

Table S1. Sample characteristics

	Total eligible sample	Consented to participate in GLP-1RA module	Imputed (analysed) data ¹
Unweighted <i>n</i>	5,893	5,260	5,893
Age (years)			
Mean (SD)	48.5	48.9	48.5
18-24	12.1	11.6	12.1
25-34	17.0	16.5	17.0
35-44	16.0	16.0	16.0
45-54	16.2	16.4	16.2
55-64	15.7	16.1	15.7
≥65	23.0	23.4	23.0
Missing	0	0	0
Gender			
Man	48.5	47.8	48.7
Woman	50.5	51.3	50.7
In another way	0.6	0.6	0.6
Missing	0.4	0.3	0
Ethnicity			
White	84.6	85.7	85.2
Black	4.8	4.6	4.9
Asian	5.2	4.8	5.3
Mixed/multiple	3.1	3.0	3.2
Other	1.5	1.3	1.5
Missing	0.7	0.6	0
Occupational social grade			
ABC1 (more advantaged)	55.9	56.3	55.9
C2DE (less advantaged)	44.1	43.7	44.1
Missing	0	0	0
Financial situation			
Living comfortably	27.0	27.4	27.2
Doing alright	32.5	32.5	32.7
Just about getting by	25.6	25.9	25.7
Finding it quite difficult	8.7	8.6	8.8
Finding it very difficult	5.6	5.2	5.6
Missing	0.6	0.4	0
Economically inactive due to long-term illness or disability			
No	94.0	94.0	94.4
Yes	5.6	5.5	5.6
Missing	0.5	0.4	0

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Table S1. *Continued*

	Total eligible sample	Consented to participate in GLP-1RA module	Imputed (analysed) data ¹
Smoking status			
Never	53.0	53.3	53.3
Former	29.9	30.7	30.0
Current	16.7	15.6	16.7
<i>Missing</i>	0.5	0.4	0
Level of alcohol consumption (AUDIT-C)			
Mean (SD)	3.2	3.3	3.2
0-4	67.4	67.3	69.0
≥5	30.3	30.6	31.0
<i>Missing</i>	2.4	2.1	0
Past-month psychological distress			
None/low	59.2	60.0	60.6
Moderate/severe	38.4	38.1	39.4
<i>Missing</i>	2.4	1.9	0
History of eating disorders ²			
No	88.5	91.7	95.8
Yes	3.9	4.1	4.2
<i>Missing</i>	7.7	4.2	0

Data are presented as weighted percentages, unless otherwise specified.

¹ Missing data were imputed using multiple imputation with chained equations (5 imputed datasets).

² History of eating disorders was only assessed in February 2025 ($n=1,961$); missing cases do not include those surveyed in other waves.

Gender-stratified results

Prevalence of GLP-1RA use

When stratified by gender (**Table S2**), use of GLP-1RAs to support weight loss was consistently higher among women than men across most subgroups. However, there were some differences in subgroup patterns. Among men, prevalence appeared to be higher among those from more disadvantaged socioeconomic groups (i.e., those from occupational social grades C2DE, those finding it difficult to manage financially, and those not in work due to long-term illness or disability), whereas prevalence was more similar or showed the opposite pattern among women. In addition, the association between eating disorders and higher prevalence of use of GLP-1RAs for weight loss appeared to be driven by men, with little difference by eating disorder history among women. However, we note that 95% CIs were wide, so these gender-stratified results should be interpreted with some caution. The types of GLP1-RAs used by men and women are summarised in **Table S3**.

Interest in using weight-loss medications

When stratified by gender (**Table S4**), interest in using weight-loss medications was consistently higher among women than men across most subgroups. However, there were some differences in subgroup patterns. Differences by age and ethnicity appeared more pronounced among women than men. Differences by financial difficulty, being out of work due to long-term illness or disability, and psychological distress appeared more pronounced among men. In addition, higher alcohol consumption was associated with greater interest in using weight-loss medications among women but not men. However, again, we advise some caution in interpreting these differences on account of the wide 95% CIs.

Table S2. Use of GLP-1 receptor agonists to support weight loss, by participant characteristics – stratified by gender

	Used GLP-1RAs to support weight loss in the past year ¹			
	Men		Women	
	% [95% CI]	OR [95% CI] ²	% [95% CI]	OR [95% CI] ²
Age (years) ³				
18	0.6 [0.1–2.4]	Ref	1.7 [0.9–3.3]	Ref
25	0.9 [0.3–2.6]	1.61 [1.12–2.10]	2.6 [1.7–4.1]	1.50 [1.27–1.74]
35	1.7 [1.0–3.0]	3.04 [1.44–4.64]	4.3 [3.3–5.6]	2.56 [1.89–3.23]
45	2.5 [1.7–3.8]	4.66 [1.54–7.78]	5.9 [4.6–7.6]	3.56 [2.42–4.70]
55	2.6 [1.7–3.9]	4.88 [1.20–8.56]	5.8 [4.5–7.4]	3.48 [2.25–4.71]
65	1.8 [1.1–2.8]	3.30 [0.62–5.99]	3.9 [2.9–5.2]	2.29 [1.38–3.20]
75	0.9 [0.4–2.1]	1.70 [0.00–3.43]	2.0 [1.2–3.5]	1.18 [0.40–1.95]
Ethnicity				
White	1.7 [1.1–2.3]	Ref	4.0 [3.2–4.8]	Ref
Minority ethnic group	1.6 [0.0–3.3]	0.94 [0.32–2.81]	4.0 [2.0–6.0]	1.04 [0.58–1.85]
Occupational social grade				
ABC1 (more advantaged)	1.5 [0.8–2.2]	Ref	4.6 [3.6–5.6]	Ref
C2DE (less advantaged)	2.0 [0.9–3.1]	1.30 [0.58–2.94]	3.2 [2.0–4.5]	0.73 [0.45–1.18]
Financial situation				
Living comfortably	1.8 [0.9–2.8]	Ref	4.0 [2.6–5.4]	Ref
Doing alright	1.3 [0.4–2.2]	0.67 [0.28–1.62]	3.7 [2.5–5.0]	0.94 [0.55–1.58]
Just about getting by	1.8 [0.4–3.2]	0.95 [0.36–2.50]	4.0 [2.4–5.6]	0.99 [0.57–1.71]
Finding it quite difficult	1.3 [0.0–3.2]	0.63 [0.11–3.66]	5.2 [2.2–8.1]	1.24 [0.60–2.57]
Finding it very difficult	3.9 [0.0–8.1]	1.95 [0.61–6.27]	3.7 [0.7–6.6]	0.83 [0.33–2.13]
Economically inactive due to long-term illness or disability				
No	1.5 [1.0–2.1]	Ref	4.0 [3.2–4.8]	Ref
Yes	5.4 [0.8–10.0]	3.02 [1.18–7.71]	3.7 [0.7–6.7]	0.71 [0.29–1.76]
Smoking status				
Never	1.5 [0.7–2.3]	Ref	3.6 [2.7–4.6]	Ref
Former	2.0 [1.0–3.1]	1.36 [0.62–2.98]	5.3 [3.7–6.8]	1.44 [0.94–2.20]
Current	1.8 [0.1–3.5]	1.18 [0.40–3.51]	3.0 [1.1–4.8]	0.75 [0.37–1.54]
Level of alcohol consumption (AUDIT-C) ⁴				
0	1.9 [1.0–3.5]	Ref	4.1 [3.0–5.7]	Ref
3	1.2 [0.7–2.1]	0.63 [0.00–1.38]	3.7 [2.8–5.0]	0.89 [0.45–1.34]
5	1.3 [0.7–2.3]	0.65 [0.00–1.54]	3.9 [2.9–5.1]	0.90 [0.41–1.40]
8	2.1 [1.4–3.3]	1.06 [0.25–1.87]	4.5 [2.8–7.2]	1.02 [0.43–1.61]
11	4.2 [1.8–9.4]	2.05 [0.91–3.19]	5.5 [2.0–13.9]	1.19 [0.14–2.25]

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Table S2. *continued*

	Used GLP-1RAs to support weight loss in the past year ¹			
	Men		Women	
	% [95% CI]	OR [95% CI] ²	% [95% CI]	OR [95% CI] ²
Past-month psychological distress				
None/low	1.5 [0.8–2.1]	Ref	3.3 [2.4–4.2]	Ref
Moderate/severe	2.2 [1.0–3.4]	1.62 [0.77–3.42]	4.9 [3.6–6.1]	1.48 [0.98–2.24]
History of eating disorders ⁵				
No	0.6 [0.1–1.1]	Ref	3.7 [2.4–5.1]	Ref
Yes	4.1 [0.0–12.3]	9.96 [0.98–101.6]	4.5 [0.0–9.6]	1.14 [0.31–4.17]

CI, confidence interval. OR, odds ratio.

¹ Among adults in Great Britain.

² Adjusted for age.

³ Predicted estimates from logistic regression models with age modelled using restricted cubic splines. Note that the models used to derive these estimates included data from participants of all ages, not only those who were aged exactly 16, 25, 35, 45, 55, or 65 years.

⁴ Predicted estimates from logistic regression models with AUDIT-C score modelled using restricted cubic splines. Note that the models used to derive these estimates included data from all participants who provided data on AUDIT-C, not only those who scored exactly 0, 3, 5, 8, or 11.

⁵ History of eating disorders was only assessed in February 2025; analyses were restricted to participants surveyed in this wave.

Table S3. Past-year use of GLP-1 receptor agonists among men and women (≥18y) in Great Britain

		Prevalence, % [95% CI]				
GLP-1RA used in past year	Authorised indication(s) ¹	For any reason	To manage type 2 diabetes	To reduce the risk of heart disease	To support weight loss	Exclusively to support weight loss
Men						
Any GLP-1RA listed below	-	3.6 [2.7–4.5]	1.7 [1.1–2.3]	1.7 [1.2–2.3]	1.7 [1.1–2.3]	0.6 [0.3–1.0]
Saxenda, containing liraglutide	WL	0.4 [0.0–0.7]	0.2 [0.0–0.5]	0.2 [0.0–0.4]	0.1 [0.0–0.2]	-
Wegovy, containing semaglutide	WL, CRR	0.6 [0.2–1.0]	0.2 [0.0–0.4]	0.3 [0.0–0.6]	0.4 [0.1–0.8]	0.2 [0.0–0.4]
Mounjaro, containing tirzepatide	WL, T2D	1.2 [0.7–1.7]	0.6 [0.3–0.9]	0.5 [0.2–0.8]	0.8 [0.4–1.2]	0.4 [0.1–0.7]
Ozempic, containing semaglutide	T2D	1.3 [0.7–1.8]	0.6 [0.3–0.8]	0.7 [0.3–1.1]	0.4 [0.1–0.7]	0.1 [0.0–0.2]
Rybelsus, containing semaglutide	T2D	0.7 [0.3–1.1]	0.6 [0.2–0.9]	0.4 [0.1–0.7]	0.4 [0.1–0.6]	0.0 [0.0–0.1]
Women						
Any GLP-1RA listed below	-	5.3 [4.4–6.2]	1.6 [1.1–2.2]	1.6 [1.0–2.1]	4.0 [3.2–4.8]	2.8 [2.1–3.4]
Saxenda, containing liraglutide	WL	0.3 [0.1–0.6]	0.2 [0.0–0.4]	0.1 [0.0–0.3]	0.1 [0.0–0.3]	0.0 [0.0–0.1]
Wegovy, containing semaglutide	WL, CRR	0.9 [0.5–1.2]	0.2 [0.0–0.5]	0.3 [0.1–0.5]	0.7 [0.4–1.0]	0.5 [0.3–0.8]
Mounjaro, containing tirzepatide	WL, T2D	3.3 [2.6–4.0]	0.7 [0.4–1.1]	0.8 [0.4–1.1]	3.1 [2.4–3.8]	2.3 [1.7–2.9]
Ozempic, containing semaglutide	T2D	1.4 [0.8–2.1]	0.7 [0.3–1.1]	0.5 [0.1–0.9]	0.7 [0.3–1.0]	0.4 [0.1–0.6]
Rybelsus, containing semaglutide	T2D	0.5 [0.1–0.8]	0.4 [0.1–0.7]	0.2 [0.0–0.4]	0.3 [0.1–0.5]	0.1 [0.0–0.2]

CI, confidence interval. GLP-1RA, glucagon-like peptide-1 receptor agonist.

¹ Authorised indications for use in the UK. WL, weight loss. CRR, cardiovascular risk reduction. T2D, type 2 diabetes.

Data shown are weighted estimates of the proportion (with 95% CI) of men and women in Great Britain reporting past-year use of different GLP-1RAs, overall (i.e., for any reason) and stratified by the reason for use. Note that reasons are not mutually exclusive, except 'exclusively to support weight loss', which excludes participants reporting use for any other reason.

Empty cells indicate no participants reported use of the GLP-1RA for that reason.

Table S4. Interest in using weight-loss medication, by participant characteristics – stratified by gender

	Interested in using weight-loss medication in the next year ¹			
	Men		Women	
	% [95% CI]	OR [95% CI] ²	% [95% CI]	OR [95% CI] ²
Age (years) ³				
18	4.4 [2.3–8.0]	Ref	5.8 [3.4–9.7]	Ref
25	5.0 [3.3–7.5]	1.15 [0.91–1.40]	7.5 [5.2–10.5]	1.31 [1.10–1.52]
35	5.8 [4.6–7.4]	1.37 [0.78–1.97]	10.2 [8.4–12.2]	1.84 [1.27–2.41]
45	6.1 [4.6–8.1]	1.46 [0.60–2.32]	11.8 [9.7–14.2]	2.19 [1.30–3.08]
55	5.3 [3.9–7.2]	1.25 [0.37–2.14]	10.5 [8.6–12.7]	1.91 [1.03–2.79]
65	3.7 [2.6–5.1]	0.85 [0.10–1.60]	6.8 [5.5–8.4]	1.19 [0.55–1.83]
75	2.2 [1.2–3.8]	0.50 [0.00–1.19]	3.6 [2.3–5.5]	0.60 [0.04–1.17]
Ethnicity				
White	4.6 [3.6–5.5]	Ref	7.7 [6.5–9.0]	Ref
Minority ethnic group	5.6 [2.4–8.8]	1.09 [0.54–2.23]	11.0 [7.3–14.7]	1.37 [0.90–2.10]
Occupational social grade				
ABC1 (more advantaged)	5.2 [3.8–6.5]	Ref	7.5 [6.2–8.8]	Ref
C2DE (less advantaged)	4.1 [2.7–5.6]	0.81 [0.50–1.31]	9.2 [7.0–11.3]	1.32 [0.96–1.82]
Financial situation				
Living comfortably	2.9 [1.6–4.3]	Ref	5.9 [4.0–7.8]	Ref
Doing alright	4.5 [2.9–6.1]	1.45 [0.81–2.62]	6.7 [4.9–8.4]	1.10 [0.70–1.73]
Just about getting by	5.9 [3.8–8.0]	1.99 [1.10–3.60]	10.8 [8.2–13.5]	1.85 [1.20–2.84]
Finding it quite difficult	6.7 [2.6–10.7]	2.11 [0.87–5.14]	11.5 [7.1–16.0]	1.86 [1.07–3.23]
Finding it very difficult	7.7 [2.0–13.4]	2.41 [0.90–6.47]	10.2 [4.5–15.9]	1.59 [0.78–3.22]
Economically inactive due to long-term illness or disability				
No	4.3 [3.4–5.3]	Ref	8.0 [6.7–9.2]	Ref
Yes	12.7 [5.1–20.4]	2.91 [1.33–6.35]	11.9 [6.7–17.0]	1.26 [0.74–2.16]
Smoking status				
Never	4.3 [3.0–5.6]	Ref	7.4 [5.9–8.8]	Ref
Former	4.6 [2.8–6.3]	1.13 [0.66–1.91]	10.0 [7.5–12.6]	1.45 [1.00–2.12]
Current	6.0 [3.4–8.5]	1.31 [0.73–2.36]	8.1 [4.8–11.4]	1.04 [0.65–1.67]
Level of alcohol consumption (AUDIT-C) ⁴				
0	5.4 [3.6–7.9]	Ref	9.0 [7.1–11.2]	Ref
3	4.3 [3.2–5.8]	0.81 [0.35–1.27]	6.7 [5.2–8.4]	0.71 [0.36–1.06]
5	4.2 [3.1–5.8]	0.78 [0.25–1.31]	7.3 [5.6–9.5]	0.76 [0.36–1.17]
8	4.6 [3.4–6.4]	0.83 [0.30–1.36]	11.8 [8.4–16.3]	1.25 [0.76–1.73]
11	5.4 [2.7–10.4]	0.94 [0.17–1.71]	20.7 [11.2–35.0]	2.33 [1.52–3.15]

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Table S4. *continued*

	Interested in using weight-loss medication in the next year ¹			
	Men		Women	
	% [95% CI]	OR [95% CI] ²	% [95% CI]	OR [95% CI] ²
Past-month psychological distress				
None/low	3.1 [2.1–4.0]	Ref	7.0 [5.6–8.5]	Ref
Moderate/severe	7.9 [5.9–9.8]	2.62 [1.69–4.07]	9.8 [7.7–11.9]	1.33 [0.95–1.85]
History of eating disorders ⁵				
No	4.7 [3.1–6.3]	Ref	8.8 [6.6–11.1]	Ref
Yes	7.4 [0.0–25.7]	1.23 [0.09–16.91]	12.2 [3.0–21.5]	1.32 [0.50–3.50]

CI, confidence interval. OR, odds ratio.

¹ Among adults in Great Britain who had not used a GLP-1RA or other medication for weight loss in the past year.

² Adjusted for age.

³ Predicted estimates from logistic regression models with age modelled using restricted cubic splines. Note that the models used to derive these estimates included data from participants of all ages, not only those who were aged exactly 16, 25, 35, 45, 55, or 65 years.

⁴ Predicted estimates from logistic regression models with AUDIT-C score modelled using restricted cubic splines. Note that the models used to derive these estimates included data from all participants who provided data on AUDIT-C, not only those who scored exactly 0, 3, 5, 8, or 11.

⁵ History of eating disorders was only assessed in February 2025; analyses were restricted to participants surveyed in this wave.

Table S5. Goodness of fit of logistic regression models assessing the odds of use of GLP-1 receptor agonists and GLP-1/GIP compounds to support weight loss, and interest in using weight-loss medication, by participant characteristics

	AUC	
	Used GLP-1 or GLP-1/GIP medication to support weight loss in the past year ¹	Interested in using weight-loss medication in the next year ²
Gender	0.690	0.655
Age	0.690	0.655
Ethnicity	0.692	0.656
Occupational social grade	0.691	0.656
Financial situation	0.692	0.679
Economically inactive due to long-term illness or disability	0.692	0.664
Smoking status	0.703	0.658
Level of alcohol consumption (AUDIT-C)	0.700	0.660
Past-month psychological distress	0.699	0.682
History of eating disorders	0.719	0.661

AUC, area under the curve (an AUC of 1 represents perfect discrimination, while an AUC of 0.5 means the model performs no better than random chance). GLP-1, glucagon-like peptide-1. GIP, glucose-dependent insulinotropic polypeptide.

¹ Among adults in Great Britain ($n=5,893$).

² Among those who had not used a GLP-1, GLP-1/GIP, or other medication for weight loss in the past year ($n=5,657$).