

Do I have to take this forever?

Long-term care. Regular check-ins. Shared decisions.

Many people benefit from ongoing treatment. Your plan can evolve.

You do not have to decide your whole future today. The goal is to protect your progress and health with a plan that remains effective, tolerable, and manageable.

Reaching your goal is a milestone. Maintaining it is treatment, too.

Obesity is a chronic condition. A stable weight can mean treatment is working, just as controlled blood pressure can reflect effective care. Needing ongoing support is not a personal failure.

What the studies show

SURMOUNT-4: average weight loss from original starting weight at week 88



Treatment switched at week 36; both groups continued lifestyle support. Bars start at zero. Treatment-regimen estimates; group averages are not personal predictions. [1]

Semaglutide withdrawal trials also found regain after stopping. In the STEP 1 extension, about two-thirds of prior loss returned over one year on average; structured lifestyle support also ended. [2,3]

Think beyond the scale

Review blood sugar, blood pressure, sleep, function, and other health goals. Some health markers worsened after withdrawal. Other medicines may need adjustment as health improves, always with your clinician. Benefits differ by medicine and condition. [2,3]

A maintenance plan can change

Options may include continuing treatment, discussing a lower dose, or changing therapies. SURMOUNT-MAINTAIN supports lower-dose tirzepatide as an option for some people, although higher-dose continuation worked best overall. Injection spacing has limited evidence and is off-label. If stopping, plan follow-up. [4,5]

Bring these questions to your next visit

Which health benefits are we protecting? Is my dose still right?
Do other medicines need adjusting? What if cost or side effects become a problem?
What should we monitor if treatment changes, and when should I follow up?



[1] Aronne et al. JAMA 2024; doi:10.1001/jama.2023.24945. [2] Rubino et al. JAMA 2021; doi:10.1001/jama.2021.3224. [3] Wilding et al. Diabetes Obes Metab 2022; doi:10.1111/dom.14725. [4] Horn et al. Lancet 2026; doi:10.1016/S0140-6736(26)00656-2. [5] Wu et al. Obesity 2025; doi:10.1002/oby.24302.

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