Preferences for obesity medications among people with overweight or obesity
The OPTIC Study

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https://sciencehub.novonordisk.com/oma2026/bell.html

Introduction

- Obesity is a serious, chronic, and progressive disease that increases the risk of obesity-related complications. These include hypertension, high cholesterol, stroke, type 2 diabetes (T2D), cardiovascular (CV) disease, and certain types of cancers.[1,2]
- Although weekly subcutaneous (SC) GLP-1RAs are well established for weight management, the recent US Food and Drug Administration (FDA) approval of daily oral semaglutide marks a shift toward more diverse treatment options, with several other obesity medications (OMs) currently in development.
- With emergent treatment options, including daily oral orforglipron, it is important to understand patients' preferences for weight management.

Aims

- Quantify the preferences of adults with overweight or obesity for attributes of OMs.
- Assess key factors driving weight management treatment choice.
- Determine if OM-naïve individuals would be open to taking an oral OM that worked the same as the current FDA-approved injectable OMs.

Methods

- Cross-sectional online survey study
- Determined to be exempt from review by RTI International's IRB
- Data collection: October 14–November 5, 2025

- Participants recruited by Sago Health (now TriVoca Health), a healthcare market research agency, stratified by:
  - Body mass index (BMI) categories
  - Prescription OM experience (experienced/naïve)
  - Regular injection experience (experienced/naïve)

Inclusion criteria:
- Aged ≥18 years
- Calculated BMI (from self-reported height and weight) ≥27 kg/m^2
- Have at least 1 weight-related comorbidity if BMI was 27.0–29.9 kg/m^2

In addition to general/attitudinal questions, the survey included:
- Discrete choice experiment (DCE):
  - Hypothetical, experimentally designed, OM treatment profiles
  - Series of choice tasks with 7 attributes and varying levels related to efficacy, safety, administration (route and frequency), and dosing instructions
- Fixed-choice comparison (**Figure 1**):
  - Choice between oral semaglutide-like and orforglipron-like OM profiles
  - Same attributes as the DCE + 1 additional attribute

Analysis:
- Descriptive statistics were used for patient characteristics and the fixed-choice question
- DCE data were analyzed using a random-parameters logit model
  - Conditional relative attribute importance: the difference between the preference weight for most-preferred and least-preferred attribute level
  - Preference weights: used to predict the probability that an average participant would prefer a particular treatment option

Methods, continued

Figure 1: Fixed-choice comparison of oral semaglutide-like OM and orforglipron-like OM shown to participants

Treatment feature	Treatment A (oral semaglutide-like OM)[a]	Treatment B (orforglipron-like OM)[a]
Average weight loss percentage following 1 year of treatment[b]	[15% of body weight]	[10% of body weight]
Percentage of people who lost at least 20% of their body weight following 1 year of treatment	30 out of 100 people (30%)	18 out of 100 people (18%)
Treatment is made with the same active ingredient that reduces the risk of major CV events in adults with heart disease and overweight or obesity	Yes Will help you lose weight and may lower your risk of heart attack and stroke	No Will help you lose weight but does not lower your risk of heart attack and stroke
Treatment is made with the same active ingredient as a proven injectable treatment that has been on the market for 4 years[c]	Yes	No
How you take the treatment	Daily oral pill	Daily oral pill
Dosing instructions	Take on an empty stomach in the morning with up to half a glass of water and wait 30 minutes before eating	Take any time of the day, with or without meals
Percentage of people who stop treatment due to stomach problems within 1 year of starting treatment	7 out of 100 people (7%)	10 out of 100 people (10%)

[a]Molecule/drug name not shown to participants.
[b]Weight displayed was the participant's weight x 10% or 15% in pounds.
[c]This attribute was only shown in the fixed choice comparison.

Results

- 800 adults with overweight or obesity participated in the study (**Figure 2**).
  - Of the OM-experienced participants, 65.5% were current OM users.
  - Participants were stratified across BMI categories of overweight and obesity classes 1 to 3 (n=198 to n=201 each group).
  - 82.1% were White, 12.2% were Black or African American, and 7.5% were Hispanic.

Figure 2: Participant characteristics (N=800)

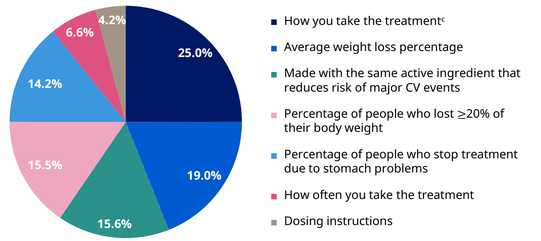
Age (mean years ± SD)	Gender	Stratifications	BMI (mean ± SD)	Key comorbidities[a]
55.6 years (±13.8)	**65.5%** Female	OM-naïve **50%** Injection experienced **50%**	**36.5** kg/m^2 (±7.9)	**35.0%** T2D **17.8%** CV disease

[a]A list of conditions was provided to participants, and they could select all that applied.

Results, continued

- The most important attributes elicited from the DCE were those related to route of administration (oral vs. SC needle/syringe), weight loss efficacy, and CV event risk reduction (**Figure 3**).

Figure 3: Conditional relative attribute importance from the DCE[a,b]

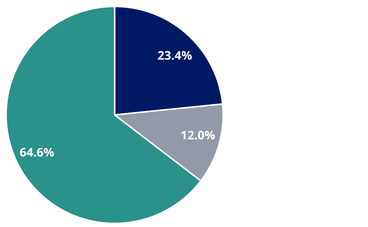


[a]Conditional relative importance estimates are rescaled to sum to 100, representing the proportion of utility that can be gained by improving each attribute from the least-preferred to the most-preferred level relative to the maximum utility that can be gained by improving all attributes.
[b]Some attributes have been shortened for brevity.
[c]Includes oral pill, SC injection with a needle and syringe, SC injection with a prefilled pen or autoinjector.

- When evaluating the predicted probability of choosing an OM treatment based on route of administration (with all else equal), the majority preferred a once-daily pill compared with weekly SC injections, regardless of dosing instructions.
- Most (73.3%) of the OM-naïve participants were open to taking an OM pill that worked the same as the current FDA-approved injectable OMs.
- Less than one-quarter of participants felt that taking an OM treatment on an empty stomach and waiting 30 minutes to eat would be disruptive to their life (**Figure 4**).

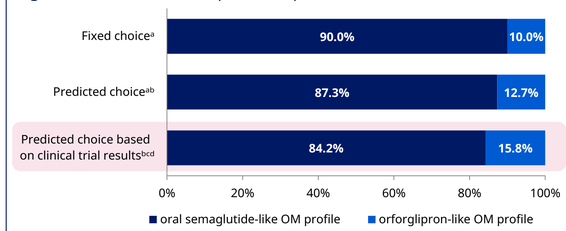
Figure 4: Agreement with disruptiveness of dosing instructions

Having to take a treatment on an empty stomach and wait to eat for 30 minutes would not be disruptive to my daily life.



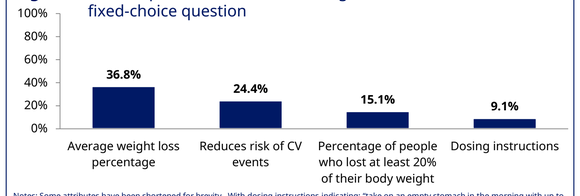
- In the fixed-choice comparison of two oral OMs (**Figure 1**), 9 in 10 participants preferred the oral semaglutide-like profile over the orforglipron-like profile **(Figure 5).**
- DCE preference weights were applied to the oral profiles with the values as presented in the fixed-choice comparison and an additional scenario using average weight-loss percentages (after 1 year of treatment) based on clinical trial data.
  - Predicted preference shares were relatively unchanged when using the same average percentage weight loss from the fixed-choice comparison or from clinical trial data (**Figure 5**).
- In the fixed-choice question, mean weight loss and CV risk reduction were the most important factors in individuals' decisions; few (<10%) indicated that dosing instructions were most important (**Figure 6**).

Figure 5: Fixed-choice and predicted preference (DCE)



[a]15% average weight loss for oral semaglutide-like OM profile and 10% for orforglipron-like OM profile.
[b]The probability that an average participant in the sample would choose an oral semaglutide-like treatment over an orforglipron-like treatment was based on the attributes and levels in the fixed-choice question, excluding the attribute "treatment is made with the same active ingredient as a proven injectable treatment that has been on the market for 4 years."
[c]13.6% average weight loss for oral semaglutide-like OM profile and 11.2% for orforglipron-like OM profile.
[d]From OASIS 4 and ATTAIN-1 randomized controlled trials for oral semaglutide 25 mg and orforglipron 36 mg, respectively.[3,4]
Note: The preference weights obtained from the DCE were applied to an oral semaglutide-like OM and an orforglipron-like OM profile to evaluate the predicted likelihood of choosing one profile over the other (molecule/drug name not shown to participants).

Figure 6: Most important factors influencing individuals' decisions in the fixed-choice question



Notes: Some attributes have been shortened for brevity. With dosing instructions indicating: "take on an empty stomach in the morning with up to half a glass of water and wait to eat for 30 minutes."

Limitations

- Key limitations include the study's observational nature, selection bias, and assumptions inherent to DCE.

Discussion & Conclusions

- When considering the breadth of OM attributes, people with obesity or overweight prioritized treatment features related to efficacy and route of administration.
  - Dosing instructions related to an oral semaglutide-like OM would not be disruptive to the daily life of most participants.
- OM-naïve individuals were open to trying an OM that was available in pill form.
- When offered a choice between oral semaglutide-like and orforglipron-like OM treatment options, the vast majority preferred the medication profile resembling oral semaglutide.
- The predicted likelihood of choosing an oral semaglutide-like profile over an orforglipron-like profile was similar when using the preference weights from the DCE.
  - The DCE employed unlabeled combinations of attributes and levels, further strengthening these findings.

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Abbreviations: BMI, body mass index; CV, cardiovascular; DCE, discrete choice experiment; FDA, US Food and Drug Administration; GLP-1RA, glucagon-like peptide-1 receptor agonist; IRB, institutional review board; OM, obesity medication; SC, subcutaneous; T2D, type 2 diabetes.

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