Children's Hospital of Philadelphia PolicyLab

Characteristics of Youth Treated With GLP-1RAs at an Integrated Weight Management Clinic

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Objectives

Youth use of GLP-1RAs is increasing. This study described GLP-1RA prescription patterns and barriers to treatment at a pediatric integrated weight management clinic.

Methods

This retrospective cohort included youth 12 to 17 years with BMI at least 95th% for age and sex, with at least 1 visit at an integrated weight management program from January 2023 to August 2025. We identified youth with at least 1 GLP-1RA prescription in the electronic health record. We assessed demographic factors (age, sex, race, ethnicity, insurance payer, preferred language) and health factors (BMI, Type 2 diabetes, results of ALT, cholesterol, and hemoglobin A1c testing). Logistic regression assessed for an association between GLP-1RA prescription and demographic and health factors. Manual medical record review of a subsample of 102 youth with GLP-1RA prescriptions described reasons for interruptions in use.

Results

Of 1647 youth, 325 (20%) had at least 1 GLP-1RA prescription. Odds of prescription increased with increasing age, increasing BMI, abnormal laboratory testing results, and non-Hispanic white or Hispanic race and ethnicity (compared with non-Hispanic Black). Odds of a prescription decreased with a preferred language other than English. In medical record review, 65 youth (64%) experienced GLP-1RA treatment interruptions, most commonly related to cost and insurance coverage.

Conclusions

At one institution's integrated weight management program, 20% of potentially eligible youth were prescribed GLP-1RAs. Prescriptions were more likely for older patients and those with comorbid conditions, and less likely for Black or non-English speaking patients, reflecting known pediatric health disparities. Barriers to treatment were common after the prescription.

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