Title: Weight loss medication stigma: “shortcut beliefs” among users of GLP-1s

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Abstract

People with obesity commonly experience stigma based on their body size, and as use of Glucagon-Like Peptide 1 Agonists (GLP-1s) for weight loss become more common, there is recognition that they may also experience stigma for using GLP-1s. Medication-related stigma can express itself in *medication shortcut beliefs*, the belief that someone is “taking an easy way out” or is “cheating” on losing weight. Currently, little is known about the experience of medication shortcut beliefs among users of GLP-1s. Thus, this study aimed to investigate associations between medication shortcut beliefs and weight-related variables. A cross-sectional survey study was conducted with a national US sample of n=203 individuals who started using a GLP-1 in the prior 6 months. Participants completed two Medication Shortcut Belief scales adapted from prior studies: (1) *internal shortcut beliefs,* the participants’ beliefs about themselves taking a shortcut with medication use, and (2) *external shortcut beliefs,* their perception of other’s beliefs that medication is a shortcut. Participants also completed the Weight Bias Internalization scale, the DOSE-nonadherence scale, an item on extent of negative comments from friends/family about weight loss medication, and an item on the interest to receive support to manage negative perceptions of medication use. Regression analyzes were conducted, with ChatGPT contributing to code generation. The sample was predominantly women (83.3%) with a mean BMI 35.5±7.6 kg/m^2 and age 50.6±12.6. Endorsement of internal shortcut beliefs was low to moderate (mean 2.3, scale 1-7) and external shortcut beliefs were moderate to high (mean 4.6, scale 1-7). Negative comments from friends/family were uncommon (3.7, scale 1- 4, 4 = no negative comments). Internalized shortcut beliefs were not significantly associated with number of past weight loss attempts or presence of weight-related comorbidities but were positively associated with lower medication adherence (p=.014). External shortcut beliefs were related to greater interest in receiving support to manage negative perceptions of medication use from others (p=.002). Post-hoc analyses showed that external shortcut beliefs and receiving negative comments from friends/family were related to internalized general weight stigma. These findings suggest that addressing weight loss medication shortcut beliefs might assist with medication adherence. Further research is needed to investigate causal relationships.

Keywords: Obesity, Weight Stigma, GLP-1, Medication stigma, Shortcut beliefs, Internalized Stigma, External Stigma, Medication Adherence, Self-esteem, Weight loss medication