



The Influence of Disinformation on Attitudes and Beliefs About Compounded GLP-1 Drugs: A Dose of Reality

*A National Survey of US Women
Commissioned by*



MAY 2025

Background and Purpose

When the Food and Drug Administration approved the first glucagon-like peptide-1 receptor agonist (GLP-1) to treat obesity in 2021, Americans learned that these medicines can achieve significant weight loss, typically ranging from 5 percent to 15 percent of body weight over 12-72 weeks. Thus, enthusiasm for GLP-1s soared to levels rarely seen in medical practice.

According to a 2024 survey of 3,000 adults commissioned by the professional services firm PWC, between 8 percent and 10 percent of US adults are currently taking GLP-1s¹. Using Census Bureau estimates of 258.3 million adults living in the US in 2020,² this translates into as many as 25 million Americans who are now being treated with these medicines. Yet, without insurance coverage for GLP-1 weight loss drugs, cost is an obstacle for many people seeking access to these medicines. In fact, the PWC research found that 41 percent of adults with obesity surveyed in 2024 had opted not to take an FDA-approved GLP-1 drug based on the cost of these drugs.¹

This factor had an influence when in 2022 demand for GLP-1s surged, prompting supply shortages and opening the door for compounding pharmacies to sell non-identical versions through digital telehealth companies, med-spas and online retailers. Thus, between 2022 and early 2025 when the national shortage ended, consumers navigated a largely unregulated marketplace where online sellers flooded online channels with advertising, promotional content and endorsements from social media influencers for products plugged as “expensive, safe, easy and doctor approved” without having to disclose side effects – because compounders are exempt from this requirement. The consequence is what the World Health Organization calls an “infodemic,” defined as a tsunami of information, some accurate but most misleading or false, that spreads online at lightning speed and is intended to deceive.

Documenting the reach of this disinformation, a 2025 analysis of online advertising reported in the JAMA Health Forum found “alarming” levels of misleading information from online sellers of compounded GLP-1s, including exaggerated claims for efficacy and failing to include risks of side effects or contraindications.³ Reinforcing these findings, a 2024 report from LegitScript,⁴ a leading provider of healthcare product verification and monitoring services, found an approximate 1200 percent increase in “violative or problematic” GLP-1-related ads between 2022 and 2024, ranging from exaggerated claims about the efficacy of the medications to the promotion of unauthorized sources and counterfeit products.

As of May 22, 2025, it is illegal to sell compounded GLP-1s because the national shortage is over. Yet, a exploitative market has emerged where sellers are using the same online marketing tactics as during the shortage to promote products that FDA warns “can be risky for patients.” Thus, it is important to understand the extent to which consumers are predisposed to disinformation and misleading claims about compounded GLP-1 drugs as this will help educators, advocates, health professionals and policymakers to protect the public through education and legal and regulatory efforts.

¹ PWC. GLP-1s have revolutionized the treatment of obesity and can compel companies to lead through disruption and reinvent themselves. Issue 10. October 2024.

² US Census Bureau. August 12, 2021.

³ Chetty, AK. et al. Online Advertising of Compounded Glucagon-Like Peptide-1 Receptor Agonists. JAMA Health Forum 2025;6(1):e245018.

⁴ XTalks. LegitScript Finds 1200 Percent Increase in Problematic Ads for Compounded GLP-1 Meds. July 19, 2024.

Towards this end, the National Consumers League (NCL) commissioned a comprehensive survey to examine consumer knowledge about the safety, efficacy, and regulatory status of compounded GLP-1 products, as well as common misconceptions about their equivalence to brand-name medications. Conducted by Dynata, LLC, one of the largest consumer online market research panels globally, the survey polled 1,500 women ages 18-55 between March 19 – 31, 2025 using an online web-based platform. The results follow and provide important insights for future action.

Highlights of the Findings

When the American Medical Association (AMA) recognized obesity as a serious chronic disease in 2013,⁵ a poll by the National Opinion Research Center (NORC) at the University of Chicago found that only 38 percent of Americans made this connection.⁶ Less than 10 years later, a second NORC poll conducted with the American Society for Bariatric Surgery (ASMBS) showed a dramatic shift in public awareness: 81 percent of US adults in 2022 said obesity is one of the most serious health issues affecting the nation.⁷

However, awareness of a disease is not the same thing as the perceptions Americans hold about treatment options when seeking care for a disease like obesity. This is especially the case for GLP-1 weight loss drugs, where public awareness jumped from 19 percent of adults in 2023 to 32 percent in 2024,⁸ but also where perceptions and medicine-taking behaviors are being shaped by a flood of false and misleading claims circulating online about compounded versions of these medicines.

What are these perceptions and are there differences among adults with obesity and consumers generally? To answer these questions, the NCL survey comprised a panel of 803 women ages 18-55 who have obesity and 695 women without obesity to assess their attitudes and beliefs about obesity treatment and the extent to which disinformation has influenced their perceptions of GLP-1 compounded drugs. What follows are the key findings.

1. American Women Agree That Obesity Is a Risk to Their Health and Should Be Treated

- Nine in ten of the women surveyed – 92 percent with obesity and 93 percent who do not have obesity – say they pay close attention to women’s health issues and 95 percent living with obesity recognize the risk the disease has on their personal health. This compares to 90 percent of women without obesity.
- More than eight in ten US women believe obesity is a serious disease that should be treated. This includes 85 percent who say people should be treated by obesity specialists; 84 percent who say people should be treated with anti-obesity medicines if they need them; 83 percent who agree that obesity should be treated according to medical guidelines; and 82 percent who believe health insurance should provide the same coverage for people with obesity as those with other chronic conditions.

2. Most Women Are Familiar with GLP-1 Weight Loss Drugs and Hold Favorable Views

- Three in four of the women polled (76 percent) say they are aware of GLP-1 anti-obesity medications, rising to 81 percent of women living with obesity.

⁵ AMA. Recognition of Obesity as a Disease. H-440.842. June 19, 2013

⁶ Associated Press. Lauren Neergaard. Poll: Few Americans know all the risks of obesity. January 6, 2013

⁷ American Society of Metabolic & Bariatric Surgery & NORC. Issue Brief. Americans View Obesity As Top Health Threat. February 2022.

⁸ KFF Health Tracking Poll May 2024: The Public’s Use and Views of GLP-1 Drugs- May 10, 2024

- Corresponding with this awareness, most women say they pay attention to news about GLP-1 drugs, especially those with obesity (72 percent) compared to women generally (52 percent).
- Not surprisingly, positive impressions of the value of GLP-1s are higher among women living with obesity than women generally. Of the respondents polled, 73 percent of women with obesity hold favorable views of GLP-1 medicines compared with 55 percent of women generally.
- When asked what comes to mind about GLP-1 drugs, most women mention the weight loss benefits first (32 percent) but their second point is the side effects and health risks associated with these drugs (24 percent).

3. Women Are Generally Aware of Compounded Drugs and Almost a Third Have Taken One. Yet, Some Factors Are Not Well Understood.

- Six in ten women with obesity (61 percent) say they have heard of compounded drugs compared to 51 percent of women generally.
- Moreover, almost a third of all women (31 percent), including 40 percent of women with obesity, have taken a compounded drug in the past. Of this group, 41 percent took a compounded drug for a health condition and 19 percent for weight loss.
- In general, women have a good understanding of these drugs and their purpose, recognizing that compounded drugs are specialized medicines that are a pharmacy-made mixture of ingredients (55 percent) and customized for specific patient needs (28 percent).
- What is troubling, however, is that only 5 percent mentioned that compounded drugs are not FDA-approved while 6 percent believe compounded drugs are generic versions of branded drugs, which is not the case.

4. Women's Knowledge of Compounded Drugs Doesn't Always Translate into Their Understanding of Compounded GLP-1 Medicines

- Most US women (55 percent) are aware of compounded GLP-1 drugs and this number increases to two in three (65 percent) of women living with obesity. Moreover, 62 percent of women generally and 69 percent with obesity believe branded and compounded GLP-1 drugs are similar
- However, there is a significant knowledge gap among women about what constitutes a compounded GLP-1 product.
 - On the positive side, 78 percent of women are aware that compounded GLP-1 drugs are injectable medicines.
 - However, a substantial number also believe that compounded GLP-1 products include weight loss patches (38 percent), gummy dietary supplements (32 percent), and oral drops (24 percent). All of these forms are fraudulent.

5. Women Hold Beliefs About the Safety of GLP-1s That Are Incorrect and Fueled by Disinformation.

Due to widespread advertising and extensive online disinformation about compounded GLP-1 drugs during the two-year shortage of branded medicines, consumers were exposed to misleading claims and falsehoods that have influenced their views of the safety of compounded products.

The poll points to these incorrect beliefs:

- Among women generally, 71 percent hold the view that compounded GLP-1s must be tested and proven safe to be on the market, a belief shared by 73 percent of women with obesity. The truth is that compounded GLP-1s are held to lower safety standards than FDA-approved drugs and do not undergo premarket FDA review, a requirement for branded drugs to be on the market.
- More than half of women generally (55 percent) and 60 percent of those with obesity say compounded versions are as safe and effective as branded GLP-1 drugs. This claim cannot be proven because FDA does not review the safety and quality of compounded drugs.
- Over half of US women (53 percent) and 57 percent to those with obesity believe compounded GLP-1s are FDA approved. To correct this misperception, FDA issued a warning in December 2024 stating that compounded GLP-1 drugs are not FDA-approved.
- Similarly, 49 percent of women generally and 54 percent of those with obesity believe that compounded versions have the same ingredients as the branded GLP-1 drugs. FDA's December 2024 warning also states that compounded versions can be made with different ingredients or at different concentrations, potentially leading to ineffective treatment or adverse events.
- Due to these misperceptions, over half of women surveyed (52 percent) say they would recommend compounded GLP-1s to someone they know. Among women living with obesity, this number rises to 63 percent. A similar proportion (64 percent) also say they would personally consider using a compounded version of the medication, compared to 30 percent of other women.

6. Widespread Television and Online Advertising of Compounded GLP-1 Products Have Been Successful in Reinforcing Misconceptions Around Compounded GLP-1s.

To determine the impact of aggressive direct-to-consumer advertising on television, social media, and online about compounded GLP-1 products, the survey featured a fictional advertisement for a hypothetical compounded GLP-1 product where respondents used an online data visualization tool called a heatmap to rank a series of phrases and visual cues for credibility. Phrases included “doctor approved,” “same active ingredient,” and “lose weight fast”, among others. Respondents were also asked for their response to the phrase “See what the scientists have to say” juxtaposed to logos of the National Institutes of Health, Nature Magazine, and the Association for the Advancement of Science with links to research studies unrelated to the compounded drug.

Based on this ad testing method, the survey revealed that even though women understand the purpose and limitations of compounded drugs generally, the deluge of misleading claims online has clouded their views about GLP-1 compounded products with concerning implications for health

professionals. As documented by the survey:

- Eight in ten (81 percent) of the respondents said they found the claims in the fictional ad credible and 40 percent who have not been treated for obesity in the past two years said they are likely to use a compounded GLP-1 after seeing the ad.
- When asked to rank phrases considered credible, respondents ranked “doctor approved” first (42 percent), believing the term means the drug is endorsed by medical professionals (54 percent), safe to use (31 percent), and trustworthy (11 percent).
- Other claims resonating with consumers are “lose weight fast” (35 percent), “no insurance needed” (28 percent), and “starting at \$199/month” which underscore the problem of lack of insurance coverage for GLP-1 weight loss drugs.
- One in five respondents (19 percent) noted the phrase “scientific information” stood out to them, underscoring how using logos of easily recognized scientific bodies and links to research studies for the FDA-approved GLP-1s gives consumers a false sense of confidence in the safety of the advertised compounded version.

GLP1-PRO Get Started Here

IN STOCK 5 Star Reviews

Lose Weight Fast with Semaglutide

Starting at \$425-\$199/mo

- ✓ Same **active ingredient** as top weight loss meds
- ✓ **Easy injection**
- ✓ **Doctor-approved**
- ✓ **No insurance needed**
- ✓ Prescribed **100% online** and **directly shipped** to your doorstep

See what the **scientists** have to say.

NIH "Semaglutide is an effective medication for obesity treatment with average losses of 6.6-17.4% of initial body weight at week 68 and associated improvements in cardiometabolic and psychosocial indices."

Nature "Semaglutide showed a 38% reduction in major adverse cardiovascular events in 17,604 adults with preexisting cardiovascular disease, overweight or obesity, without diabetes."

AAAS Innovators Who Thought to Unleash GLP-1 Drugs for Obesity Awarded Maria L. Bhaumik Breakthrough of the Year Award

GLP1-PRO

Compounded Semaglutide

2.5mg/mL (2.5mL vial)

Prescription medication. For subcutaneous use only.

Disclaimer: This landing page is not real and does not represent a real company.

Methodology

Studies show that women are substantially more likely than men to be aware of and interested in taking prescription weight loss drugs, such as GLP-1 injectable medicines. For example, a 2023 KFF poll⁹ found that women were more than twice as likely as men to have ever used a prescription weight loss drug, and they were also more likely to be currently using them. Other research estimates that women make up 65 percent of GLP-1 users nationwide.¹⁰

Therefore, to assess consumer attitudes and beliefs about obesity and the use of GLP-s, the National Consumers League commissioned Dynata LLC (formerly Research Now/SSI) to design and field a largescale study of the primary consumers of weight loss drugs – US women – with the goal of determining the extent to which disinformation has influenced women’s perceptions of GLP-1 compounded drugs. The quantitative study was fielded between March 19-31, 2025, and comprised of 1,500 women ages 18-55 as the survey participants, including 805 women living with obesity.

To obtain this sample, Dynata conducted comparability tests and modeling of a large consumer online market research panel so the survey respondents closely matched Census and social benchmarks. The study was conducted in English and on average, took 10 minutes to complete.

To ensure a representative panel of respondents, the survey employed a detailed screening process. Women were selected based on key demographic and health-related criteria, including ethnicity, age, educational attainment, geographic region, and rural versus urban residence. Clinical factors were also considered, with respondents screened for the presence of a chronic disease and height/weight measurements used to calculate body mass index (BMI).

Further screening questions assessed participants’ recent engagement with the healthcare system, specifically whether they had discussed their weight with a healthcare provider within the past year, had taken a prescription medication within the past six months, or had used an anti-obesity medication for weight management within the past 24 months.

From this information, the following is the profile of the participants for the NCL research study:

- Chronic Conditions: 39 percent report living with at least one chronic health condition.
- Geographic Distribution: 32 percent reside in urban areas, 49 percent in suburban areas, 19 percent in rural areas.
- Racial/Ethnic Composition: 65 percent identify as White, 11 percent as Black, and 15 percent as Hispanic.
- Insurance Coverage: 86 percent report having health insurance.
- Educational Attainment: 57 percent have less than a college degree

⁹ Montero A, et al. KFF Health Tracking Poll July 2023: The Public’s Views Of Prescription Weight Loss Drugs And Prescription Drug Costs. August 4, 2023.

¹⁰ Glaze-Rowe, R. U.S. Obesity Market Analysis: Exploring Demographics & Geographic Disparities in GLP-1 Use. October 29, 2024