Addison Thompson

Professor Marsha McSpadden

English 102

11 April 2023

Semaglutide as a Weight Loss Treatment

Insulin shots should not be a weight loss trend but reserved for those who require them. Semaglutide, the active ingredient in most insulin injections, has recently been growing in popularity and shrinking in stock. Pharmacies around the world are fighting to keep the GLP-1 (glucagon-like peptide-1) drug on their shelves as more doctors and online weight loss clinics prescribe the weekly injection Ozempic or Wegovy to patients who want to lose weight. Manufacture companies cannot keep up with the demand, which leaves insulin-dependent diabetics rationing their supply to unhealthy lengths while desperately trying to find their prescriptions in unassociated pharmacies. The people the medicine is made for are struggling and paying ridiculous amounts for a medication required for their day-to-day life, all thanks to a social media trend.

The active ingredient in the drugs Ozempic and Wegovy is called Semaglutide, it belongs in the GLP-1 (glucagon-like peptide-1) family of medicine along with other drugs like Trulicity, Victoza, and Rybelsus. This medicine works as a mimic stimulus drug, encouraging insulin production in the body and suppressing the production of glucagon, a hormone that breaks down sugar. This process raises blood sugar in diabetic patients. Though, naturally, without a drug, the body releases this hormone, which gives that sensation of fullness after meals by increasing the amount of GLP-1 in the body. The usage of Semaglutide in nondiabetic patients can allow food to sit in the stomach for an extended amount of time and the feeling of fullness to last longer.

The trend of using Semaglutide to lose weight started when the weight loss drug Wegovy was approved by the FDA (Food and Drug Administration). Influencers on social media began sharing their journey on the drug, boosting its popularity. According to Robert H. Shmerling, the author of "What Happens When a Drug Goes Viral," Says, "After high demand put Wegovy in short supply, many turned to Ozempic to lose weight," (Shmerling). This nicknamed the trend someone's "Ozempic Journey." Jia Tolention's article, "The Ozempic Era," Mentions Kim and Khloé Kardashian being on an Ozempic journey after they began to shrink rapidly, Kim slimming down enough to fit into a dress made popular by Marlon Monrow at the Met Gala. Influencers all over the internet have been talking about these new weight loss drugs, sharing progress and positive stories. Patients are now going into weight loss and dietitian clinics, asking for the Ozempic drug by name. This popularity causing the major Semaglutide shortage that pharmacies are struggling to control today

"A truly effective weight loss drug," (Harvard Heart Letter, 3). The author of "Can a Diabetes Drug Transform the Treatment of Obesity?" says this when discussing Semaglutide as a weight loss treatment. An effective weight loss drug that virtually shows the same results as obesity surgery without major risks. This is wishful thinking, and the social media influencers want you to believe that it is completely true. Yet, nothing is this miraculous, there is risk in everything. Side effects, price, and rapid weight gain once a patient goes off the medication are just a few risks involved. Yet, these influencers do not mention the thousands of insulin-dependent diabetics who cannot find their medicine anywhere in stock. The risks of using this drug for everyday weight loss, weight loss that can be achieved through diet and exercise, are the patients that depend on the weekly injections to keep their quality of life alive.

The Harvard Heart Letter suggests that Semaglutide drugs used for weight loss are practically risk-free and extremely effective. Nevertheless, this is simply not true. Patients have reported nausea, vomiting, constipation, and diarrhea that rushed them to the hospital, and in extreme cases, the emergency room (Tolention). Others also report sunken cheeks and pale or saggy skin on the face, this is nicknamed the "Ozempic face," an occurrence in people who use Semaglutide due to rapid weight loss, this can occur even in diabetic patients who start on a higher dose than necessary for their condition (Tolention). Some may argue about going on Semaglutide for a short period of time to shed some pounds and stop, but that is not the case. Most people who take Semaglutide for weight loss must stay on the drug to keep the weight off. Drugs like Ozempic or Wegovy slow the metabolism down and put the body into a sense of starvation. Therefore, when going off the drug any weight loss will rapidly begin to return as the appetite returns.

The PCDS (Primary Care Diabetes Society) put out a statement about the Semaglutide or Ozempic shortage. This shortage is not in the drug itself, but in the pens that inject the dosing amount. This is why vial drugs that use standard needles like Novolog, another type of insulin, continue to be stocked. This shortage has actually benefited the people who can afford the drug because compound pharmacies now have access to Semaglutide or Semaglutide sodium.

Compounding pharmacies are specialized pharmacies that make low stock or unavailable strengths of medicine for people. They turn pills into liquids and take out allergenic ingredients.

Compounding pharmacies have access to short-stock medications, such as Semaglutide.

Therefore, if the right people are known even with this shortage getting Semaglutide is possible.

Nevertheless, once this shortage is over, compounding pharmacies will no longer have access to Semaglutide, which brings in Semaglutide sodium. A similar mix as Semaglutide, but not

approved by the FDA. This is what many online weight loss clinics have turned to for its cheaper price and larger quantity, without knowing what the long-term effects there might be. Jia Tolention actually got into contact with one of these online clinics and learned about an off-the-grid compounding pharmacy in Florida where many celebrities get their knock-off, unapproved, Semaglutide sodium injections.

There is no black-and-white solution to this problem, weight loss in some individuals can be just as much a matter of life or death as diabetes. Though, every case is not dier. Semaglutide should be saved for those who require it for diabetic management or life-saving weight loss. Obesity is an epidemic, no one can deny that, and if Semaglutide has been proven to help them in should in certain cases, but those cases are rarer compared to the amount of Ozempic and Wegovy prescriptions being written every day to able and working individuals. The solution to this shortage is limiting who gets the drug, and eliminating the off-the-grid pharmacies that are selling it off-label. Many pharmacies have already put into practice this solution, including my own workplace, not giving Ozempic to anyone who is not a type 2 diabetic. There is no way to completely stop this trend, if someone as powerful as the Kardashian family wants Semaglutide, they will get it, but if pharmacies worldwide come to an agreement to stop giving the drug out to anyone with a prescription and give it to those with diabetes or morbid obesity diagnosis the shortage will subside and patients will no longer have to fight for their medicine. Ozempic and Semaglutide should be given to those who need them, not those who can afford them. Semaglutide is not the medical drug, or miracle cure for weight loss everyone on social media clams it is. These diabetic shots come with nasty and painful side effects, cost insane amounts of money, and prevent those who are dependent on them from getting their medicine on time. The Semaglutide shortage is absolutely due to this online trend and the glorification of a

drug that has not been studied for weight loss. On the official Ozempic website, it states, "Ozempic is not for weight loss." Rapid lost of weight is deemed a side effect, not a benefit of taking the drug, therefore, it should not be used in such a way without exhausting every other option. Diabetic drugs are not meant for weight loss, but to be a life-saving medication for diabetics who cannot get it because of a social media trend.

Work Cited

- Beba, Hannah, et al. "PCDS Consensus Statement: A Strategy for Managing the Supply Shortage of the GLP-1 RAs Ozempic and Trulicity." *Journal of Diabetes Nursing*, vol. 26, no. 5, Sept. 2022, pp.1-3. *EBSCOhost*, search.ebscohost.com/login.aspx?direct=true&db=cul&AN=160264660&site=ehost-live &scope=site. Accessed 10 April 2023.
- "Can a diabetes drug transform the treatment of obesity?" *Harvard Heart Letter*, Jun. 2021, pp. 3-3. *EBSCOhost*, http://libdata.lib.ua.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&d
 - http://libdata.lib.ua.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=151650187&site=ehost-live&scope=site Accessed 29 March 2023.
- Once-weekly Ozempic Semaglutide injection 0.5mg, 1mg, 2mg. https://www.ozempic.com/ Accessed 10 April 2023.
- Shmerling, Robert H. *What happens when a drug goes viral?* Harvard Health Publishing, 21 Feb. 2023,
 - https://www.health.harvard.edu/blog/what-happens-when-a-drug-goes-viral-2023022128 92 Accessed 10 April 2023.
- Tolention, Jia. "The Ozempic Era." *New Yorker*, vol. 99, no. 6, Mar. 2023, pp. 20-25. *EBSCOhost*,
 - http://libdata.lib.ua.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=162486708&site=eds-live&scope=site Accessed 5 April 2023.