



The Rise of Pharmacotherapy for Obesity Among U.S. Armed Forces:

Trends in Prescribing Prevalence and Implications for Physical Performance and Readiness

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Agenda



- Background/objectives
- Methods
- Results
- Impacts to readiness
- Conclusion



Background



- More than 20% of active-duty Army service members (SMs) have a body mass index (BMI) of 30 or higher.¹
- Obesity among SMs poses a significant threat to operational readiness and combat effectiveness.¹
- The Department of War (DoW) expanded coverage for obesity medications (OM), particularly incretin-based therapy (e.g., GLP-1 receptor agonists), in 2018.

¹American Security Project. (2023). Combating military obesity. <https://www.americansecurityproject.org/white-paper-combating-military-obesity/>



Learning Objectives



- Analyze the temporal trends of obesity medication prescriptions among U.S. active-duty Army personnel from 2018 to 2025.
- Identify the demographic and service-related factors associated with the use of obesity medications.
- Discuss the potential implications of pharmacotherapy for obesity on the physical performance, readiness, and retention of U.S. Armed Forces.



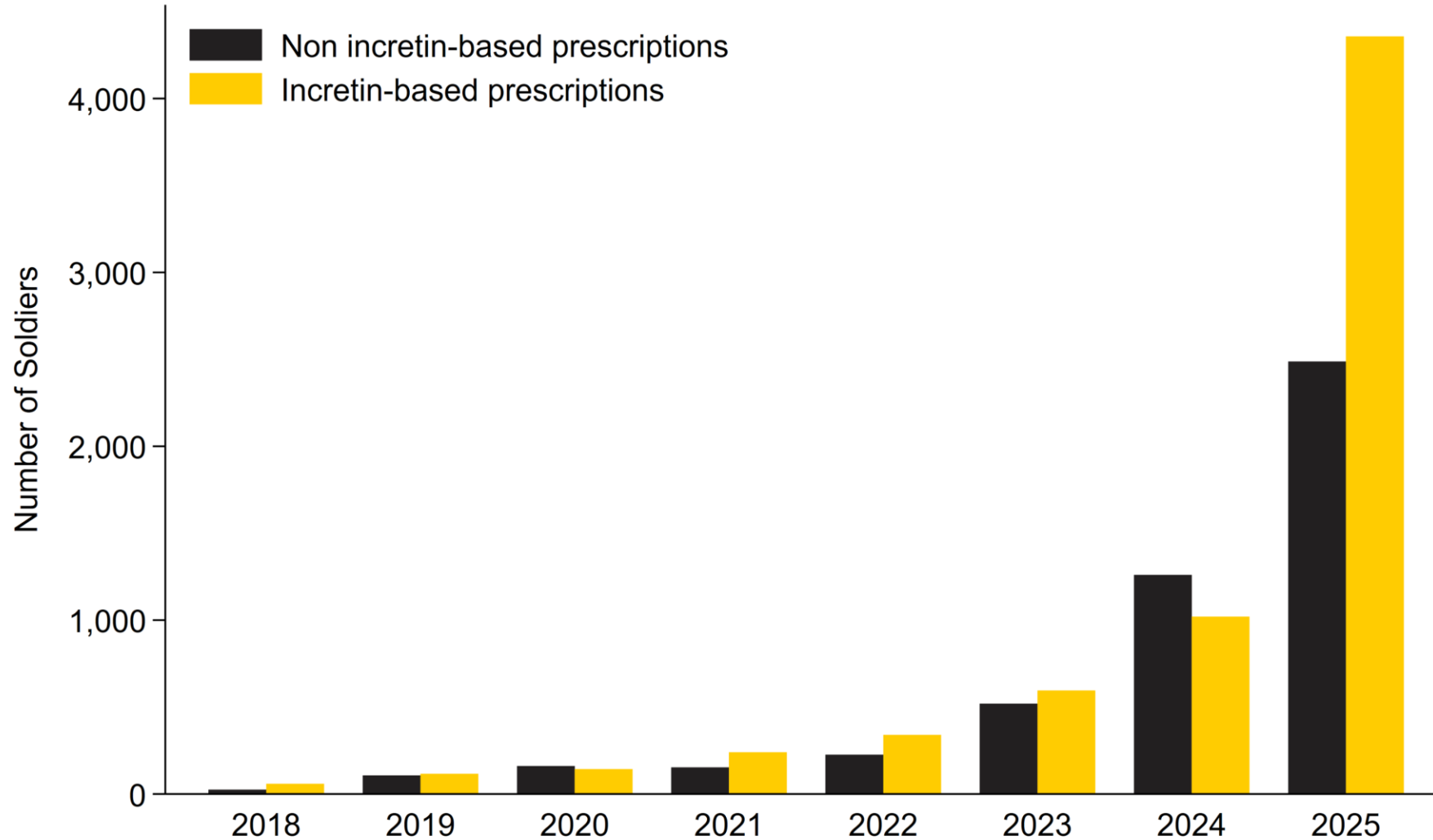
Methods



- Retrospective cohort analysis
- Data extracted from the Soldier Performance, Health, and Readiness Database (SPHERE) at the U.S. Army Research Institute of Environmental Medicine (USARIEM) from 2018-2025.
- Administrative records linked to pharmacy dispensing data and semi-annual anthropometric assessments.
 - Body mass index (BMI) calculated from height and weight
 - Percent body fat (%BF) estimated using validated circumference-based prediction equations.
- Descriptive statistics and logistic regression analyses were conducted on $N=3,688,615$ annual Soldier records



Prescription OM Use by Fiscal Year (2018-2025)





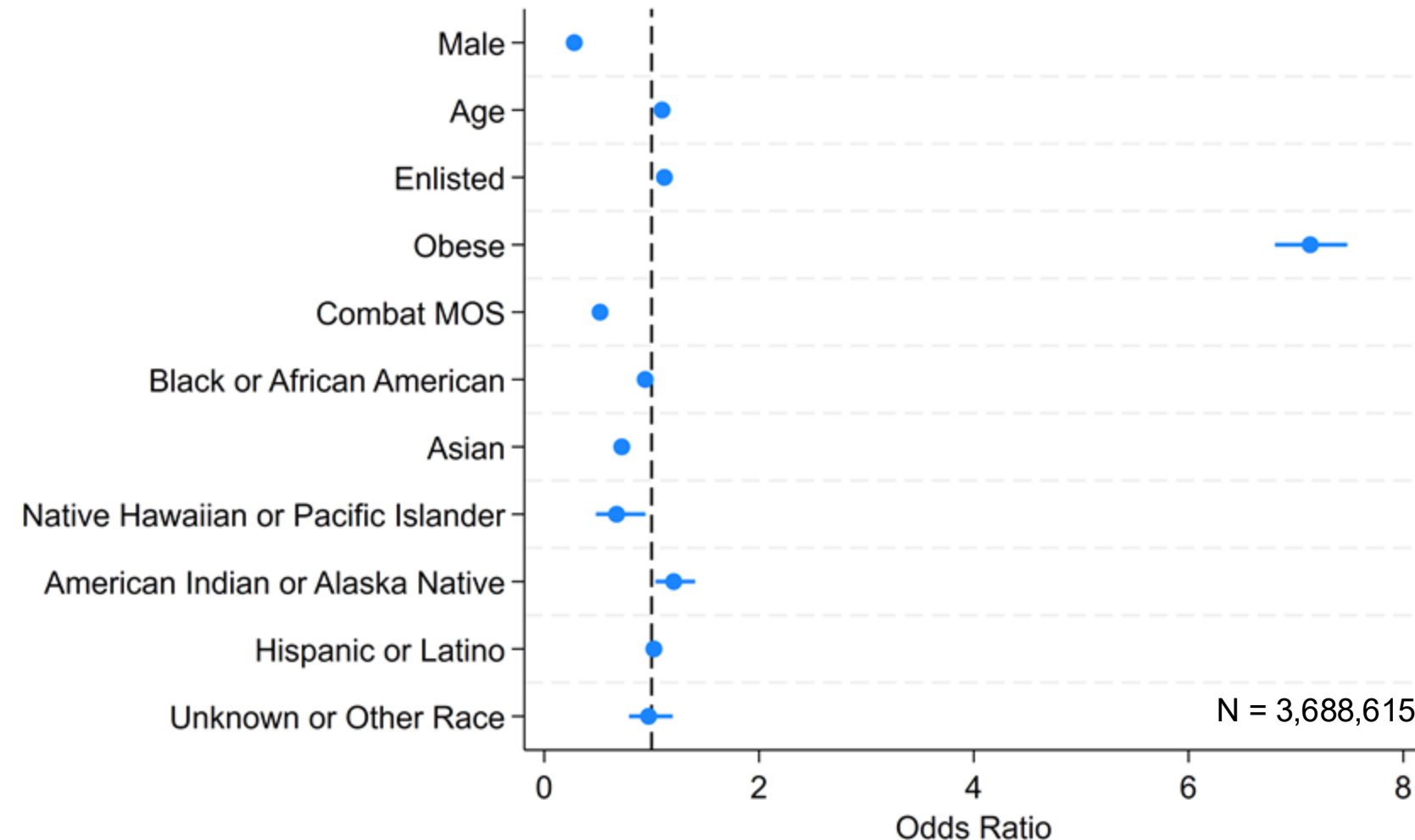
Number of Soldiers Prescribed Obesity Medicine (counts)



Product Name	Active Ingredient	Pharma Class (Delivery)	FDA Indication	Count
Phentermine	Phentermine HCl	Sympathomimetic Amine (Oral)	Obesity / Weight Management	12,155
Wegovy	Semaglutide	GLP-1 RA (Injectable)	Obesity / Weight Management	10,089
Zepbound	Tirzepatide	Dual GIP/GLP-1 RA (Injectable)	Obesity / Weight Management	9,970
Trulicity	Dulaglutide	GLP-1 RA (Injectable)	Type 2 Diabetes	5,589
Mounjaro	Tirzepatide	Dual GIP/GLP-1 RA (Injectable)	Type 2 Diabetes	1,044
Contrave	Naltrexone / Bupropion	Opioid Antagonist / Aminoketone (Oral)	Obesity / Weight Management	912
Ozempic	Semaglutide	GLP-1 RA (Injectable)	Type 2 Diabetes	888
Qsymia	Phentermine / Topiramate	Sympathomimetic / Anticonvulsant (Oral)	Obesity / Weight Management	611
Rybelsus	Semaglutide	GLP-1 RA (Oral)	Type 2 Diabetes	465
Saxenda	Liraglutide	GLP-1 RA (Injectable)	Obesity / Weight Management	461
Victoza	Liraglutide	GLP-1 RA (Injectable)	Type 2 Diabetes	215
Diethylpropion	Diethylpropion HCl	Sympathomimetic Amine (Oral)	Obesity / Weight Management	60
Phendimetrazine Tartrate	Phendimetrazine Tartrate	Sympathomimetic Amine (Oral)	Obesity / Weight Management	48
Lomaira	Phentermine Hydrochloride	Sympathomimetic Amine (Oral)	Obesity / Weight Management	42
Belviq	Lorcaserin	Serotonin 2C RA (Oral)	Obesity / Weight Management (Withdrawn)	23
Adipex-P	Phentermine Hydrochloride	Sympathomimetic Amine (Oral)	Obesity / Weight Management	2



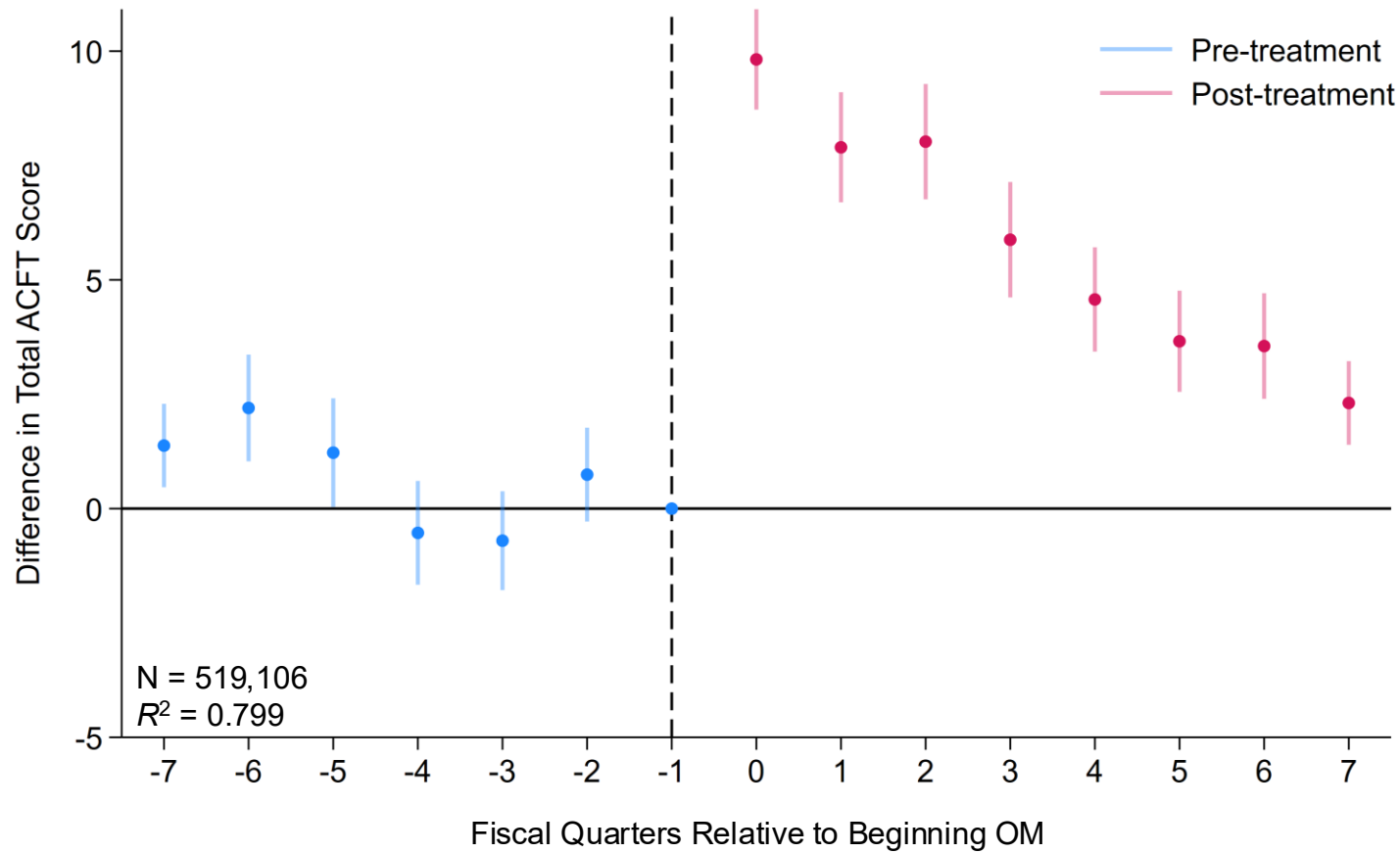
Factors associated with the use of OMs



- BMI ≥ 30 had significantly higher odds of usage (OR=7.134 [6.805 7.479])
- Males had lower odds of usage (OR=0.279 [0.266 0.294])
- Increased age was associated with higher odds of using OM (OR=1.097 [1.094 1.010]).
- Enlisted had higher odds of usage (OR=1.119 [1.059 1.181]).
- Combat arms had lower odds of usage (OR=0.520 [0.479 0.564])



Preliminary Impact of OM use on Physical Fitness



- **Methodology:** Difference-in-Differences with staggered treatment timing
- Before beginning OM, there are no differences in baseline ACFT performance relative to a control group
- After starting OM use, Soldiers see an increase in total ACFT score relative to the control group
- The increase in performance begins to decline after ~1 year after beginning OM treatment



Impacts to Readiness



- Obesity significantly increases the risk of musculoskeletal injuries, which impair readiness and can lead to medical separation.¹
 - OMs can help troops meet physical fitness standards and reduce joint strain.²
- Helping SMs achieve and maintain body composition standards (in accordance with Army Regulation 600-9), directly reduces absenteeism and enhances deployability for large-scale combat operations.³

¹American Security Project. (2023). Combating military obesity. <https://www.americansecurityproject.org/white-paper-combating-military-obesity/>

²Gatto A, Liu K, Milan N, Wong S. The Effects of GLP-1 Agonists on Musculoskeletal Health and Orthopedic Care. *Curr Rev Musculoskeletal Med*. 2025 Oct;18(10):469-480.

³Gonzalez DE, McAllister MJ, Waldman HS, Ferrando AA, Joyce J, Barringer ND, Dawes JJ, Kieffer AJ, Harvey T, Kerksick CM, Stout JR, Ziegenfuss TN, Zapp A, Tartar JL, Heilesen JL, VanDusseldorp TA, Kalman DS, Campbell BI, Antonio J, Kreider RB. International society of sports nutrition position stand: tactical athlete nutrition. *J Int Soc Sports Nutr*. 2022 Jun 23;19(1):267-315.



Impacts to Readiness



- **Health and Performance:** extreme appetite suppression can compromise energy, macronutrient, and micronutrient intake.
- **Side Effects:** gastrointestinal side effects and dehydration (common with incretin-based therapies) pose immediate risks to tactical readiness.
- **Logistical Concerns:** Medications that require strict refrigeration (like certain injectable GLP-1s) pose logistical hurdles during field deployments.
- **Waiver Requirements:** Military policies generally require SMs to maintain optimal physical conditioning and standards without relying on long-term medication.
 - Some branches prohibit aircrew members or special operators on flight status from using these drugs.
- **Stigma and Career Risks:** Despite TRICARE covering certain OMs, some SMs may avoid taking them due to perceived administrative and social biases.



Conclusions



- The growing utilization of OMs among Soldiers aligns with broader U.S. civilian trends.
- OMs may facilitate body fat loss and mitigate deleterious effects of obesity in Soldiers, but they must be accompanied by comprehensive dietary and lifestyle modifications.^{1,2}
- Given the unique and rigorous physical and operational demands of military service, the rapid adoption of OMs introduces unmeasured risks.
- Future research is necessary to quantify the impact of OMs on Soldier body composition and physical performance and to develop tailored, evidence-based guidelines that balance health improvements with the demands of combat operations to optimize force readiness.

¹VA/DOD Clinical Practice Guideline. (2025). Management of Overweight and Obesity in Adults Work Group. Washington, DC: U.S. Government Printing Office.

²Richele L Corrado, Madison Meier, Amanda Banaag, Taylor Neuman, Tracey P Koehlmoos, Prevalence of Obesity Medications in the Military Health System: An Update from 2022, *Military Medicine*, 2026



QUESTIONS?

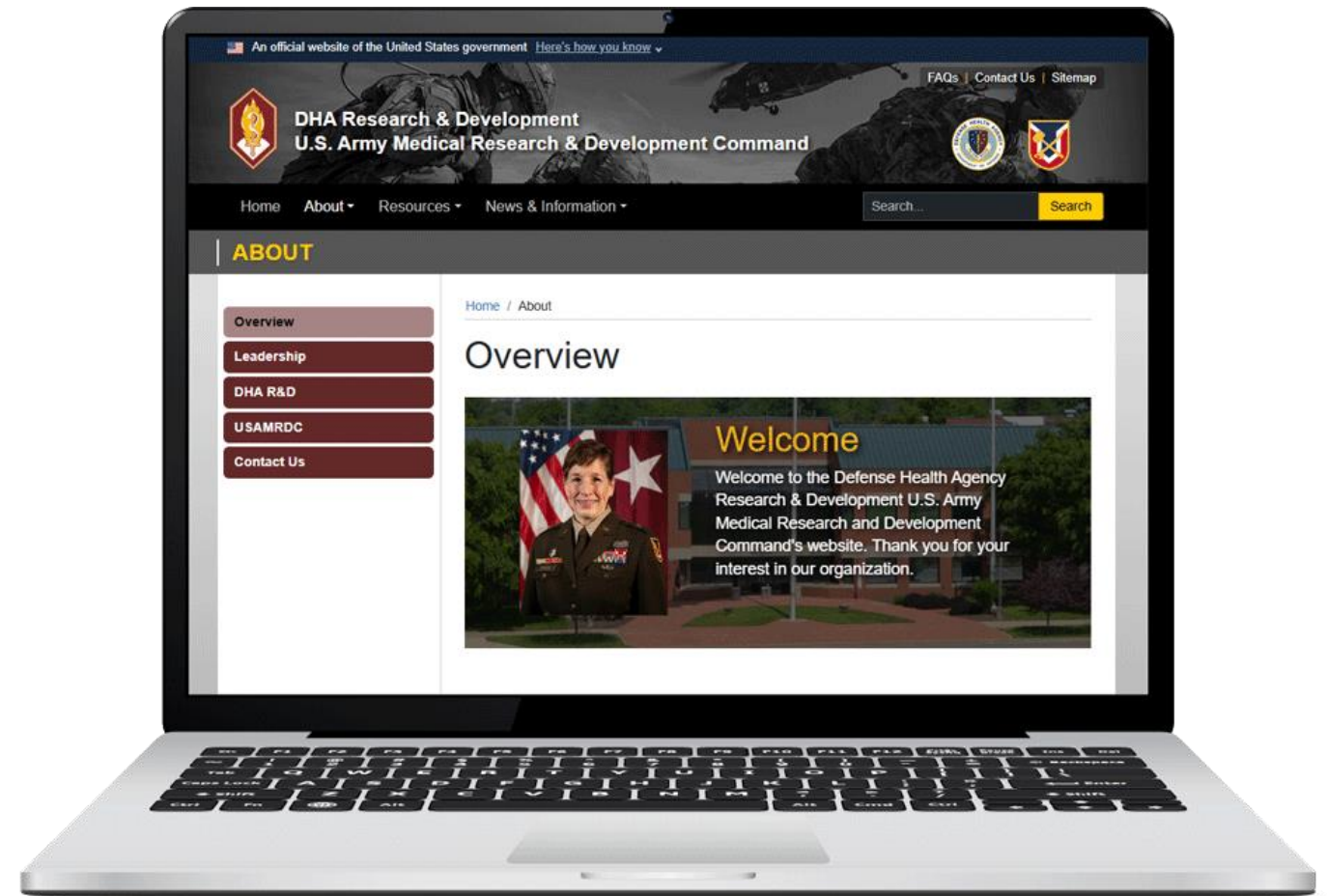




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EXTRA





Incretin-based OMs



- Prior authorization required:
 - 6 months of behavior/diet modification
+
 - 3 months of non-GLP-1 anti-obesity medication [without satisfactory results (<5% wt loss)]
 - Generic phentermine, benzphetamine, diethylpropion immediate release / slow release (IR/SR), or phendimetrazine IR/SR
 - Other criteria and indications for usage same as FDA guidelines
 - BMI $\geq$ 30 or BMI $\geq$ 27 plus comorbidity requirements
 - Type II diabetes/impaired glucose tolerance, hypertension, dyslipidemia, sleep apnea, metabolic dysfunction-associated steatohepatitis (MASH)

¹American Security Project. (2023). Combating military obesity. <https://www.americansecurityproject.org/white-paper-combating-military-obesity/>