

Mostly Evidence Based

The end of the weight loss culture wars?

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. ...illpower argument just got interesting!



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On the face of it, weight-loss jabs and old-school slimming clubs don't have a lot in common - and anyone who's been watching the weight loss landscape over the last couple of decades would be forgiven for expecting a fightback from the clubs when they realised that GLP-1s really worked.

Were they going to roll over and surrender? Would they pivot to appeal to people who didn't want to take medicine, didn't like the idea of injections or simply couldn't afford the insane cost? Some people were predicting the death of the old-fashioned slimming club model.

But organisations like Slimming World and Weight Watchers (WW) haven't become the multi-million-pound businesses they are today by not adapting to trends and developments. And in December 2023, WW launched its dedicated GLP-1 support programme in the UK, US and Germany, just for people taking GLP-1 medications such as Wegovy, Mounjaro and similar.

Gary Foster, Chief Scientific Officer at WW when the programme launched, explained why, saying that "*people taking GLP-1 medications need help with a different set of behavioural challenges,"* pointing out that reduced appetite, rapid weight loss and a risk of muscle loss meant people had different support needs than were covered on their standard weight loss programmes.

Slimming World, the most popular slimming club in the UK, didn't react to the emergence of GLP-1s at first. The whole ethos of Slimming World is group support based around a low-fat, high-volume 'food optimising' programme - how would that fit with the focus on protein, fibre, hydration and strength training that's become the mantra of the enlightened GLP-1 user?

That question was answered in May 2026, when Slimming World announced that they were doing just that. The new programme is built around the idea that medication helps people lose weight, but changing their habits and behaviour will help them keep it off. Carolyn Pallister, Head of Nutrition, Research & Health at Slimming World, explained,

"We've developed tailored resources for members using medications for obesity, including guidance on nutrition, prioritising protein, staying active, preserving muscle mass, managing side effects and preparing for changes to, or the end of, their prescription,"

Carolyn agrees that the introduction of GLP-1 weight-loss medications has undoubtedly changed the weight management landscape. *"At Slimming World we're seeing a growing number of people choosing to combine medication with behavioural support. While these medications can be effective in helping people lose weight, long-term success still depends on developing sustainable habits around eating, physical activity and mindset"*

She believes that this is where slimming groups have an important role to play. *"Many people recognise that medication can help kick-start weight loss, but building healthy habits is what will help them maintain it and stay healthy too."*

Biology or behaviour?

Weight loss science hasn't suddenly changed - the experts have been talking about the biological causes of weight gain for years now. It's the public understanding that's changing.

The chatter about GLP-1s has brought science into the chat, though, and after decades of debate about whether weight is mostly down to personal choice or biology, traditional weight loss programmes are starting to accept that there's more to it than calories in and calories out, too.

This ties in perfectly with research suggesting that GLP-1 medications should be understood within a **biopsychosocial framework -** a holistic framework that explains health and illness through the interaction of biological, psychological, and social factors. A 2026 review in *Endocrine and Metabolic Disorders* also underlined this, saying that weight loss medication is best used at the same time as lifestyle and psychological support - and that the two approaches aren't in competition.

The complicated truth is that while biology is a driver of weight gain, the most successful losses are paired with changes in habits and behaviours, which is where groups can offer support and advice. The success of the meds shows that biology really does matter - but it's not the whole story.

Cease and resist



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Some people have spent years battling ferocious appetite signals that others barely notice, and there have always been people at slimming club meetings that seem to sail through on 'the programme' losing steadily while others struggle to stay away from the biscuits. Me, I was always on the side of the Hobnobs.

Conversations about weight loss always revolved around self discipline, or lack of it, and 'sticking to the plan' - but now there's a quiet acceptance that it could be a fault in our biology that's making us overeat. Scientist and broadcaster Giles Yeo told The Guardian, "*A lot of people consider obesity as a lifestyle disease; they perceive that being larger than someone else comes down to choice, when this is not the case*."

He also said, "*What really annoys me is when weight loss gurus say things like, "Oh, just replace the chocolate bar with a banana." Now that's a dumb thing to say, because sometimes life demands a banana, and sometimes life demands a chocolate bar."* I totally get that.

One of the big buzzwords of the GLP-1 era is 'food noise' - used to describe persistent, intrusive thoughts about food, eating and weight that can negatively affect wellbeing and quality of life. It's not just an excuse for eating too much - recent studies have seen the idea of food noise change from an abstract concept to something that's part of formal obesity research...which is massively encouraging. Recent research suggests that GLP1s can reduce it - or completely get rid of it.

It's pretty obvious by now that GLP-1s are helping people lose weight. They work on biology, not just psychology - so if they are so effective, why do we need support with behaviour change?

It's not just about the jab

Despite the common "easy way out" or "cheating" accusations, people who just take the medicine and carry on as they were are less likely to be successful than people who actively change their lifestyle when they are using a GLP-1. Ideally, they are a tool - they'll banish the food noise and make you feel fuller, giving you the chance to eat healthily, eat a bit less, stop obsessing about food and get to the gym.

It's true that some people carry on as they were, just eating less food but not changing what they eat or ramping up the strength training. They might still lose weight - the drugs are powerful - but they won't be doing themselves any long-term favours. Studies have shown that people taking GLP-1s need to focus on protein and get strength training to avoid muscle and bone density loss, as well as keeping up fibre intake (they slow your gut transit down, and constipation isn't funny) and drinking enough fluids. People who don't do this are usually the people who experience the worst of the side effects, give up early or damage their body.

Studies have also shown that losing weight on a GLP-1 isn't the end of the journey - it's more of a stopping point. This is because for many people, just stopping GLP-1 treatment can lead to weight regain. There's a conversation to be had about the long-term nature of the treatment and the best maintenance strategies which is for another post.

If appetite becomes easier to manage, what happens next?



Photo by Matt Taylor on Unsplash

This is where the slimming clubs can come into their own. The new programmes are designed to offer advice while losing weight, and support members once they've got to their goal weights. The community aspect is also key, said Carolyn, because human connection matters.

"Losing weight can be challenging emotionally as well as physically - and whether someone is taking weight-loss medication or not, there will be moments when motivation dips, confidence wobbles or life gets in the way.

"Being part of a community of people who genuinely understand what you're going through, sharing experiences, learning from others who've faced similar challenges and celebrating successes together can make a real difference."

Medication and behaviour change don't have to be competing approaches to weight management. While meds can affect biology, influence appetite and switch off the food noise, they can't teach healthy nutrition, cooking skills and recipes. The jabs don't come with advice on how people can deal with stress if they've always turned to food, offer support and coping mechanisms for tough times, or suggest fitness ideas. And even people who don't need advice on how to manage food cravings (because the meds have taken them away) might still want to know how to build a life that supports their health, on or off the medication.

Weight-loss jabs haven't ended the culture wars around weight. But they have exposed the limits of some of its tired old arguments.

The emerging science seems to show that while biology shapes our appetite, behaviour is what shapes our daily choices, and lasting change depends on understanding how they work together.

Instead of asking whether weight loss is down to willpower or biology, we should be asking ourselves, *"What happens when we finally accept that it's both?"*

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