SCHIEBER RESEARCH / CONSUMER TRANSITION

Beyond *the plate.*

How GLP-1s may reshape beauty, apparel, travel, fitness and everyday life

THE CENTRAL PROPOSITION A consumer transition - physical, psychological, social and financial - extends beyond food.

BEAUTY / APPAREL
TRAVEL / FITNESS

What happens after *the body changes?*

EVIDENCE / SIGNALS / IMPLICATIONS

Beyond the obvious conversation / connecting the dots across categories

AUGUST 2026

The question behind the question.

THE CENTRAL PROPOSITION GLP-1s may be creating a period of consumer transition - physical, psychological, social and financial - whose effects extend well beyond food.

THE SHIFT AFTER THE SHIFT

Executive summary

The public conversation about GLP-1 medications has focused overwhelmingly on food: smaller appetites, fewer snacks, less alcohol and changing grocery baskets. Those effects are important, but they may be only the first-order disruption. The more consequential consumer story is what follows when body size, mobility, appearance, confidence, routines and mental bandwidth change at the same time.

This paper reviews recent consumer surveys, transaction analyses, qualitative studies and public Reddit discussions to identify signals outside food. It does not treat social discussion as representative evidence and it does not infer that every observed change is caused directly by medication. Instead, it asks a practical question: where are multiple forms of evidence pointing in the same direction, and what should industries investigate next?

Six conclusions

- The consumer opportunity is better understood as a transition journey than as a permanent demographic segment.
- Apparel is the clearest measured non-food effect: size changes create both replacement demand and hesitation while the body is still changing. [2] [3] [4]
- Beauty and medical aesthetics combine identity, perceived aging, skin and hair concerns, and post-weight-loss self-presentation. Demand is real, but consumer objectives and budgets diverge sharply. [3] [5] [6]
- Travel may benefit from increased mobility, endurance and social comfort, while introducing medication, side-effect and routine-management friction. [5] [9]
- Fitness and wearables have an opening around strength, mobility, confidence and maintenance - but many users remain novice strength trainers. [2] [4]
- The largest unmet need may be orchestration: consumers are assembling fragmented support systems across healthcare, fitness, beauty, apparel and peer communities. [2] [10]
- Affordability is a ceiling on every downstream opportunity: 56% of ever-users in KFF’s nationally representative poll said the medication was difficult to afford. [1]

STRATEGIC IMPLICATION The winning offer may not be a product labeled “for GLP-1 users.” It may be an ordinary product or service redesigned for uncertainty, transition, discretion and changing capability.

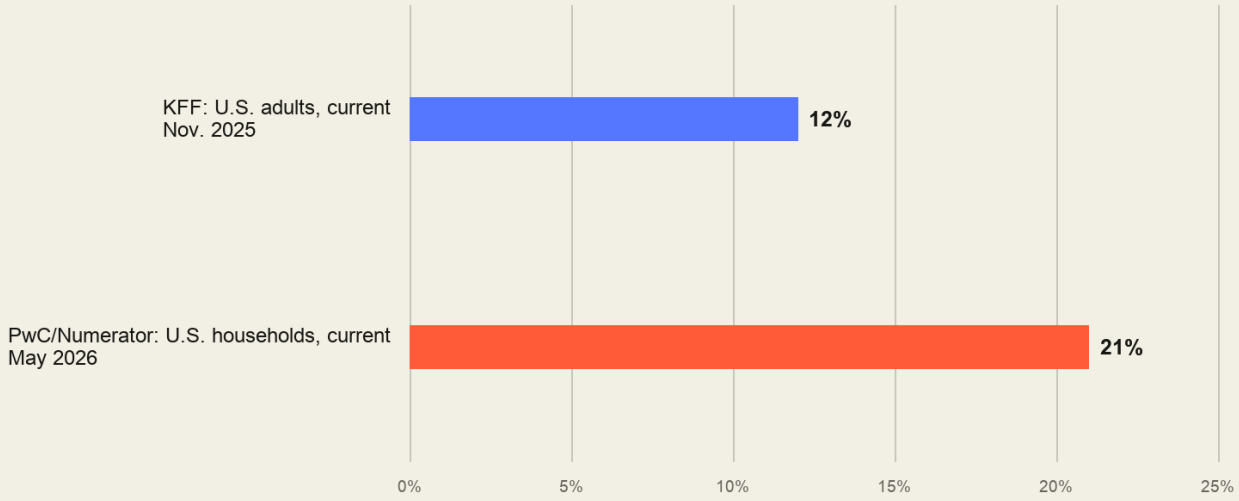
Evidence at a glance

Signal	Evidence	What it suggests
Use is mainstreaming	12% of adults in KFF; 21% of households in PwC/Numerator	Different denominators point to mass-market relevance; estimates are not directly comparable.
Wardrobes are changing	73% reported meaningful size change in PwC's 2026 survey	Replacement demand coexists with fit uncertainty and delayed commitment.
Support is fragmented	80% of current users used at least one supporting product in PwC's research	An ecosystem gap exists across information, services and products.
Aesthetics accelerates entry	63% were not active users; about half were new considerers	Weight change appears to create new demand and pull forward existing intent.
Movement is mixed	Cardio: 36% up/16% down; strength: 21% up/17% down	The clearest opening is that 41% had never strength trained.

Selected results; survey universes and methods differ and should not be compared as if they came from one population. McKinsey surveyed providers, not patients. [1] [2] [6]

1. Why the story extends beyond food

Adoption is commercially significant – but denominators differ



Source: KFF Health Tracking Poll (Nov. 2025) and PwC/Numerator (May 2026). Recreated by Schieber Research. Adult and household estimates are not directly comparable.

In November 2025, KFF reported that 12% of U.S. adults were current users and 18% had ever used a GLP-1. Women reported higher current use than men, and adults ages 50-64 reported the highest use. The nationally representative poll included 1,350 adults and a margin of sampling error of plus or minus three percentage points. [1]

A separate PwC/Numerator analysis estimated that 21% of U.S. households included a current user in May 2026, up from 9% in January 2025. Household and adult estimates are not directly comparable. PwC found use nearly equal by gender, unlike KFF's adult poll - a reminder that method, denominator and timing can change the apparent profile. [1] [2]

Commercial datasets tell a complementary story. PwC paired a survey of 3,089 current, lapsed and considering users with a roughly 110,000-household transaction panel. BCG surveyed more than 1,500 users across nine markets. Circana reported shopper signals across non-food categories. Together, these sources indicate that spending may be reallocated

toward apparel, personal care, supplements, fitness and aesthetics rather than simply disappearing. [2] [3] [4]

The evidence does not justify a single stereotype. People use GLP-1s for different indications, remain on them for different periods, experience different amounts and rates of weight change, and face different financial and social constraints. Any industry strategy based on “the GLP-1 consumer” as one homogeneous persona is therefore likely to misread demand.

The market is dynamic rather than linear. BCG reports that roughly one-third of ever-users are lapsed at a given time, approximately 60% of lapsed users intend to restart, and more than 10% of active users deliberately cycle on and off. [3]

The influence also extends beyond the person taking the medication: 70% of BCG respondents reported food or fitness changes among people they live with. BCG estimates that including household members makes the addressable GLP-1-influenced market roughly 50% larger than active users alone. [3]

A five-part transition

BODY	Size, shape, skin, hair, strength, mobility and physical comfort.
IDENTITY	Confidence, body image, style, visibility, stigma and the relationship between an “old” and “new” self.
CAPACITY	Energy, endurance, participation, travel, social comfort and mental bandwidth.
ROUTINES	Medication management, exercise, shopping, self-care, social occasions and health tracking.
SPENDING	Categories reduced, categories increased, purchases delayed, new services adopted and treatment-cost trade-offs.

Schieber Research transition framework. It organizes downstream effects without assuming that medication alone causes every change.

The consumer voice: transition, not just consumption

“I don’t know my new body at all, and it’s such a weird feeling.”

A user discussing wardrobe replacement and a style built around a previous body. View discussion

“My body feels like “mine” again, but this face belongs to a stranger.”

A user describing simultaneous physical improvement and facial-identity dissonance. View discussion

“I can enjoy myself without it being ABOUT the food and drinks.”

A user describing how social occasions can be re-centered rather than abandoned. View discussion

“Sit comfortably in an airline seat … spending hours walking while traveling is a breeze.”

A user connecting weight change with comfort, mobility and travel participation. View discussion

Reddit quotations are illustrative qualitative signals, lightly excerpted for length. They are not representative of all users, are not medical evidence and should not be used to estimate prevalence. [20]

2. Industry-effect heatmap

Where GLP-1-driven transition may matter most

	Demand shift	Offer redesign	Operations	Trust risk	Evidence
Apparel & footwear	5	5	5	4	5
Beauty & personal care	5	4	3	5	4
Medical aesthetics	5	5	3	5	5
Fitness & wearables	4	5	3	4	4
Travel & leisure	3	4	3	4	3
Retail & commerce	4	4	5	5	4
Hospitality & social venues	3	4	4	4	3
Digital health & wellness	5	5	4	5	4
Financial services & benefits	3	3	4	4	3
Media, dating & communities	3	4	2	5	2

Source: Schieber Research directional assessment. Recreated by Schieber Research. Scale: 1 limited/uncertain; 3 meaningful emerging effect; 5 high likely effect or stronger evidence. Scores are judgments, not forecasts.

The heatmap scores the likely business significance of GLP-1-driven consumer transition over the next three years. Scores reflect the convergence of measured behavior, stated intentions, qualitative evidence and the plausibility of operational consequences. They are directional judgments, not forecasts. Evidence scores describe current support, not potential size: apparel and aesthetics already show measurable effects, while travel, relationships and social participation remain research opportunities rather than settled conclusions.

Each dimension is scored independently; there is no composite score or weighting. Evidence rubric: 1 = conceptual only; 2 = isolated qualitative signal; 3 = one quantitative source, small/undisclosed base or mixed evidence; 4 = multiple sources or one strong transaction/panel source; 5 = two or more independent quantitative sources including measured behavior. Other dimensions use 1 = limited, 3 = meaningful, 5 = high. Trust risk captures stigma, health claims, privacy and body-image messaging.

How to read the heatmap

- Demand shift asks whether spending, participation or category entry appears likely to change.
- Offer redesign asks whether new formats, policies, journeys or bundles may be required.
- Operations captures inventory, forecasting, returns, staffing, training and service-delivery exposure.

FROM HYPOTHESIS TO SHELF

Market signals already visible

BEAUTY CASE / FROM INFERENCE TO DOCUMENTATION

Kiehl's makes the GLP-1 link explicit

Field photograph: Kiehl's display at Sephora, August 2026. Photo: Hamutal Tula Schieber.

1cc* CollaShot Plump Serum with Recombinant Collagen Polypeptides* in an advanced Supra-Liposomal delivery system is our pink collagen serum clinically proven to plump and lift, with cheek sagging improved by +41% in an 12-week clinical test of consumers prescribed a GLP-1 for weight loss.

- Supra-Liposomal delivery system for instant skin-plumping performance and amplified results with continuous use.
- Engineered to help enhance skin surface penetration, the formula delivers serum actives up to 10 surface layers deep for amplified results**.
- Vitamin B12 gives the formula its natural pink color.
- Rhamnose helps target visible signs of aging due to collagen loss such as wrinkles, loss of elasticity and firmness.

*Biosynthetic collagen polypeptides similar to protein fragments found in human collagen.
**Results based upon an instrumental study on upper layers of the skin

Kiehl's product-page image supplied by the author. The copy explicitly identifies a clinical test involving consumers prescribed a GLP-1 for weight loss. Official Kiehl's GLP-1 disclosure [38].

Why this is a meaningful signal. The shelf names the concern - *deflated skin* and cheek sagging - while the product material explicitly connects the test population to prescribed GLP-1 use. Together, the assets link need framing, substantiation and retail merchandising. This is stronger evidence of category response than a generic firming product placed near an article about weight loss.

READ THE CLAIMS SEPARATELY. The in-store display and the supplied product-page image show different cheek-sagging figures and time frames. They should not be combined or treated as interchangeable efficacy results. The defensible insight here is the explicit GLP-1 positioning and testing language - not a comparison of the percentages.

CROSS-INDUSTRY RESPONSE TRACKER

What companies are already changing

The emerging market response is larger than a set of GLP-1 products. Companies are changing claims, fit guarantees, program structure, store navigation, menus and benefit funding. The pattern reveals where consumer transition is becoming an operating issue.

Industry	Documented example	What changed	Response type
Beauty	Kiehl's uses GLP-1-user test language in retail. IMAGE Skincare names a GLP-1 complex; SkinCeuticals tested a regimen plus ultrasound in 25 GLP-1 users. [38] [48] [49]	Product design, proof language and merchandising are converging around visible volume loss, firmness and changing skin.	EXPLICIT
Apparel	Stitch Fix created GLP-1-specific 'Bridge Wardrobe' guidance. Rent the Runway reports unprecedented customer movement into smaller sizes, but has not announced a GLP-1 program. [46] [47]	The service opportunity is transitional fit, styling and circulation - not simply selling a smaller size.	EXPLICIT + OBSERVED
Fitness	Equinox launched a tailored GLP-1 protocol. Life Time's MIORA pairs medical options with diagnostics, nutrition and training guidance; Pvolve and BODi package muscle-preserving programs. [28] [50] [51] [54]	Programming shifts from calorie punishment toward muscle preservation, function and long-term capability.	EXPLICIT
Travel + wellness	Lanserhof offers Weight Loss Injection Management in Austria and Germany. Skyterra supports guests starting, continuing or weaning off GLP-1s. [52] [53]	The stay becomes a continuity environment spanning monitoring, movement, meals, habits and maintenance.	EXPLICIT
Retail wellness	GNC created a dedicated semaglutide-support section in 2,300+ U.S. stores and trained store staff on common needs and side effects. [42]	The response extends beyond products into assortment architecture, navigation, staff capability and advice.	EXPLICIT
Hospitality	Cuba Libre introduced a GLP-1 menu. Kew Green Hotels argues mainstream hotel menus need smaller mains rather than forcing guests to order starters. [43] [45]	Healthier travel is not only ingredient substitution: it includes portion flexibility, nutrient density and less waste.	EXPLICIT + OPERATING SIGNAL
Employer benefits	WeightWatchers' RxFlexFund lets employers subsidize 25%-75% of medication costs while pairing access with clinical and behavioral support. [44]	The innovation is financial and service design: flexible coverage, navigation and wraparound care.	EXPLICIT
Social + dating	In this review, no comparably explicit scaled consumer offer was identified.	That absence is a white-space signal, not proof of no need: changing attention, stigma, disclosure and relationship dynamics remain underexplored.	WHITE SPACE

EXPLICIT means the company names GLP-1 use in the offer or supporting copy. ADJACENT means the response accommodates rapid body change without limiting eligibility to medication users. The examples document market activity; they do not establish uptake, outcomes or category-wide prevalence.

CONFIRMED RESPONSE GALLERY / BEAUTY

The category is naming the visible aftermath

The Kiehl's display is not an isolated signal. Beauty companies are now creating GLP-1-specific products and clinical protocols - but the evidence is not interchangeable.

Source: IMAGE Skincare, VOL.U.LIFT GLP-1 4D Skin Rebound Complex product page, 2026 [48]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

IMAGE Skincare / VOL.U.LIFT

IMAGE explicitly markets a GLP-1 4D Skin Rebound Complex around the appearance of deflation, wrinkles, dehydration and diminished density.

READ CAREFULLY. Its 12-week internal study included 29 people who lost weight through GLP-1s, GIP drugs, other medications or bariatric surgery. The brand also states that skincare cannot replace lost facial fat.

Source: L'Oreal Dermatological Beauty / SkinCeuticals, Addressing Facial Laxity in the GLP-1 Patient, 2026 [49]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

SkinCeuticals / clinical protocol

A 12-week randomized split-face and split-neck study involved 25 GLP-1 users and placed the A.G.E. serum-plus-cream regimen into an aesthetics protocol.

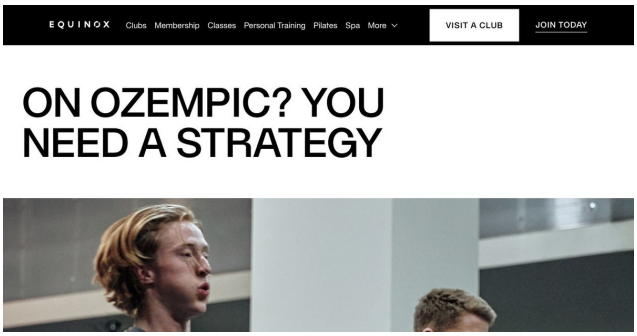
READ CAREFULLY. The GLP-1 study also included a Sofwave ultrasound procedure. It should not be presented as a standalone-serum efficacy test.

Interpretation: the opportunity is moving from generic 'firming' language toward a named transition need. Credibility depends on showing exactly what was tested, on whom and alongside which procedures.

CONFIRMED RESPONSE GALLERY / FITNESS

Fitness is being reframed as capability protection

When appetite and body weight change quickly, the job of fitness changes too: preserve muscle, maintain function and build the infrastructure that can outlast medication use.

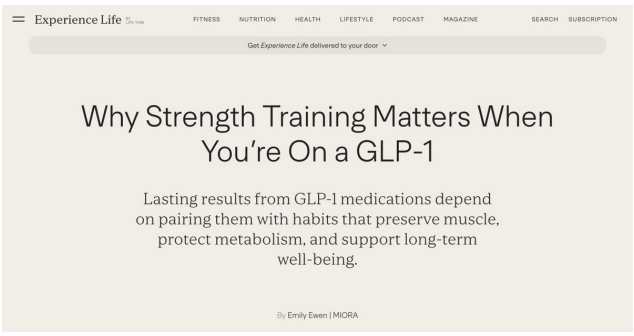


Source: Equinox, On Ozempic? You Need a Strategy, 2024 [50]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

Equinox / tailored GLP-1 protocol

Equinox launched a research-backed coaching protocol built around assessment, individualized exercise, movement, nutrition, regeneration and habit development.

READ CAREFULLY. The published description supports tailored training and muscle preservation; it does not substantiate every more specific claim sometimes attached to the program, such as universal metabolic tracking.



Source: Life Time / MIORA, Why Strength Training Matters When You're on a GLP-1, 2026 [51]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

Life Time and MIORA / integrated support

Life Time's MIORA ecosystem combines precision-medicine clinics in select clubs with diagnostics, nutrition, training guidance and GLP-1 access when medically appropriate.

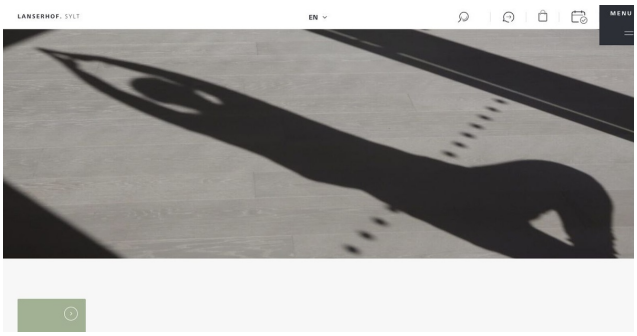
READ CAREFULLY. The explicit consumer guidance emphasizes resistance training and muscle preservation. Medical care is provided through MIORA's clinical structure, with Life Time supplying the club and wellness ecosystem.

Interpretation: the emerging value proposition is not 'burn more calories.' It is protecting metabolic and functional capacity while the body changes - and preparing the consumer for what happens next.

CONFIRMED RESPONSE GALLERY / TRAVEL + WELLNESS

The retreat becomes a continuity-of-care environment

Travel can offer more than healthier menu alternatives. The most explicit programs coordinate monitoring, movement, nutrition, habits and medication transition in one setting.

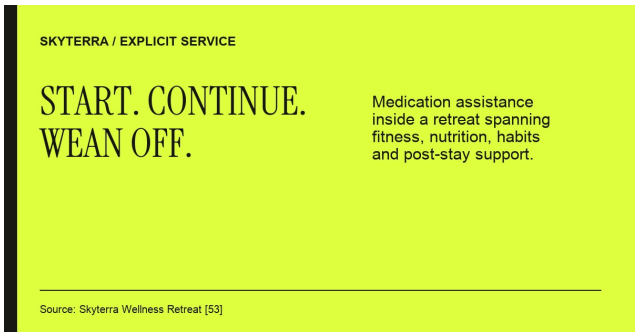


Source: Lanserhof Sylt, Weight Loss Injection Management programme, 2026 [52]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

Lanserhof / Weight Loss Injection Management

Lanserhof offers medically supervised programs at Lans, Austria, and Sylt, Germany, including diagnostics, bioimpedance, bone-density testing, nutrition planning and personal training.

READ CAREFULLY. Intermittent hypoxia-hyperoxia training and other therapies may be used when individually appropriate. The program page does not support describing every stay as a specialized high-protein dining program.



Source: Skyterra Wellness Retreat, GLP-1 Medication Assistance, 2026 [53]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

Skyterra / start, continue or wean off

Skyterra explicitly supports guests considering, using or weaning off GLP-1 medication. LoseSmart adds muscle maintenance, fitness, nutrition, therapeutic support and post-stay accountability.

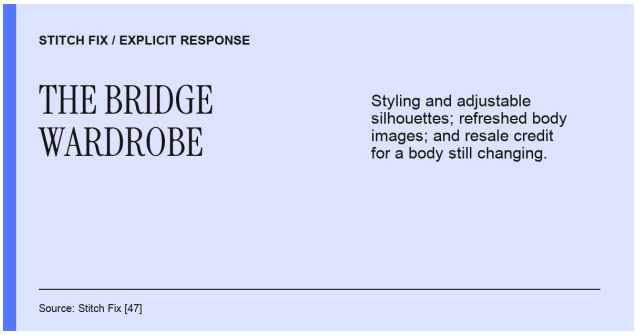
READ CAREFULLY. The offer is broader than a DEXA-and-recovery package: its distinctive feature is the integration of medication transition with habits and life after the retreat.

Interpretation: the strongest travel opportunity is continuity. Guests may need smaller portions and protein-forward meals, but also privacy, fatigue-aware activity, confidence rebuilding and a plan that survives checkout.

CONFIRMED RESPONSE GALLERY / APPAREL + RENTAL

A changing body creates a new service job

The consumer may move through several sizes before weight stabilizes. Rental, styling and resale can reduce the financial risk while helping people learn how they want to dress now.



Source: Stitch Fix, Dressing With Confidence Throughout Your GLP-1 Weight Loss Journey, 2026 [47]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

Stitch Fix / an explicit bridge wardrobe

Stitch Fix names the transition directly, recommending adjustable pieces, refreshed body images, stylist support and a ThredUp route for clothing that no longer fits.

Source: Modern Retail, How GLP-1 drugs are upending apparel inventory planning, 2025 [46]. Source-page capture or Schieber Research evidence graphic; accessed August 25, 2026.

Rent the Runway / strong behavior signal

Rent the Runway reports unprecedented customer movement into smaller sizes and more experimentation with style. That is a documented demand shift - not evidence of a dedicated GLP-1 program.

White space: a rental platform could create a true transition tier - frequent size re-profiling, no-penalty swaps, stylist-led rediscovery and resale or take-back for the wardrobe left behind.

The change is beginning to appear in retail language, product development, service guarantees and program design. These are verified facts about company activity, not evidence of consumer incidence, product efficacy or preference.

SIGNAL / FIELD NOTE: SEPHORA, AUGUST 2026 A Schieber Research observer reported seeing Kiehl's displayed with the phrase "saggy skin" at Sephora - language they had not noticed there before. The display was not independently documented online. It is included as a hypothesis-generating field observation, not evidence of a coordinated brand campaign.

A / Shelf language is changing before the shelf necessarily does

L'Oréal Paris advertised an existing moisturizer as one that GLP-1 users trust for "sagging, firmness, and wrinkles." La Roche-Posay asked, "Experiencing skin depletion from a GLP-1?" while promoting products from its existing Hyalu B5 line. These are established products being re-contextualized around a newly salient journey. [23] [24]

- Concern language such as sagging, depletion, firmness, crepiness and volume loss may become more prominent in displays, search, retail filters and consultation scripts.
- Brands may be able to meet emerging needs through education, merchandising and regimen design before creating a new formula.
- Attaching a medication label to an ordinary cosmetic may feel opportunistic if evidence and relevance are unclear.

B / Purpose-built products are now moving beyond the face

IMAGE Skincare extended its VOL.U.LIFT platform from facial care into VOL.U.LIFT BODY, explicitly positioning the launch around visible changes associated with GLP-1/GIP use and rapid weight loss. Vogue reported a broader shift toward prevention, personalization and care for a changing body. [21] [22]

- The category may expand from the narrow "Ozempic face" story to body skin, hair, hydration, contour and maintenance.
- The most useful innovation territories may sit across categories, not inside a single facial anti-aging claim.
- Research should determine which concerns are common, temporary, or attributed to medication, weight change, age, menopause, nutrition or another cause.

C / Companies are redesigning risk, not only products

David's Bridal introduced a Fit Guarantee promising that a dress will fit even if a customer's body changes before the event. In interviews, its CEO connected changing fit anxiety and shorter shopping timelines with the GLP-1 era. The innovation is a policy: it absorbs some risk of buying for a future body. [25]

Other bridal boutiques are moving in the opposite direction. The Wall Street Journal reported that some ask customers to sign waivers acknowledging that a gown ordered for a changing body may not fit later. The report establishes that this practice exists; it does not establish how common it is. [37]

In Zola's survey of more than 11,500 couples planning 2026 weddings, 10% said they were currently using a GLP-1 and another 10% were considering use before the wedding. The survey measures couples in the Zola planning population, not all engaged couples or all apparel shoppers. [36]

The same fit uncertainty can therefore produce opposite operating models: the seller can absorb alteration risk to build trust or transfer it to the buyer through a waiver.

- Alteration credits, exchanges, flexible sizing, rentals and guarantees may become part of the value proposition.
- The apparel opportunity may be less about a "GLP-1 collection" than about making purchase timing safer.
- Travel bookings, equipment fitting, uniforms and occasionwear could also use change-friendly policies.

D / Fitness is being reformatted around adherence and muscle preservation

BODi expanded its GLP-1 Fitness Formula and launched short resistance, low-impact cardio and mobility sessions under 10 Minute BODi. WeightWatchers integrated fitness into its GLP-1 platform, while Pvolve markets a GLP-1 Strength Bundle. [26] [27] [28]

- Program names and onboarding may increasingly connect strength and function with the medication journey.
- Low-friction, confidence-building formats may outperform punishing transformation narratives.
- Research should test whether explicit GLP-1 branding increases relevance or reinforces stigma and medical anxiety.

E / Travel is becoming a care environment

The Ranch introduced a private program combining nutrition, hiking and training support; Lanserhof developed a program for current and former users. In mainstream luxury hospitality, properties are also testing smaller portions, protein- and plant-forward meals, portion flexibility and expanded nonalcoholic choices. [29] [30] [31]

- GLP-1 support may appear in retreats and destination wellness before it becomes a mainstream hotel capability.
- The scalable opportunity may be operational - nutrient-dense smaller portions, hydration, refrigeration information, discreet storage, flexible cancellation and graded activity choices - rather than a branded package.
- Medicalized hospitality could overpromise or turn a private health decision into an identity category.

WHAT TO WATCH NEXT Track the exact words, placement and behavior around each signal: brand, product, retailer, date, city, display location, whether the product is new or reframed, claim language, price, staff explanation, consumer reaction and whether the execution persists. A single sighting is a clue; repeated sightings across retailers and categories become a trend.

IDENTITY / EFFORT / SOCIAL RESPONSE

Cross-category lens: the body changes faster than the self

The most consequential downstream effect may not be a purchase. It may be the psychological and social adjustment required when body size, appearance and capability change faster than identity, relationships and sources of self-worth.

GLP-1-specific body-image evidence remains limited and responses are likely to be heterogeneous. A 2026 review identifies prospective research on body image, identity, stigma and adjustment before, during and after use as a major gap. A separate 2025 study of 225 undergraduates at a Northeastern U.S. university (mean age 20; 71.2% women) measured interest in GLP-1 weight-loss medication and willingness to tolerate side effects - not experience of using the medication. It suggests body appreciation may moderate interest, but the sample should not be generalized to users or the broader adult population. [11] [33]

In a seven-person qualitative semaglutide study, participants described weight loss as life-changing and connected wider clothing access with confidence, empowerment and a feeling of normality. The small sample provides language and hypotheses, not population estimates. [8]

Psychologists report that some patients experience identity lag, discomfort with attention, grief for food-centered rituals and relationship friction as their bodies and routines change. These clinical observations are useful signals but have not yet been quantified across the GLP-1 population. [32]

Across four preregistered studies in the United States, United Kingdom and Belgium (combined n=1,205), people described as using anti-obesity medication were judged less moral, competent and deserving because observers inferred

less effort. This establishes an effort-based social bias; it does not establish how users themselves evaluate their achievement. [34]

What may change when someone becomes visibly smaller

- Relief and expanded access may coexist with an internal identity that has not caught up with the body.
- Better treatment by strangers, colleagues or potential partners may create confidence and anger by exposing previous weight bias.
- New visibility can introduce unfamiliar attention, vulnerability and pressure to maintain the transformation.
- Reduced interest in food or alcohol may free mental bandwidth while removing familiar rituals, rewards and forms of social connection.
- Some users may experience outcome satisfaction; others may question whether medication-assisted change feels authentic or “earned.” The distribution and drivers of these reactions are unknown.

Fitness as agency rather than proof

Adjacent exercise research - not specific to GLP-1 users - shows that exercise identity can grow through structured participation and may support maintenance. In one 16-week trial, identity change was not determined by training volume, suggesting that becoming “someone who moves” may matter more than punishment or intensity. [35]

If medication decouples thinness from visible effort, fitness can provide a different form of satisfaction: skill, strength, endurance, mobility and embodied authorship. The proposition shifts from earning food or shrinking the body to learning what the body can do.

Questions the market should keep asking

Did the body change faster than the participant’s sense of self?

Do participants believe people treat them differently now, and how does that feel?

Does medication assistance reduce, increase or leave unchanged the sense of accomplishment?

Does exercise provide achievement, identity or confidence that weight loss alone does not?

Is fear of regain partly fear of losing social access, attention or belonging?

3. Beauty and personal care

AI-generated editorial image / Schieber Research

Beauty sits at the intersection of physical change and identity. The shallow narrative is “Ozempic face.” The deeper consumer question is whether rapid change reduces appearance anxiety, redirects it toward perceived aging and skin or hair concerns, or opens a broader period of experimentation and self-redefinition.

BCG identified an “aesthetic transformer” segment representing 19% of respondents and reported that this group expected to concentrate incremental spending in skin tightening, body contouring, hair care, fragrance and related services. This is stated intent, not verified spend. [3]

Dentsu reported that 40% of GLP-1 users were investing in beauty products. Its overall U.S. study included 1,000 consumers, but the public report does not disclose the GLP-1-user cell or detailed sampling method, so the statistic is directional. [5]

Reddit discussions repeatedly connect facial change with new skincare routines, renewed makeup use, uncertainty and a desire for credible advice. These posts supply language and edge cases, not prevalence. [15]

Consumer implications

- A change in face or body can create a new problem-recognition moment among people who previously had minimal beauty routines.
- Makeup may function as confidence restoration and identity experimentation, not simply concealment.
- Consumers may struggle to separate the effects of medication, weight loss, age, hydration, nutrition and menopause.
- Hair, facial skin and body skin should be studied together; consumers may experience them as one transformation journey.
- Price is a real constraint: KFF found affordability difficult for 56% of ever-users, while aesthetics providers reported that concern can rise even as many patients reduce category spending. [1] [6]

Implications and examples

The following are proposed offers to test, not measured market outcomes.

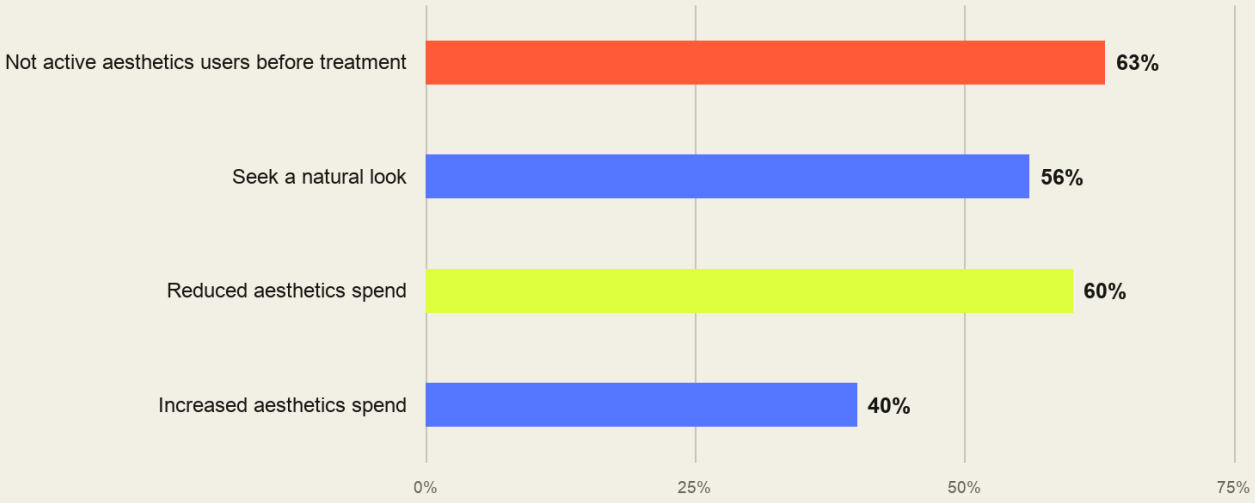
Opportunity	What it could look like	Guardrail
Transition skincare	Simple barrier-support and hydration routines organized by concern and stage of change.	Do not imply that ordinary cosmetics prevent or treat medication effects.
Makeup for a changing face	Education on texture, hydration, placement and rediscovering color or style.	Avoid “fixing” language and before/after shame.
Hair-support navigation	A decision tree linking consumers to a dermatologist, nutrition professional or appropriate cosmetic support.	Do not promise regrowth or diagnose causes.
Body-care systems	Body moisturization, massage, sun protection and apparel-comfort routines.	Distinguish comfort and care from unsupported skin-tightening claims.
Beauty consultation	A low-pressure service for people rebuilding a routine after major weight change.	Train staff on privacy, age, race, gender and weight stigma.

Research questions

- Which beauty categories actually gain spend, and at what stage of the journey?
- Do users want GLP-1-explicit products, post-weight-loss language or no medical framing at all?
- What portion of demand is new category entry versus switching or trading up?
- How do experiences differ by age, gender, race, menopause status, rate of change and prior beauty engagement?

4. Medical aesthetics

Concern can rise while available budget falls



Source: McKinsey survey of 174 U.S. aesthetics providers, Dec. 2024. Recreated by Schieber Research. Provider reports are not direct patient responses.

In McKinsey's December 2024 survey of 174 U.S. aesthetics providers, 63% of GLP-1 patients seeking facial products or procedures were not active aesthetics users before treatment. Roughly half of that group had never considered aesthetics; the remainder were prior fence-sitters who converted. The finding signals both new demand and demand pulled forward. [6]

Providers most often reported skin laxity, skin quality and facial fullness concerns; 56% said patients sought a natural look while 44% were open to a new look. These are provider perceptions rather than direct patient responses. [6]

Providers reported that 60% of patients reduced overall aesthetics spending while 40% increased it. Concern can rise while available budget falls. [6]

This split may favor education, sequencing, lower-cost entry points and transparent expectations over aggressive packages.

Implications and examples

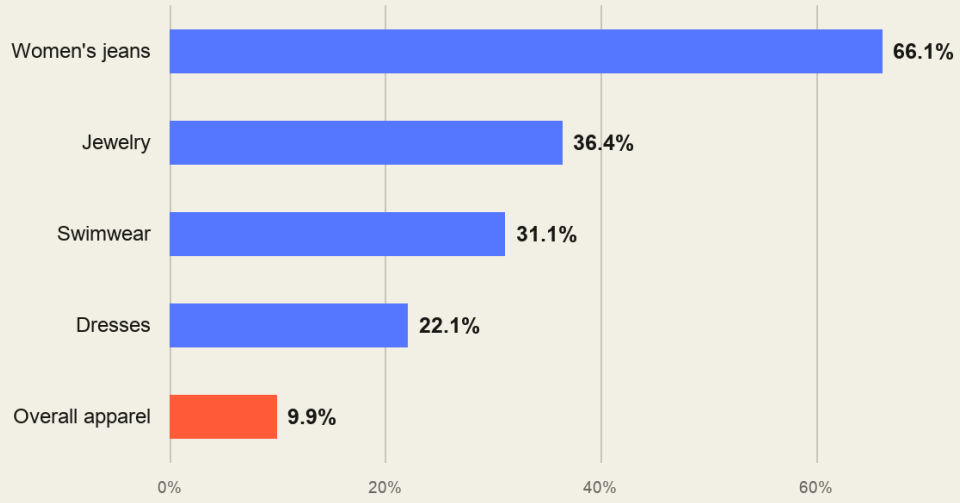
- Offer staged consultations that distinguish immediate concern from the best timing for intervention.
- Build pathways from skincare and dermatology to minimally invasive and surgical options, rather than treating each as a separate sale.
- Create tiered plans focused on education, skin quality, monitoring and optional procedures.
- Train providers to discuss natural restoration versus reinvention as different goals.
- Measure satisfaction, regret and perceived pressure - not just procedure conversion.

RISK TO AVOID Fear-based messaging can monetize vulnerability while intensifying body surveillance. The trust premium will belong to providers who are clinically grounded, transparent about uncertainty and comfortable recommending no procedure.

5. Apparel and footwear

AI-generated editorial image / Schieber Research

Post-initiation spending changes among GLP-1 households



Source: PwC 2026 GLP-1 Usage & Attitudes Survey and Numerator transaction panel (~110,000 households). Recreated by Schieber Research. The public write-up does not describe a matched non-user control.

Among PwC's 1,063 current-user respondents, 73% reported a meaningful clothing-size change and 26% were spending more overall. PwC's analysis of roughly 110,000 GLP-1 households found that apparel spending increased 9.9% after six to eight months; its public write-up does not describe a matched non-user control. Circana reported that 55% of active users had purchased new clothing or footwear, while about one-quarter had refreshed wardrobes for appearance. [2] [4]

PwC's Numerator transaction analysis found post-initiation increases among GLP-1 households in women's jeans of 66.1%, swimwear of 31.1%, dresses of 22.1% and jewelry of 36.4%. [2]

The jewelry increase suggests the transition may stimulate identity expression and accessorizing as well as fit-driven replacement.

PwC reports that size change can outpace willingness to commit to a new wardrobe, creating a period of practical replacement and purchase hesitation. [2]

Clothing can become physically necessary before the consumer knows where the body will stabilize. Reddit discussions describe clearance shopping, thrifting, pins, elastic waists, capsule wardrobes, reluctance to invest and the emotional work of learning what suits an unfamiliar body. [12] [13]

> *"I feel like I lost so much of my identity wearing boring clothes for so long."*
>
> A user describing wardrobe rebuilding as identity recovery, not only size replacement. View discussion

Implications and examples

- Size-exchange guarantees for loyalty members during a defined transition window.
- Alteration credits, repair services and "resize before replace" consultations.
- Flexible-fit capsules using adjustability without presenting them as medical products.
- Rental, resale or trade-in programs for transitional wardrobes.
- Fit tools that acknowledge uncertainty and help consumers choose what will work now and later.
- Merchandise planning that monitors changing size curves, return reasons and time since customer acquisition.

What to measure

- Time from treatment initiation to first apparel purchase and to wardrobe rebuild.
- Temporary versus investment purchases; full-price versus thrift, rental or clearance.
- Size-down returns, exchanges, alteration demand and category mix.
- Entry into previously unavailable brands, stores or styles.
- Fear of regain and retention of old clothing.

6. Travel and leisure

AI-generated editorial image / Schieber Research

No large, disclosed-user-base study directly establishes a GLP-1 travel boom. Dentsu reported that 32% of users increased domestic travel and 37% felt more comfortable traveling with others, but its public report discloses only the total study base of 1,000 U.S. consumers, not the GLP-1-user cell. [5]

Qualitative health research and public discussions describe increased endurance, improved breathing, greater comfort in airplane seats, more confidence in photographs and social settings, and willingness to attempt activities previously avoided. They also surface logistical questions about medication storage, temperature, dose timing, side effects, hydration and eating adequately during active itineraries. [9] [14] [17]

Luxury travel providers are experimenting with smaller portions, protein- and plant-forward meals, portion flexibility, expanded nonalcoholic choices and wellness programs for current or former users. These offerings show market response, not consumer uptake or clinical effectiveness. [29] [30] [31]

Implications and examples

These service responses should be tested as broadly useful hospitality design, with explicit GLP-1 framing offered only when it adds value.

Consumer need	Service response to test
Medication confidence	Plain-language pre-trip guidance, discreet storage options and escalation to official manufacturer or clinician information.
New physical capability	Itineraries tiered by real walking, terrain and rest requirements rather than vague “easy/moderate” labels.
Nutrition flexibility	Smaller nutrient-dense portions, protein- and fiber-forward choices, hydration, mocktails and flexible meal timing without a stigmatizing “GLP-1 menu.”
Changing body and wardrobe	Rental, packing and swimwear guidance that accommodates uncertain sizing.
Social comfort	Experience-led packages where food is available but not the central value proposition.
Side-effect uncertainty	Flexible cancellation, room selection, rest periods and easy access to facilities without singling users out.
Renewed participation	Beginner-friendly active trips, wellness retreats and intergenerational experiences.

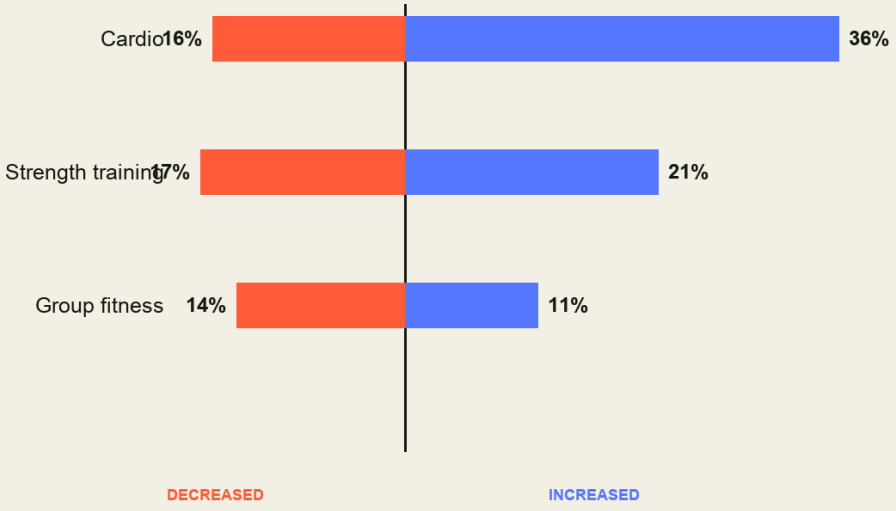
Research questions

- Does travel frequency increase, or do existing trips become more active and socially comfortable?
- Which previously avoided experiences become newly attainable?
- Do travelers want explicit GLP-1 menus or universally available smaller, nutrient-dense options?
- Are medication logistics a minor planning task or a material deterrent?
- How do travel effects differ between early treatment, maintenance and lapsed use?

7. Fitness, mobility and wearables

AI-generated editorial image / Schieber Research

Movement is changing in both directions



Source: PwC 2026 GLP-1 Usage & Attitudes Survey. Recreated by Schieber Research. Self-reported changes among current users.

PwC reported that 36% of current users increased cardio activity while 16% decreased it; 21% increased strength training while 17% decreased it. Forty-one percent had never strength trained. Group-fitness use also moved in both directions: 14% decreased it and 11% increased it; 15% reported using wearables for support. [2]

Circana reported a 20-point increase in a monthly wearable-spending metric during active use versus non-users, but the public article does not define the metric clearly enough to treat it as a verified percentage gain. [4]

An eight-participant qualitative study, all women with an average age of 42, described medication journeys involving repeated prior attempts, mobility limitations and a renewed sense of control. The study illuminates experience; it cannot estimate prevalence. [7]

The commercial opening may be built around novice confidence, capability and muscle-supportive behavior rather than weight-loss intensity.

The quotation below is an individual account, included to expose a motivation worth testing.

> *"The support, social environment and feeling strong have been so important to my success."*
>
> A user describing a gym designed for older adults and the value of social support. View discussion

Implications and examples

- A beginner strength pathway with assessment, low intimidation and progression tracking.
- Programs organized around mobility, balance, strength and daily function instead of calories burned.
- Frame fitness as skill, strength, endurance and embodied authorship: a source of achievement that is distinct from weight loss and does not require punishing exercise to "earn" the outcome.
- Wearable dashboards that interpret trends without medicalizing every fluctuation.
- Trainer education on weight stigma, energy variability, medication privacy and referral boundaries.
- Maintenance memberships that continue after active weight loss or medication discontinuation.

8. Social life, hospitality and relationships

PwC and BCG both report reductions in alcohol-related behavior or spending among some users. Neither source shows that all users reduce alcohol, nor that medication alone caused the change. [2] [3]

Reddit users describe contrasting experiences: loneliness or loss of food-centered ritual for some, and easier social occasions when consumption no longer dominates for others. The direction of the population effect is not established. [16]

Reduced food or alcohol interest may unsettle routines built around restaurants, cocktails and shared indulgence, creating demand for forms of connection in which consumption is available but not central.

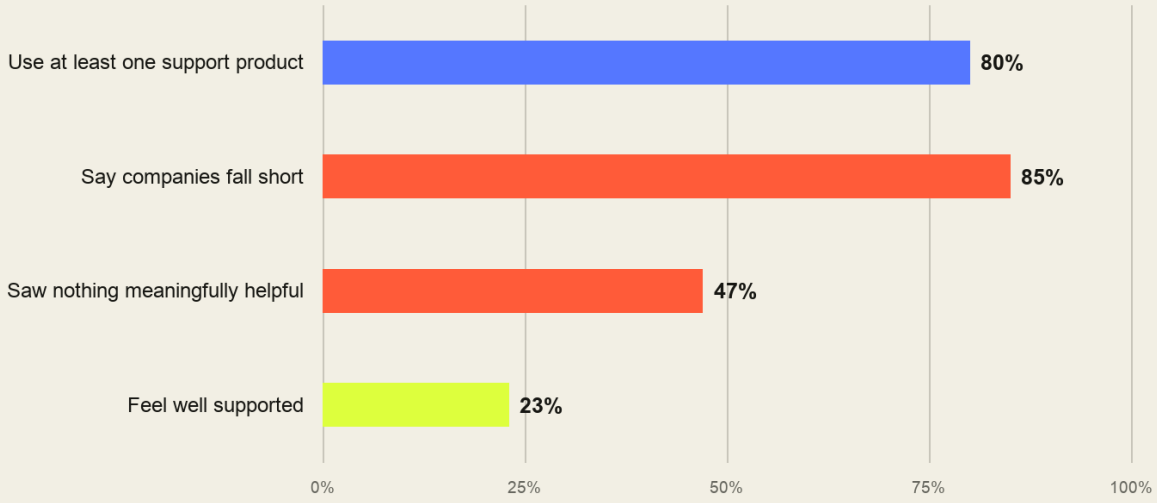
Dating discussions describe increased confidence alongside smaller portions, reduced alcohol, nausea, medication storage, fear of judgment and uncertainty about when a private medical decision becomes relevant to a new partner. [18]

Implications and examples

- Hospitality concepts that make smaller portions, sharing and nonalcoholic choices feel normal rather than exceptional.
- Experiences where connection, performance, culture or play is the primary value proposition and consumption is secondary.
- Dating venues and event formats that are not structured around heavy meals or alcohol.
- Community spaces that support private participation without forcing medication disclosure.
- Marketing that avoids promising desirability, social status or relationship success through weight change.

9. Digital health, retail and support ecosystems

High support use, low support confidence



Source: PwC 2026 GLP-1 Usage & Attitudes Survey. Recreated by Schieber Research. Percentages describe different questions and are not additive.

PwC found that 80% of current and 74% of lapsed users used at least one supporting product, but only 23% felt well supported by current wellness platforms. Twenty-seven percent of current users relied on friends or family, compared with 36% of considerers; 9% used a GLP-1-specific app, and nearly one-quarter were figuring out support largely alone. [2]

PwC reported that 85% believed companies fall short in supporting users and 47% had seen nothing meaningfully helpful. More than 70% expressed willingness to share certain data for personalization, but stated willingness is not the same as informed, sustained consent. [2]

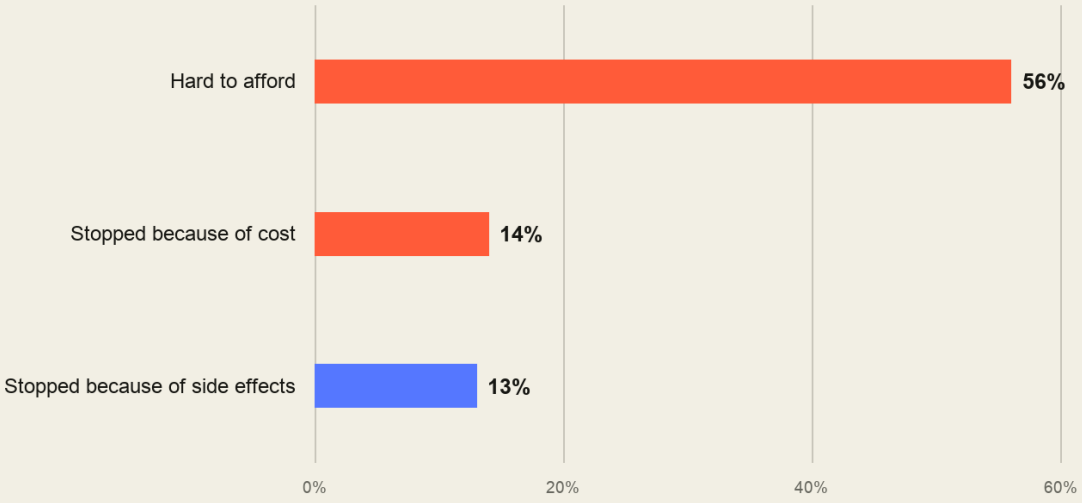
These findings do not automatically justify another standalone app. The stronger opportunity may be coordination: trusted information, clear escalation, privacy controls and links between services people already use.

Implications and examples

- A transition navigator that routes consumers to verified medical information, apparel services, fitness support, beauty guidance and travel planning without making medical recommendations outside scope.
- Retail assortments organized around consumer tasks - hydration, travel, wardrobe transition, strength, personal care - rather than a stigmatizing “GLP-1 aisle.”
- Preference controls that let consumers choose whether they want explicit GLP-1 framing.
- Lifecycle support for current, maintenance, lapsed and restarting users.
- Evidence labels that separate clinical guidance, survey evidence, qualitative signals and brand claims.

10. Financial services and employer benefits

Affordability is a ceiling on downstream opportunity



Source: KFF Health Tracking Poll, Nov. 2025; n=1,350 adults. Recreated by Schieber Research. Stopping reasons are among people who had stopped; sampling error for the full poll is plus or minus 3 percentage points.

In KFF's nationally representative poll of 1,350 U.S. adults (margin of sampling error ±3 percentage points), 56% of ever-users said GLP-1 medication was difficult to afford. Among people who had stopped, 14% cited cost and 13% side effects. [1]

BCG respondents expected roughly one-third of freed food spending to go to savings, one-third to medication copays and one-third to other spending. This is stated allocation intent, not observed household cash flow. [3]

The opportunity is not simply financing medication; it may be helping households understand an unsettled budget in which treatment, wardrobe replacement, wellness services and reduced or shifted consumption interact.

Implications and examples

- Benefits communication that explains coverage, continuity, privacy and total out-of-pocket exposure.
- Budget tools that capture medication, clothing replacement, wellness services and reduced or shifted consumption.
- Flexible spending or rewards tied to broad health-support activities, subject to legal and plan rules.
- Employer programs designed around access and support without monitoring or pressuring employees to lose weight.

TRUST BOUNDARY Health data, weight history and medication status are highly sensitive. Personalization must be voluntary, minimal and clearly beneficial; workplace participation must never become surveillance.

ACTION WITHOUT OVERCLAIMING

ll. What industry leaders should do now

1. Design for transition, not identity

Treat current use, active change, maintenance, lapse and restart as different moments. Consumers may need flexibility during the transition and ordinary products once routines stabilize.

2. Solve the underlying task

A consumer may need an adjustable wardrobe, a travel plan, a beginner strength program or a trustworthy beauty consultation. Explicit medical branding may add stigma without adding utility.

3. Separate evidence from possibility

Publish which claims are supported by transaction data, surveys, qualitative research or hypothesis. Do not turn correlation between medication use and spending into a causal medical claim.

4. Build graceful flexibility

Exchange windows, alterations, modular memberships, flexible cancellation and staged consultations create value under uncertainty.

5. Make discretion a feature

Let consumers choose whether GLP-1 status appears in recommendations, loyalty profiles, consultations or communications.

6. Protect against shame-based growth

Avoid “before” bodies as problems, rapid aging as a fear tactic, or social and romantic success as a promised outcome. The strongest positioning supports capability and agency.

7. Measure persistence

Track which behaviors disappear when medication stops, which rebound and which persist. The durable opportunity may be the habit formed during treatment, not the treatment period itself.

A practical experimentation portfolio

Industry	90-day test	Success signal	Risk level
Apparel	Pilot alteration credit plus extended size exchange.	Lower returns; higher repeat purchase; positive fit confidence.	Low
Beauty	Offer an evidence-labeled transition consultation.	Routine adoption; trust; low pressure to purchase.	Medium
Travel	Add medication-aware planning FAQ and flexibility options.	Higher booking confidence; fewer support contacts.	Medium
Fitness	Launch a beginner strength and mobility pathway.	Adherence, progression and maintenance conversion.	Medium
Retail	Test task-based curation without medical labeling.	Conversion and usefulness across users and non-users.	Low
Aesthetics	Introduce staged consultation and no-procedure pathway.	Trust, appropriate timing and satisfaction.	High

BEYOND THE OBVIOUS CONVERSATION

12. The intelligence agenda

Most GLP-1 commentary stops at weight loss and food consumption. The more consequential market questions sit one or two steps further out: how physical change interacts with identity, mobility, confidence, social rituals, spending and category participation. That is where Schieber Research focuses - on the question behind the question.

THE ROLE Schieber Research is a thought-leadership and strategy partner for leaders who need to see beyond the obvious conversation, connect signals across categories and understand what those connections may mean for the market.

Signals worth connecting

- Body and facial change with beauty concern, experimentation and entry into aesthetics.
- Changing size with wardrobe replacement, purchase hesitation, occasion risk and new forms of fit assurance.
- Improved mobility with travel comfort, active participation and demand for clearer capability information.
- Reduced interest in food or alcohol with changing hospitality rituals, social connection and experience design.
- Medication cost with household trade-offs, discretionary spending and uneven ability to act on newly salient needs.
- Effort-based stigma with confidence, identity lag, the meaning of achievement and the language brands choose.
- Fragmented support with opportunities for coordination across healthcare, retail, fitness, beauty and travel.

How Schieber Research connects the dots

01 / LOOK PAST THE HEADLINE	02 / TRIANGULATE THE SIGNAL	03 / MAKE IT USEFUL
Identify the second- and third-order consumer questions the dominant category narrative overlooks.	Connect credible existing surveys, published research, public consumer conversations, search behavior, retailer observations, company moves and category economics.	Separate measured behavior from emerging signals and hypotheses, then translate the pattern into implications leaders can investigate and act on.

Questions leaders should keep asking

- Which changes are temporary transition effects, and which become durable habits or expectations?
- Which category shifts reflect real behavior, and which are only visible marketing responses?
- How do the effects differ by age, income, indication, life stage, rate of change and prior category engagement?
- What changes for partners, families and other household members around the user?
- Which offers remove friction without medicalizing a private decision or turning medication use into an identity?
- What new evidence would strengthen, complicate or overturn the current thesis?

What would weaken or falsify the thesis

- Access and persistence stall because cost, coverage, side effects or discontinuation keep the affected population from growing or sustaining change.
- Apparel growth is a short replacement pulse that returns to baseline once bodies stabilize, without lasting shifts in style, service or loyalty.
- Travel, fitness, beauty and social behaviors are explained by income, demographics or weight change generally, with no distinct pattern around the GLP-1 journey.
- Behaviors and spending revert rapidly after discontinuation, leaving little durable demand beyond the active-treatment window.
- Medication costs fully offset downstream discretionary spending, so interest rises without commercially meaningful purchasing power.
- Visible product launches and retailer displays prove temporary marketing language rather than sustained consumer adoption.

HOW TO READ THE EVIDENCE

Methodology and limitations

This white paper is a directional synthesis prepared in August 2026. It combines published surveys, commercial consumer and transaction analyses, peer-reviewed qualitative research and selected public Reddit discussions. Sources differ in geography, sampling, timing, user definition, indication and measurement. Results should not be combined into a single prevalence estimate.

Reddit was used as a source of language and hypotheses, not representative incidence. Public posts can overrepresent highly engaged users, unusually positive or negative experiences, and people seeking help. Quotations were shortened, left unattributed by username and linked to their public discussions. Any future collection at scale should comply with Reddit's current terms, privacy requirements and approved access methods. [20]

Many downstream changes associated with GLP-1 use may reflect weight loss, improved health, changing income allocation, concurrent behavior change, social treatment or selection effects rather than a direct pharmacological effect. This paper uses "GLP-1-driven transition" as shorthand for the surrounding consumer journey, not a causal medical assertion.

This paper is not medical advice. Brands should not make treatment claims, diagnose causes of appearance or behavior changes, or substitute commercial content for qualified clinical guidance.

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YOUR PARTNER IN CONNECTING THE DOTS

About Schieber Research

Schieber Research, LLC is an independent consumer research and strategy consultancy for companies that want to understand the market beyond the obvious conversation. The firm connects consumer psychology, cultural signals, competitive movement and category economics - then translates the pattern into sharper decisions, stronger propositions and more human experiences.

The firm is led by consumer expert **Hamutal Tula Schieber**, who brings 26 years of research and strategy experience to questions at the intersection of consumer psychology, culture and business growth. She is known for bringing question marks to a world filled with exclamation points: challenging the obvious story, finding the tension underneath it and identifying what leaders need to understand next.

Her work spans consumer insight, competitive intelligence, trend foresight and emotional strategy across CPG, beauty, wellness, technology, automotive, hospitality and other consumer-facing industries. Across thousands of projects, Schieber Research has helped global brands and growth teams anticipate change, clarify opportunity and act with greater confidence - as a partner in connecting the dots.

26	1000s	Global
YEARS OF RESEARCH + STRATEGY	PROJECTS	PERSPECTIVE

This white paper reflects the firm's approach: combine measured evidence with real consumer language, distinguish signals from conclusions and follow the implications beyond the category where the change first appears.

Prepared by Schieber Research, LLC / August 2026

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THE QUESTION BEHIND THE QUESTION

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Connect the signals.
Find what matters next.

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