GLP-1 Weight-Loss Drugs: What Happens When People Stop

Name Date Class

Reading

1 On 21 March 2026, the day after a key patent on semaglutide expired in India, several Indian drug makers began selling **generic** versions of it. Branded semaglutide had cost roughly 8,800 to 11,000 rupees a month there, while NATCO Pharma listed its lowest-priced generic at 1,290 rupees. Semaglutide, sold as Ozempic and Wegovy, belongs to the GLP-1 class: medicines that copy a gut hormone which reduces appetite and helps control blood sugar. Tirzepatide acts on a second hormone, GIP, as well. The US has also approved GLP-1 pills, including orforglipron, which was discovered by the Japanese company Chugai. Cheaper and easier forms sharpen a question that trials have only begun to answer: what happens when people stop?

2 The weight loss itself is well established. The **efficacy** of these drugs has been measured in large randomized trials against a **placebo**, an inactive treatment. In STEP 1, 1,961 adults with obesity, or with overweight and at least one weight-related **comorbidity** such as high blood pressure, lost an average of 14.9 percent of their body weight over 68 weeks on semaglutide, compared with 2.4 percent on placebo. In SURMOUNT-1, the highest dose of tirzepatide produced an average loss of 20.9 percent at 72 weeks, and in a direct comparison published in 2025, tirzepatide led semaglutide by 20.2 to 13.7 percent. Doses are raised in steps over several weeks, a process called dose **escalation**, partly to limit the most common side effects: nausea, vomiting, and diarrhea.

3 Benefits beyond weight are harder to judge, partly because of how numbers are reported. The SELECT trial followed 17,604 adults with overweight or obesity and existing heart disease, but not diabetes, for more than three years. Heart attacks, strokes, and cardiovascular deaths occurred in 6.5 percent of the semaglutide group, compared with 8.0 percent of the placebo group. Headlines reported a 20 percent reduction in risk, which is the relative figure; the absolute difference was 1.5 percentage points. Both numbers are correct, but they leave different impressions. The trial also showed a cost: 16.6 percent of participants stopped semaglutide because of **adverse** events, mostly digestive problems, about twice the rate on placebo.

4 Stopping has been tested directly. In an extension of STEP 1, researchers followed 327 participants for a year after treatment ended. Those who had taken semaglutide regained 11.6 percentage points of the 17.3 percent they had lost, about two-thirds, although this was an exploratory analysis. SURMOUNT-4 used a stronger design. After 36 weeks on tirzepatide, 670 adults were randomly assigned either to keep taking it or to switch to placebo. Over the next year, the placebo group regained 14 percent of their body weight, while the tirzepatide group lost a further 5.5 percent. In both studies, much of the improvement in heart-related risk factors, such as blood pressure, was also reversed.

5 A review in The BMJ in January 2026, led by researchers at the University of Oxford, combined 37 studies with 9,341 adults. After weight-loss medicines were stopped, weight returned at an average of 0.4 kilograms a month, and the authors estimated a return to **baseline**, the starting weight, after about 1.7 years. For semaglutide and tirzepatide, regain was faster, at about 0.8 kilograms a month. These are averages, and some people kept weight off. A later analysis in eClinicalMedicine projected that regain would reach a **plateau** at around 75 percent of the weight lost, but, as a nutrition researcher at the University of Surrey pointed out, that figure is an **extrapolation** beyond the year of data actually observed.

6 Outside trials, stopping is common. In a study of 125,474 US adults published in JAMA Network Open in 2025, 64.8 percent of those without type 2 diabetes ended treatment within a year, compared with 46.5 percent of those with it. The risk of **discontinuation** was higher with digestive side effects and smaller weight loss, and lower with higher income. These associations suggest that **adherence** depends partly on cost and tolerability, not only on motivation. The World Health Organization, in its December 2025 guideline, describes obesity as a **chronic**, relapsing disease and supports GLP-1 drugs as long-term treatment. It made this a **conditional** recommendation, based on moderate-certainty evidence, and noted that data on stopping and on maintenance doses are limited.

7 This is where the Indian generics matter. If the benefit lasts only as long as the **regimen** does, the price of years of treatment matters more than the price of one month. Lower prices could make long-term use possible for far more people, but the WHO has also warned about falsified and **substandard** versions sold online, a risk that may grow with demand. The next question for researchers is practical: whether people who have lost weight can keep most of it off on a lower, cheaper maintenance dose.

Vocabulary Matching

Match each word from the reading with its meaning. Write the letter on the line.

1	**generic**	_____	**A**	the ability to produce the intended result
2	**efficacy**	_____	**B**	depending on certain conditions being met
3	**placebo**	_____	**C**	a planned course of treatment or habits
4	**comorbidity**	_____	**D**	an estimate that goes beyond the known data
5	**escalation**	_____	**E**	a level period after a rise
6	**adverse**	_____	**F**	below the required level of quality
7	**baseline**	_____	**G**	a gradual increase in dose or level
8	**plateau**	_____	**H**	a treatment with no active ingredient
9	**extrapolation**	_____	**I**	a starting level used for later comparison
10	**discontinuation**	_____	**J**	the degree to which a plan is followed
11	**adherence**	_____	**K**	lasting a long time or constantly returning
12	**chronic**	_____	**L**	a second condition present alongside another
13	**conditional**	_____	**M**	harmful or unfavorable
14	**regimen**	_____	**N**	sold without a brand name after a patent ends
15	**substandard**	_____	**O**	the act of stopping a treatment or use

Fill in the Blank

Choose a word from the box to complete each sentence. Use each word once. The words are already in the correct form.

Adherence	**Adverse**	**baseline**	**chronic**	**comorbidity**	**conditional**	**discontinuation**	**efficacy**	
escalation	**extrapolation**	**placebo**	**plateau**	**regimen**	**substandard**			

1 The trial measured the _____ of the vaccine.

2 Diabetes is a common _____ of obesity.

3 Half of the group received a _____ .

4 The _____ of the conflict alarmed the region.

5 _____ weather delayed the flight.

6 We recorded each runner's heart rate as a _____ before training began.

7 Sales reached a _____ in the third year.

8 Their forecast is an _____ from three years of sales.

9 The _____ of the night bus upset local workers.

10 She has _____ back pain.

11 _____ to the diet was low in the study.

12 The coach set a strict training _____ .

13 The offer is _____ on a medical check.

14 The building was closed for _____ wiring.

Comprehension Questions

Answer in your notebook or discuss with a partner. Questions 10 to 12 are IELTS-style.

1 What happened in India in March 2026, and why does the writer begin with it?

2 Summarize the weight-loss results in the second paragraph. Which comparison is the most direct, and why?

3 Why are doses raised in steps, and which side effects are most common?

4 Explain the difference between the relative and the absolute figures from the SELECT trial.

5 Compare the designs and the results of the STEP 1 extension and SURMOUNT-4.

6 What did the BMJ review find, and which limits of its findings does the writer mention?

7 Why does the writer call the 75 percent figure an extrapolation, and why does that matter?

8 Which factors were linked to stopping treatment in the JAMA Network Open study, and what does the writer conclude from them?

9 Why, according to the writer, does the price of years of treatment matter more than the price of one month? How convincing is this argument?

IELTS-Style Questions

10 **True, False, or Not Given:** *"In SURMOUNT-4, people who switched to placebo regained all of the weight they had lost within a year."* Explain your answer using evidence from the reading.

11 **Yes, No, or Not Given:** *"The writer believes that headlines about the SELECT trial reported a false figure."* Explain your answer using evidence from the reading.

12 **Author's purpose:** Why does the writer end with a question about maintenance doses rather than a conclusion about who should take these drugs?

True or False

Circle T (true) or F (false) according to the reading. Write a correction for each false statement on the dotted line.

1 **T / F** Semaglutide is sold under the names Ozempic and Wegovy.

2 **T / F** The Indian generics went on sale a year after the patent expired.

3 **T / F** In SURMOUNT-1, the highest dose of tirzepatide produced an average loss of 20.9 percent.

4 **T / F** In the 2025 direct comparison, semaglutide produced more weight loss than tirzepatide.

5 **T / F** SELECT included people with heart disease but without diabetes.

6 **T / F** Stopping because of adverse events was equally common on semaglutide and placebo.

7 **T / F** The STEP 1 extension was an exploratory analysis.

8 **T / F** The BMJ review found slower regain after semaglutide and tirzepatide than after other medicines.

9 **T / F** The WHO recommendation on GLP-1 drugs for obesity is conditional.

10 **T / F** In the JAMA Network Open study, higher income was linked to a higher risk of stopping.

Discussion Questions

Talk with a partner or in a small group. The questions move from personal to more abstract.

1 How are weight-loss drugs discussed in the news or on social media where you live?

2 When you see a health headline with a percentage, what do you check before you believe it?

3 Why might a relative figure such as "20 percent lower risk" sound more impressive than an absolute one?

4 Why is a randomized trial stronger evidence than following people who chose to stop on their own?

5 Many medicines for blood pressure or cholesterol are taken for life. Should obesity drugs be viewed in the same way? Why or why not?

6 The JAMA Network Open study linked higher income to staying on treatment. What does this suggest about fairness in health care?

7 Should public health systems pay for long-term treatment? If so, for whom, and for how long?

8 What are the benefits and the risks when the patent on a popular medicine expires?

9 How can regulators and buyers protect themselves from substandard or falsified medicines sold online?

10 Apart from medicine, what changes to food, cities, or workplaces could affect obesity rates?

11 How can health information discuss body weight without shaming people?

12 How much should we trust projections, such as the 75 percent plateau, that go beyond observed data?

13 Drug companies fund most large trials of these medicines. How should readers weigh industry-funded evidence?

14 If you could design the next study on these drugs, what question would it answer, and how would you test it?

Language Focus: Reporting Numbers: Percent, Percentage Points, and Compared With

Results are usually reported as percentages of a starting value (14.9 percent of body weight). The difference between two percentages is measured in percentage points (from 8.0 percent to 6.5 percent is a fall of 1.5 percentage points, but a relative fall of about 20 percent). Comparisons with a control group use compared with, against, or versus.

In the reading:

- "…lost an average of **14.9 percent** of their body weight over 68 weeks on semaglutide, **compared with 2.4 percent** on placebo."
- "Headlines reported a 20 percent reduction in risk, which is the relative figure; the absolute difference was **1.5 percentage points**."
- "…regained **11.6 percentage points** of the 17.3 percent they had lost…"

Practice: Rewrite with *compared with*: *"In the drug group, 4 percent had a heart attack. In the placebo group, 5 percent did."* Then state the absolute difference in percentage points and the relative difference in percent.

Activities and speed challenge
englishbridges.com/lessons/glp-1-weight-loss-drugs

Notes