



PATIENTS WHO PERSIST:
**WHAT DIABETES
PATIENT STORIES
REVEAL ABOUT THE
GLP-1 TREATMENT
JOURNEY**

A look at nearly 600 patients and
their diabetes management journey
using a GLP-1.

INTRODUCTION

It feels like GLP-1s are everywhere in U.S., from Super Bowl commercials to exam rooms. Yet within a year of starting what is intended to be a long-term treatment, roughly three in four diabetes patients have stopped. ([IQVIA 2025, November](#)).

Most of what we know about patient adoption and the adherence drop-off that follows comes from claims data, clinical trials, and discontinuation analyses. Yet, the patient experience that drives initiation followed by successful adherence remains surprisingly under-examined.

To more deeply understand the latter, Thrivable collected 3,500 open-ended audio responses from 591 current GLP-1 patients using a GLP-1 to manage their T1 and T2 diabetes.

What emerged was not a story of a system that works. It was a story of patients who succeed despite the system, not because of it.

The full report, titled *What Patient Stories Reveal About Their GLP-1 Journey* follows patients through four stages of their treatment journey. Taken together, these four stages tell a story that claims data and trial enrollment cannot.

This preview examines how patients persist through vague class awareness, low-information prescribing conversations, and often self-supported titration and stabilization. The three in four who discontinue are likely hitting the same friction with less resilience.

Four Stages of the Patient Journey

AWARENESS:
Directional,
Not Contextual

PRESCRIBING:
Patients Leave
Unprepared

TITRATING:
Crisis That Could
be Calibration

STABILIZATION:
Life-Changing in
Several Ways



ABOUT THE STUDY

Total Sample

591

current GLP-1 users who were motivated to start a GLP-1 primarily to manage their diabetes

Study Details



Fielded from Thrivable's 130,000 cardiometabolic patient panel



15-minute survey



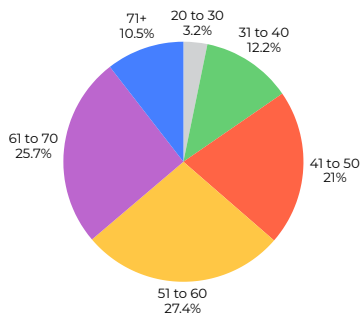
3,500 open-ended audio recorded responses with minimal quantitative questions



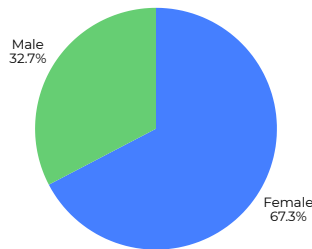
Fielded November 16, 2025 – November 19, 2025

Demographics

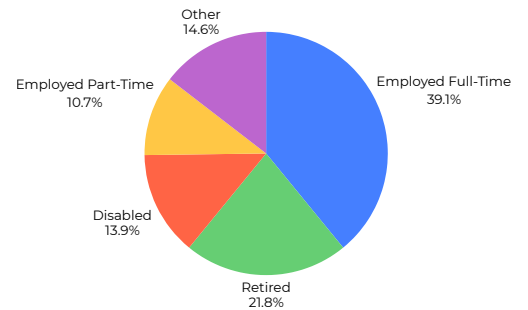
Age



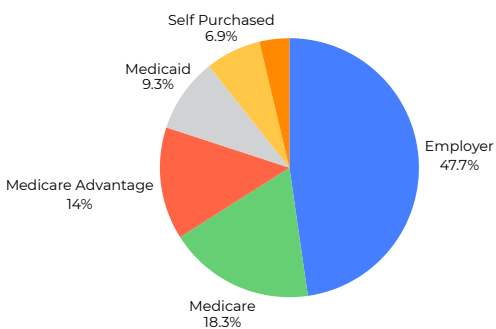
Sex



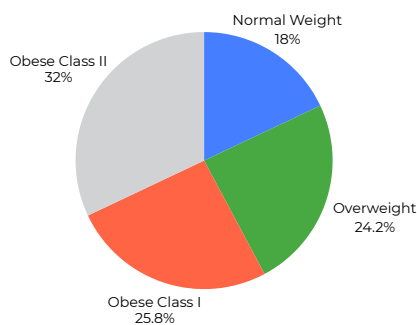
Employment



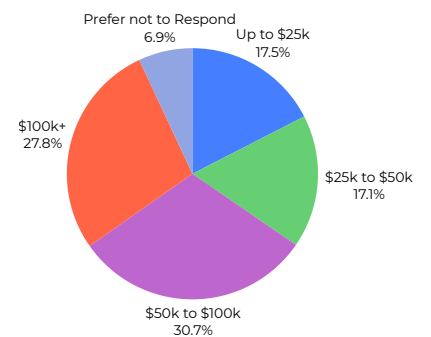
Insurance



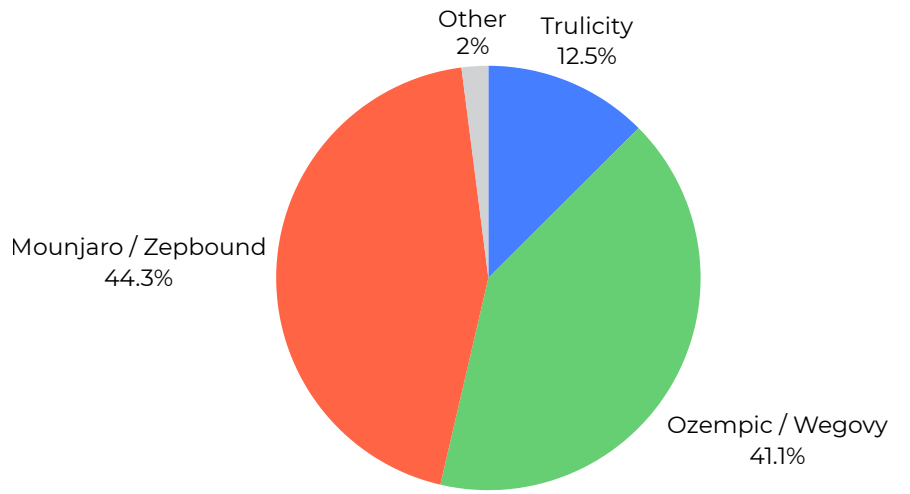
BMI



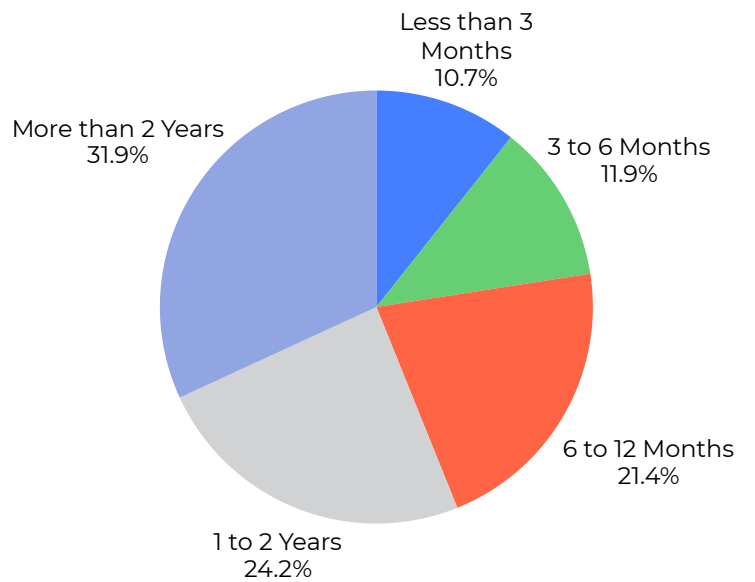
Annual Household Income



Current GLP-1 Brand

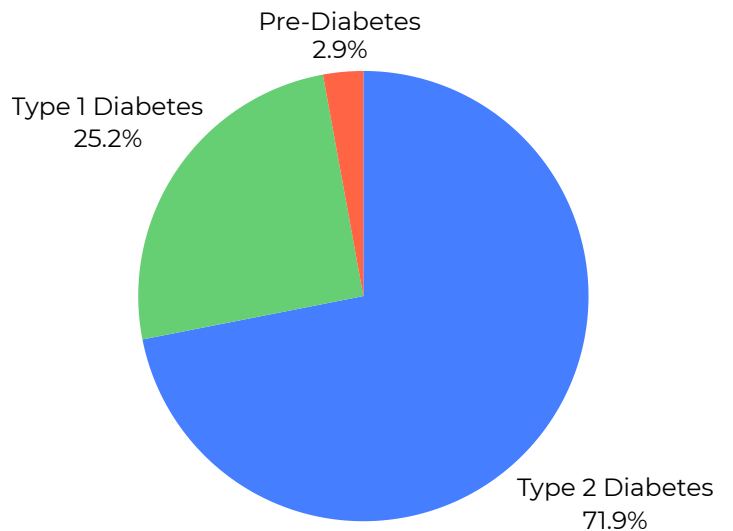


Length of Time on Current GLP-1 Brand



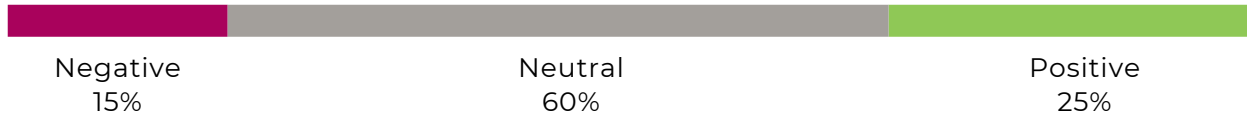
Diabetes Type*

*GLP-1s are not indicated for type 1 or pre-diabetes. We have included them in this dataset because some companies are interested in the impact of GLP-1s on tangential products.



Minimal and Vague Expectations

How patients feel about GLP-1s before starting. (n=514*)



*Only includes patients who started current GLP-1 between 2023 and 2025.

Despite climbing GLP-1 class awareness, awareness is not the same as understanding. The single most recognizable theme in the dataset was some version of “I had heard of a GLP-1 but had no impression of them.”

More than half of patients arrived at their prescribing visit with a neutral opinion — they had heard of the class, but had not given it serious thought.

Among the 15% who walked in with a negative impression, side effects dominated — but not in the way you’d expect.

In the full report we examine exactly how the fear of side effects presents itself and what ultimately pushes patients to start a GLP-1.

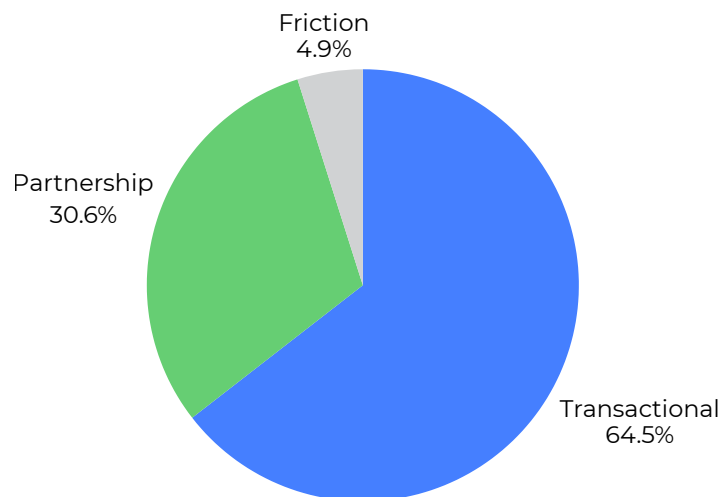
“I didn’t really know much about GLP-1s. I’d just heard they help with blood sugar and weight, but I wasn’t sure what to expect.”

— Female, Type 2, Trulicity



Prescribing Conversations were Brief, Direct, with Minimal Pushback.

How patients described their prescribing experience
n=552*



*Removed unintelligible responses

Two-thirds of GLP-1 conversations were initiated by HCPs. Although there were differences between HCP and patient-initiated conversations, evaluation of open-ended responses revealed three types of prescribing experiences:

- Transactional was the most common in aggregate. The HCP suggested, the patient agreed, or vice versa.
- Partnership was more common among patient-initiated conversations. HCPs took time to proactively explain, listen, and address concerns.
- Friction was rare. In general, there was little pushback, refusal, or the need to be convinced.

Prior research tells us that cost, side effects, and titration challenges are what underpins early discontinuation. In our analysis, these topics are seldom addressed by HCPs. Fewer than 20% of conversations referenced any of these concerns.

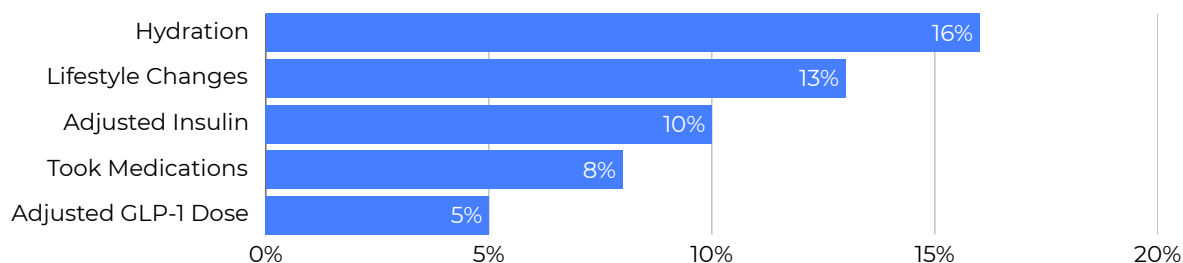
In the full report, we examine how prescribing experiences differed by gender and by who initiated the conversation, and how it impacts HCP education and brand support.

“[My HCP] basically just said ‘Here. You’re gonna use this. This is what it does.’ I didn’t really have any questions. I don’t really question my doctors. I figure they know what they’re doing.”

— Male, Type 2, Ozempic

Adjusting Dosage Was Rarely the Answer to Managing Side Effects.

How patients managed side effects in the first three months. (n=224*)



*Patients who mentioned side effects as a Titration-phase challenge.

Half of patients (46%) named side effects as their biggest challenge in the first three months. Among the 224 patients who described side effects as a Titration-phase challenge:

- Three-quarters reported no active management approach at all. They simply “waited it out.”
- Lifestyle changes came in next, followed by insulin adjustment.

The surprising finding was that only 5% mentioned adjusting the GLP-1 dose itself. The single most evidence-backed intervention for tolerability is the one patients least often reach for.

Patients that persisted through the Titration phase into Stabilization, learned to adjust their insulin, CGM, and pump usage not only to manage their diabetes, but also to reinforce the control they were gaining over it.

In the full report we examine how patients adjust their app, device, and medication usage, what impacts staying intention, and brand switching trends.

"I had a lot of issues with sulfur burps and bloating, but after a few months, the side effects went away on their own — but they were initially very bad."

— Female, Type 2, Mounjaro

PATIENT VERBATIMS

What Does the GLP-1 Journey Sound Like from the Patient Perspective?

Awareness

"I was really scared before starting a GLP-1 because there was a rumor that it would make you very, very sick."

— Female, Type 2, Mounjaro

Motivation

"Mounjaro was a last resort before having to go on insulin and I absolutely do not want to go on insulin, so I was willing to try it."

— Female, Type 2, Mounjaro

HCP Partnership

"My endocrinologist went over everything — dosages especially — and how to start. We found out that my insurance does cover it with a \$20 copay."

— Female, Type 2, Ozempic

Challenges

"I stopped taking Ozempic because it got too expensive. The price went through the roof and insurance did not cover the gap."

— Male, Type 2, Ozempic

Successes

"I feel more balanced emotionally. Having fewer highs and lows helps me stay focused and avoid getting overwhelmed by small things."

— Male, Type 2, Wegovy



KEY TAKEAWAYS

The patients in this dataset persisted in spite of vague GLP-1 awareness, brief prescribing conversations, and unsupported titration. But the verbatims also surfaced clear bright spots — HCPs who went above and beyond to support their patients and patients who overcame challenges to achieve unexpected benefits.

1

Pre-treatment education is critical.

Patients are coming into prescribing experiences aware but not informed. Without a reliable source of information about what's to come, they risk abandoning the treatment before it even starts working.

2

Focus on the first 90 days.

Variability is high and support can be thin, especially when it comes to titration guidance.

3

Support the whole patient experience, not just the GLP-1.

How patients integrate GLP-1s into their lives is a valuable piece of how they experience success and adjust to challenges.

The full report follows GLP-1 patients from Awareness to Stabilization to uncover long-term adherence drivers, switching motivations, and a replicable path from interest to sustained use.



Unlock the moments that matter most to patients.

Thrivable helps life sciences companies gain a competitive advantage by getting them closer to their patients. Meaningful and representative insights help companies go beyond surface-level data so they can make faster, more confident decisions.

Our products combine a 130,000+ triple-verified patient panel, 100+ years of in-house healthcare research expertise, and deep cardiometabolic market knowledge to deliver best-in-class patient intelligence.

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