Title: Skin Impacts and Tradeoffs of GLP-1 Therapy: Improved Patient-Reported Outcomes of Inflammatory Skin Disease in the Era of "Ozempic Face"

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**Assessing Your Skin, Muscle, Hair, and Nails While on Weight Management Medications**

You are invited to participate in a research study focused on understanding the potential effects of weight management medications on the skin, muscles, hair, and nails.

We are reaching out to people like you, who are currently taking weight management medications, to learn more about the impact these treatments may have on one's skin, muscle, hair, and nails. The goal of this study is to improve care and support for individuals taking weight management medications by understanding how they affect the skin, muscle, hair, and nails.

**Eligibility Criteria:**
You may be eligible to participate if you are currently taking medication(s) to manage your weight. Some examples include:

- Bupropion HCl (Wellbutrin®, Zyban®)
- Dulaglutide (Trulicity®)
- Liraglutide (Victoza®, Saxenda®)
- Metformin
- Naltrexone HCl/Bupropion HCl (Contrave®)
- Naltrexone (Vivitrol®)
- Orlistat (Xenical®, Alli®)
- Phentermine/Topiramate (Qsymia®)
- Phentermine (Adipex-P®, Lomaira®)
- Semaglutide injection (Ozempic®, Wegovy®)
- Semaglutide tablets (Rybelsus®)
- Tirzepatide (Mounjaro®, Zepbound®)
- Topiramate (Topamax®, Trokendi®, Qudexy®)

**Study Details:**

**Who is Sponsoring This Research:** This study is not externally funded or sponsored.

**Time Involvement:** This survey will take approximately 5-10 minutes to complete.

**Risks and Benefits:**
There are no anticipated physical risks associated with this study; however, there are potential emotional risks related to answering survey questions. Some participants may feel discomfort when reflecting on personal health experiences, particularly those concerning the impact of medications on skin, hair, muscles, or nails. This may evoke emotional responses for some individuals. While there are no direct benefits to you for participating, the long-term benefit of this study could be a deeper understanding of how these medications affect skin, hair, muscles, and nails, ultimately helping healthcare providers deliver better care to those using these medications.

Additionally, there is a potential risk of loss of confidentiality. To minimize this, all data is collected anonymously and stored securely on encrypted MGB/Partners servers. Only limited demographic information (e.g., age, sex, and ethnicity) will be collected to help contextualize the results, and no personal identifiers (such as names or dates of birth) will be recorded. Of note, you are free to skip any question or stop the survey at any time.

**Confidentiality and Data Security:**

Your participation will be entirely confidential. The survey will be conducted through RedCap, a secure system that encrypts your data. All responses will be anonymous, and only the research team will have access to the data.

The survey will ask about your experiences with your weight management medication(s), specifically potential effects on your skin, muscle, hair, and nails. Although this is considered sensitive information, it will only be used for research purposes. Your personal identity will not be revealed in any study results. The information you provide will not be used in your clinical care or shared with your healthcare provider. This research is solely focused on understanding how weight management medications affect the body outside of clinical treatments.

**Participation and Compensation:** Your participation is voluntary, and you may choose not to participate or withdraw at any time without your decision affecting the care you receive from your healthcare providers. Participation in this study will not affect your treatment or care.

**Next Steps:**

If you agree to participate in this study, please proceed with the survey.

Thank you for considering this important study!

**Section 1: Information about current medication(s)**

1. **What medication(s) are you currently taking to manage your weight?**

   [select all that apply]

   - Bupropion (Wellbutrin®, Zyban®)
   - Dulaglutide (Trulicity®)
   - Liraglutide (Victoza®)
   - Liraglutide (Saxenda®)
   - Metformin
   - Naltrexone / bupropion (Contrave®)
   - Naltrexone (Vivitrol®)
   - Orlistat (Xenical®, Alli®)
   - Phentermine/topiramate (Qsymia®)
   - Phentermine (Adipex-P®, Lomaira®)
   - Semaglutide injection (Ozempic®)
   - Semaglutide injection (Wegovy®)
   - Semaglutide tablets (Rybelsus®)
   - Tirzepatide (Mounjaro®)
   - Tirzepatide (Zepbound®)
   - Topiramate (Topamax®, Trokendi®, Qudexy®)

2. **What dose of metformin are you currently taking?**
   - 500 mg daily
   - 700 mg daily
   - 1,000 mg daily
   - 1,500 mg daily
   - 2,000 mg daily
   - Other, please explain (provide dosage/frequency):

3. **How long have you been taking this medication?**
   - Under 6 months
   - 6-12 months
   - 1-2 years
   - >2 years

**Section 2: Information about Personal Health**

4. **Which of the following medical conditions do you have?**

[select all that apply]

* must provide value

- Arthritis
- Fatty liver / liver disease
- Heart disease
- High blood pressure
- High cholesterol
- Obstructive sleep apnea (OSA)
- Polycystic ovary syndrome (PCOS)
- Prediabetes
- Type 2 diabetes
- Other

I do not have any medical conditions

**5. What is your height? (Please enter in feet and inches, e.g., 5' 9")**

* must provide value

**6. What was your highest non-pregnant weight (in pounds)?**

* must provide value

**7. What was your weight before starting weight management medication(s)? (in pounds)**

* must provide value

**8. What is your current weight? (in pounds)**

* must provide value

**9. Did you have any skin conditions prior to starting weight medication(s)?**

* must provide value

Yes

No

reset

**10. Do you have any new skin concern(s) since starting weight medication(s)?**

* must provide value

Yes

No

**Section 3: Changes in your skin, muscle, hair and nails while on GLP1 and other weight management therapies**

**11. Have you noticed changes in your hair since starting weight management medication(s)? Changes may include:**

[select all that apply]

* must provide value

- o Increased hair length (hair growing longer than before)
- o Increased hair fullness/thickness
- o Increased hair shedding or hair loss
- o Decreased hair length (hair does not grow as long as before)
- o Decreased hair fullness/thickness
- o Dull or brittle hair
- o Changes in hair texture
- o Other, please explain:
- o I have not noticed any changes in my hair since starting weight management medication(s)
- o Please feel free to share any additional thoughts or comments you have regarding your answer to the above question:

Expand

**12. Have you noticed changes in your face since starting weight management medication(s)? Changes may include:**

[select all that apply]

must provide value

- o Decreased volume (thinner, more hollow face)
- o Increased signs of aging, such as more lines and wrinkles
- o Increased skin laxity/sagging skin
- o Hollowing of temples
- o Hollowing of cheeks
- o Abnormal/asymmetrical fat distribution
- o Sagging of the jawline and/or neck
- o Other, please explain:
- o I have not noticed any changes in my face since starting weight management medication(s)
- o Please feel free to share any additional thoughts or comments you have regarding your answer to the above question:

Expand

**13. Have you noticed changes in your body since starting weight management medication(s)? Changes may include:**

[select all that apply]

* must provide value

- o Abnormal, asymmetrical, or uneven fat distribution
- o Decreased muscle mass/strength
- o Impaired balance or coordination
- o Increased appearance of cellulite

- Increased sagging/loose skin
- Reductions in the appearance of cellulite
- Improved balance or coordination
- Increased muscle mass, strength
- Reductions in sagging/loose skin
- Other effects on the face or body you may have noticed (please specify location):
- I have not noticed any changes in my body since starting my weight management medication(s)
- Please feel free to share any additional thoughts or comments you have regarding your answer to the above question:

Expand

**14. Have you noticed changes in the quality of your skin since starting weight management medication(s)? Changes may include:**

[select all that apply]

* must provide value

- Increased acne
- Increased dullness
- Increased dryness
- Increased fine lines or wrinkles
- Increased skin discoloration
- Decreased acne
- Decreased dullness
- Decreased dryness
- Decreased fine lines or wrinkles
- Improved skin discoloration
- Other changes in the appearance or texture of your skin? Please explain:
- I have not noticed any changes in the quality of my skin since starting my weight management medication(s)
- Please feel free to share any additional thoughts or comments you have regarding your answer to the above question:
- Expand

**15. Have you noticed changes in your nails since starting weight management medication(s)? Changes may include:**

[select all that apply]

* must provide value

- Indentations/concavities in the nail beds
- Changes in nail color
- Brittle nails
- Decreased nail growth
- Increased nail growth
- Reductions in nail discoloration
- Other, please explain:
- I have not noticed any changes in my nails since starting my weight management medication(s)

- Please feel free to share any additional thoughts or comments you have regarding your answer to the above question:
- Expand
- Do you have any additional thoughts or comments that you would like to share?

**Section 4: Demographic Information**

**16. What is your age?**

* must provide value

**17. What is your gender?**

* must provide value

**18. Do you identify with any of the following ethnicities/races?**

- [select all that apply]
  - must provide value
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other, please explain:

**19. Are you open to being contacted for research-related opportunities in the future? If yes, please provide your email address.**

* must provide value

- Yes
- No
- reset

You have completed the survey.

Thank you again for your time!