Science Note 4: Overweight vs Obesity and GLP-1 Eligibility

The Bottom Line: Current prescribing guidelines generally reserve GLP-1 medications for people with obesity (BMI ≥30) or overweight (BMI ≥27) plus a weight-related health condition. BMI alone does not determine metabolic health, which is why the decision to use a GLP-1 is not always straightforward.

Traditional BMI categories define overweight as BMI ≥25 and obesity as BMI ≥30 or higher[2]. However, BMI is a screening tool, not a full diagnosis of metabolic health.

BMI can estimate whether body weight is appropriate for height at a population level, but it cannot determine how much visceral fat a person carries, whether they are insulin resistant, or whether they have developed other markers of metabolic dysfunction. Two individuals with the same BMI may therefore have very different health profiles.

Current pharmacotherapy guidelines and prescribing indications generally support anti-obesity medication for adults with BMI ≥30, or BMI ≥27 when at least one weight-related comorbidity is present,[1] such as Type 2 diabetes, hypertension, dyslipidaemia or cardiovascular disease. For semaglutide/Wegovy specifically, the indication includes adults with obesity, or overweight adults with the presence of at least one weight-related comorbid condition[3].

The distinction therefore is not simply "overweight versus obese," but whether excess weight is associated with current or future metabolic risk.

This matters because the overweight category encompasses a wide spectrum of people. Some individuals who are classified as overweight may already have significant visceral fat accumulation, insulin resistance or other markers of metabolic dysfunction. Others may be metabolically healthy despite falling within the same BMI category.

This uncertainty is one reason why the decision to use GLP-1 medications is not always straightforward. If excess weight forms part of an established disease process, the potential benefits of treatment may clearly outweigh the risks. If the primary goal is cosmetic weight loss in an otherwise healthy individual, the risk-benefit calculation becomes less clear because the medical problem being treated is less well defined.

As with obesity itself, the question is not simply how much a person weighs, but what that weight means for their current and future health.

References

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