Can You Really Wean Off a GLP-1?

The advice for coming off the drug is the advice that failed before it

Murray Cantor PhD

Healthy Skepticism · healthy-skepticism.com · September 2026

The claim

Apple News is carrying a Women's Health piece under the headline "Experts Say It's Possible to Maintain Weight Loss After Quitting a GLP-1. Here Are the Exact Steps to Take." Forbes ran a physician's list of "five evidence-informed strategies" for the same purpose: step the dose down, switch to a pill, build an exercise habit, eat more protein and fiber, and set a weight at which you restart. The claim has a familiar form: follow the method and the loss holds.

The audience is large. About 12 in 100 American adults are taking a GLP-1 drug, and among people without diabetes who start one, 65 in 100 have stopped within a year, often over side effects or cost. This paper looks at what the claim rests on.

The short answer is no, not by any method that has been tested. The rest of this paper says why, and the last section sums it up.

KFF Health Tracking Poll, October 27 to November 2, 2025 (use, and half of users saying the drugs are hard to afford). Rodriguez PJ et al. JAMA Network Open 2025;8(1):e2457349. Women's Health headline as displayed on Apple News, September 2026. Pines JM, Forbes, 7 September 2026.

What happens when people stop

Three sets of randomized data answer this directly, and they agree.

In STEP 1, people took semaglutide for 68 weeks and lost 17.3 percent of their weight on average. Then the drug and the lifestyle program were withdrawn, and 228 of the people who had taken the drug were followed for another year. They regained 11.6 of the 17.3 points. For every 10 pounds lost, about 7 came back in twelve months. Blood pressure, blood fats, and blood sugar went back toward where they started.

SURMOUNT-4 did the same with tirzepatide. After 36 weeks on the drug, with an average loss of 20.9 percent, 335 people were switched to a placebo injection without knowing it. A year later, 17 in 100 of them had held on to at least 80 percent of their loss. The other 83 in 100 had not. The average regain was 14 of the 21 points.

A 2026 review pooled six randomized withdrawal trials, 3,236 participants in all, and drew the regain curve through their results. At one year, 60 percent of the lost weight was back. The curve levels off at about 75 percent of the loss regained. That is the fair reading of "possible." People end up below where they started, but most of the way back.

Wilding JPH et al. Diabetes, Obesity and Metabolism 2022;24:1553–1564. Aronne LJ et al. JAMA 2024;331(1):38–48. Budini B et al. eClinicalMedicine 2026;93:103796.

What the tapering advice rests on

The first step on every list is to come off slowly instead of all at once. The Forbes author says in his own text that no completed randomized trial has tested whether any taper does better than stopping. The drug labels say nothing about how to stop. The trial built to answer the question, REST, was published as a protocol in July 2026. It will randomize people who have lost at least 10 percent on semaglutide and held steady for 12 weeks to a 16-week taper or an abrupt stop. It has no results yet.

What exists in the meantime is thin. A Danish online clinic, Embla, reported on its own patients at a 2024 conference. Of 353 who began a taper, 240 got to zero, and 85 had a weigh-in six months later. Their weight was stable. There was no comparison group that stopped abruptly, the patients had all reached their goal inside a coaching program, and the clinic sells the program. A clinician quoted in Medscape's report on the study said his own tapered patients regain within 3 to 18 months.

The number Forbes gives for spacing doses out, that every-other-week dosing keeps about 70 percent of the loss, comes from a paper in Obesity built on two patients and a computer model of drug levels in virtual patients. No group of people was weighed on that schedule.

Yevusiak T et al. PLoS One 2026;21(7):e0354237. Gudbergsen H et al., European Congress on Obesity, Venice, May 2024 (abstract), and Medscape, 21 May 2024. Wu CC, Cengiz A, Lawley SD. Obesity 2025;33(7):1232–1236.

What the other steps rest on

Take the taper away and what remains is protein at every meal, fiber, resistance training twice a week, 150 minutes of aerobic activity, regular weigh-ins, and a plan to act when the scale moves. That is the standard advice for keeping weight off. It was the standard advice before the drugs existed. It is worth asking how it did.

A 2007 review at UCLA went through 31 long-term diet studies. People lost 5 to 10 percent of their weight in the first six months. Over the next four to five years, between 33 and 67 of every 100 dieters ended up heavier than when they started. In one study, half the dieters were more than 11 pounds above their starting weight at five years. The lead author said sustained loss was found only in a "small minority" of participants.

The best-run programs do better. Here is what better looks like. The Diabetes Prevention Program gave 1,079 people an intensive lifestyle course. They lost weight in the first year and, in the trial's own words, "lost, then partly regained" it over the next ten. Look AHEAD kept 2,570 people in weight-control counseling for eight years. At year eight, 50 in 100 were still 5 percent below their start and 27 in 100 were 10 percent below. That is about as well as lifestyle advice has ever done, and it took eight years of continuous professional support to get there.

The reason is not a lack of willpower. When 14 contestants from The Biggest Loser were measured six years after the show, they had regained an average of 90 of the 128 pounds they lost, and their resting metabolism was still about 700 calories a day below where it started. In a separate study, the hormones that drive hunger were still raised a year after a diet ended. The body defends its weight. Appetite goes up and energy use goes down, and both stay that way for years.

This is the point the headline skips. The GLP-1 drugs quiet hunger, and the old advice becomes possible to follow. Stop the drug and the defense comes back, now with a larger loss to defend. The person is handed the same advice that failed before, under harder conditions.

Mann T et al. American Psychologist 2007;62(3):220–233. Diabetes Prevention Program Research Group. Lancet 2009;374:1677–1686. Look AHEAD Research Group. Obesity 2014;22(1):5–13. Fothergill E et al. Obesity 2016;24(8):1612–1619. Sumithran P et al. New England Journal of Medicine 2011;365:1597–1604.

The one trial that points the other way

One trial is cited for the idea that a habit built during treatment holds after the drug stops. In Copenhagen, 195 adults who had lost about 29 pounds on a diet were assigned for a year to supervised exercise, daily liraglutide, both, or placebo. Then treatment stopped, and a year later 109 of them, 56 in 100, came back to be weighed. The two exercise arms, pooled, finished about 10 pounds lighter than the two arms without exercise, and motion sensors worn around the final visit show many of them were still exercising. A year on liraglutide alone left people where placebo left them. The drug was a weaker daily injection, the arms were about 27 people each at the end, and 44 in 100 were missing. The study was funded in part by the Novo Nordisk Foundation.

The lead result is a case of the Bernoulli fallacy, fault 4. The abstract opens with the combination arm finishing about 11 pounds lighter than liraglutide alone, p = 0.04. (The p-value is the chance of getting this data if the two treatments made no difference.) Four arms give six head-to-head comparisons, and the paper adds pooled analyses, four weight-loss thresholds, a body-fat outcome, and three ways of handling the missing people. Run that many tests and the odds are good that one crosses 0.05 by chance. The authors set a stricter cutoff in advance for that reason, and their results section says this comparison did not meet it. Against placebo, the combination's edge was 9 pounds with p = 0.14. The abstract reports the raw p and does not mention the cutoff.

Lundgren JR et al. New England Journal of Medicine 2021;384:1719–1730. Jensen SBK et al. eClinicalMedicine 2024;69:102475. See the Fault 4 paper at healthy-skepticism.com.

The list, step by step

The Forbes list gives its sources, so it is the one to grade. Each step, and the kind of evidence behind it:

The step	What it rests on	What kind of evidence that is
Taper the dose over weeks	Clinic habit, plus a clinic's own 85 patients at six months	No randomized trial. The one that would test it has no results yet.
Space the doses out (part of the taper step)	Two patients and a computer simulation	A report on two patients with a model attached. No group of people was weighed on the schedule.
Switch to a pill	A randomized trial, 52 weeks, run by the pill's maker	A randomized result, but for staying on a drug, not for stopping.
Exercise before you stop	One randomized trial: 195 people, 109 weighed at the end	The only randomized result on the list. Reviewed above.
Protein, fiber, meal timing	A joint advisory from four medical societies	Expert consensus. The same advice as before the drugs.
Set a restart threshold	A slice taken after the fact from a withdrawal trial	Of 308 people taken off tirzepatide, 54 regained less than a quarter. Even in that group, blood pressure rose about 7 points.

Of the five steps, one has a randomized trial behind it, the exercise trial, and that trial is small and its lead result did not pass its own test. One has a randomized trial about a different question, staying on a pill. The other three were never tested against a comparison group.

Pines JM, Forbes, 7 September 2026. Aronne LJ et al. Nature Medicine, May 2026 (ATTAIN-MAINTAIN). Mozaffarian D et al. American Journal of Clinical Nutrition 2025;122:344–367. Horn DB et al. JAMA Internal Medicine 2026;186(2):157–167.

Why the headline reads the way it does

"Possible" is true. A database study followed 2,567 people whose semaglutide prescriptions ended. Six months later, about 33 in 100 had regained and 67 in 100 were holding or still losing. But when the authors read 300 of the charts, only 40 in 100 had a note saying the drug was stopped. The rest may have kept taking it from another source. So the count of people who kept the weight off after stopping is smaller than it looks, and six months is inside the window where the clinic patients had not regained either. Still, some people do keep it off.

The trouble is the move from "possible" to "here are the exact steps." The steps are not what separated the people who kept it off from the people who did not. Nobody has run that comparison. The article attaches old advice to a new drug, and the drug's reputation does the persuading. Forbes says in its text that the trial has not been run. The Women's Health headline does not.

Murugadoss K et al. Biology Methods and Protocols 2026;11(1):bpag020.

So can you wean off a GLP-1?

Not by any method that has been tested. No trial has compared weaning against stopping outright, and the one built to do so has no results yet. In the trials that stopped the drug, most of the lost weight came back within a year: about 7 pounds of every 10 after semaglutide, and 83 in 100 people failing to hold even 80 percent of their loss after tirzepatide. The steps the articles give for holding the loss are the diet and exercise advice people were given before the drugs existed. That advice failed most of the people who followed it, and nobody has tested whether it does better after a drug. Some people keep the weight off. Most do not. Anyone offering exact steps is offering more than the evidence holds.

None of this says whether any one person should stop. That is a decision for the reader and their doctor. It says what the evidence can and cannot promise to someone who stops.

Educational, not medical advice.