

Will Big Food outsmart GLP-1s?

Weight-loss medications have exploded in popularity, and they are shaking the foundations of Big Food. As people eat less junk food, major packaged-food companies are seeing the impact on sales and pivoting in an attempt to maintain consumer appetites.^{1,2}

Glucagon-like peptide-1 (GLP-1) receptor agonists were first approved in the United States in 2005 for the treatment of diabetes and in 2014 for weight loss.³ Their cultural footprint expanded dramatically after semaglutide received approval for weight management in 2021.^{3,4} Today, whether scrolling social media or chatting with friends, patients, or colleagues, it's impossible not to notice the sweeping influence of Wegovy, Ozempic, and similar medications. According to a recent report, 5% of adults in the US are taking GLP-1 agonists, and 12% have tried them—and usage may increase tenfold in the coming decade.⁵ Estimates suggest that more than 1.4 million Canadians are now using GLP-1 receptor agonists.²

Snack-food, confectionery, and soft-drink sales may be hit hardest because they depend heavily on frequency and impulse, which can be affected by medication-induced appetite suppression.⁶

Food companies are already responding. During PepsiCo's 2025 Q1 earnings call, the CEO highlighted the company's "fiber and hydration solutions" when asked about the launch of oral GLP-1 medications. He acknowledged the shift in consumer habits: "The other thing we're seeing in GLP consumers is that they're keeping our brands in their repertoire. . . . They're eating less quantities, so our offerings in the small portions—whether it's multipack or some other options . . . will make sure that our brands stay relevant to those consumers."^{5,7}

PepsiCo is hardly alone. Many corporations are trying to transform GLP-1-induced challenges into lucrative opportunities. Nestlé has launched Vital Pursuit, a new line of foods marketed specifically as "companions" for GLP-1 weight-loss medication users.⁸ Conagra Brands is tagging select items with an "On Track" badge to signal that they are "GLP-1-friendly." Meanwhile, companies like Coca-Cola and General Mills have already begun tweaking existing offerings to appeal to consumers with smaller appetites. Food innovation firm Mattson has reportedly explored numerous new concepts like brownie cubes and frozen "hydropops" designed for GLP-1 users.⁹

As Tomas Weber wrote in his *New York Times Magazine* piece "Ozempic could crush the junk food industry. But it is fighting back," "There is little the industry hasn't tried to keep health-conscious consumers eating."¹⁰ The food industry has always rebranded to keep pace with diet fads, introducing fat-free cookies, diet frozen entrees, and plant-based fast foods. "For decades, Big Food has been marketing products to people who can't stop eating," he writes. "And now, suddenly, they can."¹⁰

This raises uncomfortable questions. Will Big Food find ways to make ultra-processed foods even more irresistible? Over the years, salt has become saltier, crunch more exaggerated, and aromas more engineered and provocative.¹⁰ If companies intensify these tactics, could that blunt the effectiveness of GLP-1 medications by working around satiety cues? And what about those not using weight-loss drugs? They may soon face an even more bewildering landscape of "better-for-you" products that are still ultra-processed. The stakes are particularly high for youth, who already obtain more than 60% of their total energy intake from ultra-processed foods.¹¹ Youth are also especially vulnerable to marketing and health-washed branding.

What are your thoughts on GLP-1-optimized products? It seems to me that while GLP-1 medications may be shrinking waistlines, Big Food is working hard to ensure its bottom line doesn't follow suit. ■

—Caitlin Dunne, MD

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Traditional medicines and healing practices

When I entered medical school almost 20 years ago, topics about Indigenous people (First Nations, Métis, and Inuit) were put under the umbrella of Indigenous health. The topics focused on health disparities between Indigenous and non-Indigenous people, social determinants of health, and harms caused by culturally unsafe care and discrimination. As outlined in one of my previous editorials,¹ these topics are less about Indigenous people and more about the impacts of colonialism and racism that Indigenous people have endured. The logical questions that follow are: What is Indigenous health, and how can we advance it?

Indigenous health is defined by Indigenous people; is rooted in their traditional ways of knowing, being, and healing; and it outlines their own pathways to wellness. Each Nation will have unique health-related values tied to its traditions, lands, and laws. Cultural and traditional wellness practices provide the foundation for Indigenous health. This is why the ability to access and use traditional medicines and practices is outlined as a fundamental right in article 24 of the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission of Canada's Call to Action #22. With this foundation, Indigenous communities can augment their traditional healing practices with best practices from Western medicine to lead clinical research, education, and services that are designed *for* them. This is commonly referred to as a Two-Eyed-Seeing approach, originally coined by Mi'kmaw Elder Albert Marshall, and is used to describe the use of both knowledge systems to ensure the best possible outcomes for Indigenous people.

There are many Indigenous models of health, with the medicine wheel being a

well-known holistic health model attributed to Plains Nations. The model has many teachings, and I'll highlight just a few of them. My favorite concept of the medicine wheel [Figure] has culture in the centre, depicting the importance of culture for our health and healing.² The next ring of the circle depicts that the health of a person has four elements: physical, emotional, mental, and spiritual. This is like the biopsychosocial model taught from a Western lens. Our

Elders would teach that each part of the medicine wheel impacts the other parts, and that to restore health, we need to find balance. The outer circles reflect that an individual's health is influenced by the health of their families, their communities, and all of creation. This is rooted in the belief that we are all connected, and we need to maintain respectful relationships for all to thrive.

The beliefs and practices that help to restore health vary widely among different

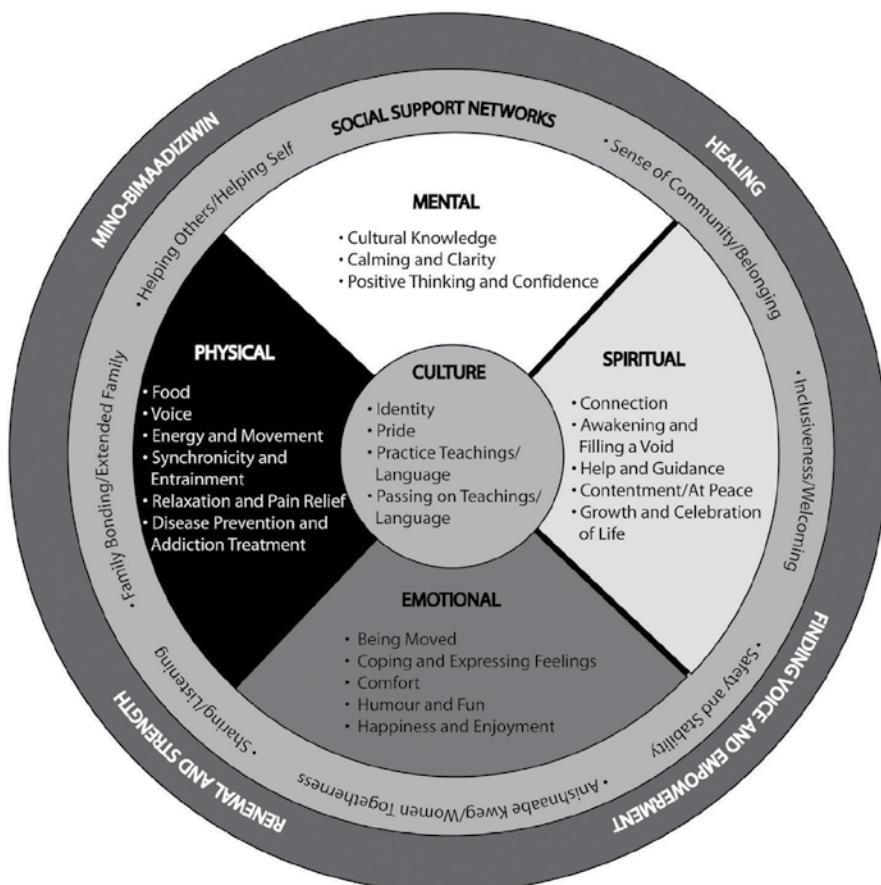


FIGURE. Aboriginal women's hand drumming circle of life framework with themes.²

Source: "Hand drumming: Health-promoting experiences of Aboriginal women from a Northern Ontario urban community" by Ghislaine Goudreau, Cora Weber-Pillwax, Sheila Cote-Meek, Helen Madill, and Stan Wilson. Published in the *International Journal of Indigenous Health* and made available under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International licence (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

Indigenous groups and Nations; however, knowing a few key differences can be helpful for health care providers. The two main categories of traditional wellness are traditional medicines and traditional healing practices. Traditional medicines are medicinal herbs, teas, and salves derived from plants and animals that are harvested and prepared for treatment of specific ailments. Traditional healing practices can include ceremonies, energy work, physical practices (e.g., massage), and counseling. These practices vary widely; however, they all work by attuning all aspects of a person's medicine wheel. Of note, most traditional approaches to health focus on prevention and include teachings about the importance of nutrition, fasting, activity, and ceremony to help guide people to live long, healthy lives in balance with the world around them. As physicians, being curious and open to discuss how and if Indigenous people are using traditional medicines and practices is a key component to cultural safety; however, it is important not to assume that all Indigenous people

use or would want to use these methods of healing and not to misappropriate these teachings.

As we find ourselves deep in the winter months, I reflect that this is the time of year during which many northern Indigenous people would enter months of relative solitude in our winter camps. We would often co-locate in smaller family groups and take advantage of the shorter days to rest, pass on our oral histories, create art, build and repair items, and hold ceremonies. The other seasons were quite labor intensive from harvesting and collecting food and raw materials, as well as from larger social gatherings and traveling around the territory. Although the winter months posed a significant threat to our survival from exposure to the elements and a lack of food, it became a crucial time for rest and rejuvenation.

In our fast-moving world, where we are often out of sync with the natural cycle of growth and rest, it is important to remember that rest is crucial. Constant growth and harvesting of ourselves and the world lead

to depletion and is not sustainable. I hope you can take time to attune to your medicine wheel in preparation for the tumultuous seasons ahead. ■

—Terri Aldred, MD

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