hidden dangers.



REMEMBER

The good news is that modern weight-loss medications do not follow the old “try it and hope for the best” model. They go through strict review by the FDA, and that process requires years of clinical trials, safety testing, and follow-up after the drug is released. You can find out more about that process in Chapter 2. Chapter 2 specifically outlines the development process of these drugs for you. In Chapter 3 you can explore the importance of using these medications responsibly.

Keep in mind, your doctor is part of your safety net, too. They check your medical history, monitor your labs, watch for side effects, and make sure you are on the right dose or the right medication for your body. This careful oversight is why GLP-RA medications stand on much stronger ground than any creatine blend, energy powder, or “miracle” supplement sold without FDA regulation. You will learn more about how to choose a good doctor who can safely guide you in Chapter 4.

In Chapter 9 we talk about alternatives if medication is not the right path for you. For now, you can feel confident that today’s treatments are built on the lessons of the past and designed to protect your health as much as they support your goals.

## Examining the Existing Situation

It took a lot of trial and error to reach the medications we have today. This is why understanding the past helps inform your future weight-loss journey. In the next sections you learn why these modern treatments may apply to you, how they work, and how to tell whether they might fit your needs. By the end you will feel more confident, more informed, and better prepared to talk with your doctor about safe and effective options for your own weight-loss journey.

### Recognizing the obesity epidemic

Obesity has a specific clinical definition, and it is usually diagnosed when your body mass index, or BMI, reaches 30 or higher. This number is based on your height and weight.



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To calculate your BMI, take your weight in pounds, divide it by your height in inches twice, then multiply that number by 703. For example, if you weigh 180 pounds and are 5 feet 4 inches tall (which is 64 inches), your BMI would be  $180 \div 64 \div 64 \times 703 = 30.2$ , which falls into the obesity range.



REMEMBER

The BMI calculation gives doctors a starting point for understanding your health risks, though it never tells the whole story about you. Obesity does not happen overnight, and it is not something you “catch.” Chapter 3: takes you on a deeper dive into this topic. Obesity develops slowly over time, often shaped by biology, environment, stress, and access to care, not by willpower alone. For you, this diagnosis simply means your body is carrying more weight than is healthy for your organs, your joints, and your long-term health. It does not label you as a failure or a problem. It tells your doctor where to begin so you can get the support, tools, and treatment you deserve to improve your health in a safe and sustainable way.

It wasn't until the late 19th and early 20th centuries, when industrialization changed how people lived and worked, that obesity became a widespread concern in developed countries. Food became easier to produce and cheaper to buy, daily movement decreased as jobs became more sedentary, and calorie-dense foods became more available.

By the second half of the 20th century, processed foods, sugary beverages, and fast-food culture spread quickly. Coupled with plummeting rates of physical activity in the 1970s, the obesity rates rose sharply. The proportion of people in the U.S. with obesity has climbed ever since, reaching levels never seen before. Worldwide, obesity rates have more than tripled since 1975, and today more than 1 billion people are living with obesity. In the U.S. alone, over 40 percent of adults meet the clinical definition of obesity, and about 1 in 5 children do as well.

Experts continue to raise the alarm because obesity increases the risk of type 2 diabetes, heart disease, stroke, certain cancers, and early death. If your doctor tells you that you fall into this category, it simply means your health risks are higher than they need to be. For example, people with obesity are about six times more likely to develop type 2 diabetes, and cardiovascular disease is two to three times more common in this group. You are not being judged; you are being given information that can help you take steps to protect your long-term health. And the good news is that even modest weight loss, around 5 to 10 percent of your body weight, can lower these risks in meaningful ways.

## Eyeing the global trend in weight-loss management

Weight-loss medications now play a larger role in obesity care than ever before, especially with the rapid rise of GLP-RA medications. Updated medical guidelines recognize GLP-RAs as legitimate, safe treatments alongside lifestyle changes. Part of this global trend in obesity has been severe or morbid obesity. When patients fail lifestyle and medication management or develop severe comorbid conditions (having two or more health conditions or diseases) that cannot be controlled due to excess weight, one of the emerging solutions is bariatric surgery. You can learn more about the indications and options for surgery in Chapter 10.



TIP

These weight-change trends are important because they show a major shift in how the medical community understands obesity. For decades people were told to “eat less and move more,” even though many did this and still struggled. The growing use of these medications highlights the reality that obesity is not simply a willpower issue but a chronic, biologically driven condition that often needs medical support. This shift also reflects the fact that traditional methods alone have not kept pace with rising obesity rates around the world. As more people gain

access to treatments that actually target the underlying biology, weight-loss medications may finally offer a real chance to turn the tide. For you, this means there are more safe, effective tools available than ever before, and you no longer have to fight this battle on your own.

## Zeroing In on your motivations for weight loss

Your motivations are the foundation of your weight-loss journey because they help you understand what you truly want and why you are working toward change. When you connect your goals to something meaningful, it becomes easier to stay focused and to be patient with yourself along the way. Because you know *why* you want to make a change, it becomes easier to stay committed on the hard days and celebrate progress on the good ones. Your motivations also help you set realistic expectations, which you will explore more in Chapter 3, and they can guide the conversations you have with your doctor in Chapter 4. There is no right or wrong reason to want to lose weight. What matters is that your reasons belong to you and support your well-being.

See if you relate to the following reasons people want to lose weight:

- » **Improving your health:** This is one of the most common reasons people want to lose weight, and it's valid. Health concerns like high blood pressure, high blood sugar, joint pain, sleep apnea, or increased risk of heart disease can feel scary or overwhelming. Losing even a small amount of weight can lower these risks, reduce inflammation, improve sleep, and help you feel more in control of your health. Your doctor can help you figure out which health issues are most affected by weight so you know exactly what you are working toward.
- » **Having more energy:** Feeling tired or sluggish is frustrating, especially when it makes it harder to enjoy your day. Extra weight can strain your joints, increase total body/systemic inflammation, and make your body work harder to move and breathe. As you lose weight, many people notice they sleep better, breathe more easily, and feel more energetic during normal activities. More energy helps you stay active, which also supports long-term weight maintenance.
- » **Feeling more confident in your body:** Wanting to feel comfortable and confident in your own skin is a natural motivation. Confidence can influence how you show up at work, in relationships, or even in daily social situations. When weight loss helps you feel more at ease in your body, it can improve self-esteem and help you reconnect with activities or clothes you may have avoided. This is about feeling like yourself again, not meeting anyone else's standard.

- » **Reducing physical discomfort:** Carrying extra weight can put pressure on your knees, hips, back, and feet leading to osteoarthritis. Excess weight can make it harder to climb stairs, walk long distances, or stand for long periods. Even modest weight loss can reduce joint pain, improve mobility, and help you move more freely. This creates a positive cycle where less pain leads to more movement, which supports your health even further.
- » **Being able to participate fully in life:** Maybe you want to travel more comfortably, keep up with your kids or grandkids, or return to past hobbies you used to love. Extra weight can make everyday activities feel harder or less enjoyable. Weight loss can help you regain stamina, flexibility, and confidence in physical activities you want to do. When you can participate more easily, life often feels fuller and more fun.
- » **Preventing future health problems:** Some people are motivated by family history or early signs of conditions like diabetes or heart disease. You might see what loved ones have gone through and want to change your own path. Weight loss can lower your long-term risk for many chronic diseases and may help delay or prevent conditions that seem to run in families. This gives you more control over your future health.

You can now see how far weight-loss treatments have come and which options are actually safe and available today. The medications you can use now are very different from the risky treatments of the past. These state-of-the-art GLP-RA therapies are supported by real science and strong safety monitoring. In Chapter 2 you can take a closer look at these modern options, how they work, and what they can offer you, so stay tuned.



REMEMBER

Different people approach weight loss in different ways, and this book helps you see how each option fits into the bigger picture of your own journey and explore which evidence-based, safe options that are worth your time. When you want to dig deeper into the hows, whys, and why-nots of using medications safely and responsibly, Chapter 3 walks you through exactly what to consider before starting anything. If you are curious about how medications work best when paired with real-life habits, Chapter 5 shows you how nutrition, movement, sleep, and stress management amplify the benefits of treatment. And if you ever find yourself in a spot where medications are not the right choice or do not work for you, Chapter 9 offers practical guidance on supplements, exercise, and eating patterns that can still move you toward your goals.

