

In a 72-week phase 3 trial, the highest studied dose of orforglipron—the medicine marketed in the United States as Foundayo—was associated with an average weight reduction of 12.4 per cent in one analysis. That is a meaningful result, but it is not a prediction for every person taking the medicine. The figure comes from a clinical trial, under specific conditions, and the result changes depending on how researchers account for people who stopped treatment or did not follow the study plan.

Orforglipron is a once-daily oral medicine that acts on the GLP-1 receptor. GLP-1 is a gut hormone that helps regulate appetite and blood sugar. In this post, we'll look at what the 12.4 per cent result means, how the medicine may affect hunger and “food noise”, and what to check about access, including the MHRA approval pathway and private pharmacy clinical assessment.

The headline result: 12.4 per cent at 72 weeks

The 12.4 per cent figure comes from ATTAIN-1, a phase 3 trial of adults with obesity, or overweight with at least one weight-related health condition, who did not have diabetes. Participants received different doses of orforglipron or a placebo alongside lifestyle support. Treatment and follow-up lasted 72 weeks.

At the highest studied dose, the average weight change was about 12.4 per cent in an analysis that estimated the effect when participants stayed on treatment as planned. The clinical trial average is a group result: some participants lost more, some lost less, and some did not lose weight. It is not a guaranteed outcome or a target that an individual must reach.



Trial detail What it means Study ATTAIN-1, a phase 3 trial in adults with obesity or overweight and a weight-related condition, without diabetes Duration 72 weeks—about 16 and a half months Headline result 12.4 per cent average weight reduction at the highest dose in an analysis estimating outcomes on treatment Important context Another analysis that includes outcomes after treatment was stopped gives a lower average, around 11.2 per cent at the highest dose

Why do two figures appear? Researchers use different statistical approaches, called estimands, to answer different questions. An estimand is a clearly defined way of calculating a trial's treatment effect. The “on-treatment” estimate asks, in effect, what happened when people followed the assigned treatment; the treatment-regimen

estimate is designed to reflect outcomes for the whole group, including people who stopped treatment or otherwise changed course. For a patient considering treatment, the latter can be helpful because stopping or missing treatment happens outside trials, too.

Both figures are useful, but they should not be mixed up. If you see “12.4 per cent at 72 weeks” in a headline, check which analysis it refers to. The highest dose in ATAIN-1 was 36 mg once daily, reached through dose escalation. It was not the starting dose, and it is not appropriate for everyone.

What does an average loss of 12.4 per cent look like?

Percentages can be hard to picture. For someone weighing 100 kg at the start, a 12.4 per cent reduction would equal 12.4 kg. For someone weighing 90 kg, it would equal about 11.2 kg. Those are illustrations of the arithmetic, not personal forecasts: weight change varies, and trial results do not tell you precisely what will happen to one person.

Participants in the study were offered lifestyle support as well as medicine. Results therefore should not be presented as if a tablet alone produced every change. Nor does a higher average mean everyone should use the highest dose. Clinicians consider response, side effects, other [safe GLP-1 prescribing UK](#) medicines, medical history and treatment goals when deciding whether to continue, adjust or stop a medicine.

Weight management is not simply a test of willpower. Body weight is influenced by biology, health conditions, medicines, sleep, stress, food access and many other factors. Treatment can be one part of care; it does not make a person’s effort or character the measure of success.

How GLP-1 medicines can affect appetite

GLP-1 receptor agonist means a medicine that activates the receptor for the natural gut hormone GLP-1. Orforglipron is an oral, non-peptide GLP-1 receptor agonist; it is a small-molecule medicine rather than a peptide drug. By acting on GLP-1 pathways, it can influence appetite and blood-glucose regulation.

Satiety is the feeling of fullness that helps signal when you have had enough to eat. GLP-1 signalling can support satiety and slow the movement of food from the stomach into the intestine. A person may feel full sooner or for longer, although the experience differs between individuals. These effects are part of why the medicines are studied for weight management, not evidence that weight loss is effortless or universal.

Food noise and the mental load of eating

“Food noise” is an informal phrase for persistent thoughts or preoccupation about food; it is not a formal diagnosis. Some people taking GLP-1 medicines describe less frequent hunger or less mental effort spent thinking about food. Others may notice a different effect, or no change. ATAIN-1’s weight-loss result does not, by itself, measure how much food noise changed for each participant.

It can be useful to discuss appetite and eating patterns with a clinician in practical terms: Do thoughts about food feel less intrusive? Are you able to eat enough nourishing food? Are nausea or early fullness making meals difficult? These questions matter because treatment should support health and day-to-day functioning, not just a number on a scale.

Oral access: convenient, but still a prescription medicine

Orforglipron is taken by mouth once daily in the trial programme, which may appeal to people who prefer tablets to injections. Convenience is relative: daily dosing still takes consistency, dose escalation is gradual, and the medicine can cause side effects. In ATTAIn-1, gastrointestinal effects such as nausea, constipation and diarrhoea were among the commonly reported issues. A clinician should explain what to expect and when to seek advice.

Oral does not mean over the counter. Foundayo is a brand name, and whether a person can obtain or be prescribed orforglipron depends on the medicine's regulatory status, local prescribing rules, availability and their individual suitability. Trial evidence is not the same as permission to market or supply a medicine in the UK.



The MHRA approval pathway in the UK

The Medicines and Healthcare products Regulatory Agency (MHRA) assesses medicines for quality, safety and effectiveness before authorising them for use in the UK. A marketing authorisation sets out the approved indication, dose and prescribing information. This is different from a trial result or a company announcement about an application.

For readers in Scotland, check the current MHRA medicines information and speak to a registered healthcare professional before assuming Foundayo is available or approved. Regulatory status can change, and authorisation does not automatically mean a medicine is routinely available through the NHS or recommended for every eligible person. NHS availability is a separate decision, shaped by national guidance, local pathways and funding arrangements.

If a medicine does not have the relevant UK authorisation, a private seller should not blur that fact with claims about trial results. Ask what product is being offered, whether it is licensed for the proposed use, who is prescribing it, and how ongoing care will be provided. Do not buy prescription weight-loss medicines from social media or unverified websites.

What a private pharmacy clinical assessment should cover

A private pharmacy clinical assessment is a review by a qualified prescriber to decide whether a treatment is appropriate and safe for a particular person. It is more than an online questionnaire or a payment step. A responsible assessment should be individual, documented and linked to follow-up care.

Before prescribing a weight-management medicine, the clinician should consider eligibility and relevant health information, including:

- Weight, height and body mass index, alongside weight-related health conditions and treatment goals
- Medical history, current medicines, allergies and any past experience with similar treatments
- Pregnancy, plans for pregnancy or breastfeeding, where relevant to the medicine's prescribing information
- Possible side effects, warning symptoms and what to do if they occur
- A realistic plan for dose escalation, review appointments and monitoring
- What happens if treatment is ineffective, poorly tolerated, unavailable or stopped

Eligibility criteria depend on the product's authorised label and applicable guidance; they should not be assumed from a person's weight alone. A private service should also make clear who is responsible for prescribing, dispensing and follow-up, and how a patient can contact the service if they become unwell. A pharmacy assessment cannot turn an unapproved medicine into an approved one.

What the trial cannot tell you

ATTAIN-1 provides evidence about average outcomes over 72 weeks in a defined group of adults. It does not establish that every patient will lose 12.4 per cent, that the same result will occur in people with different health profiles, or that weight loss will continue at the same pace after the trial period. A clinical trial average is a starting point for informed discussion, not a promise.

It also does not settle every question about long-term treatment, access, affordability or what happens after stopping. These are important practical issues to discuss before beginning a medicine. If treatment is stopped, appetite and weight can change; the pattern varies, and a clinician can help plan ongoing support rather than treating discontinuation as a personal failure.

Questions to ask before considering orforglipron

1. Is orforglipron currently authorised in the UK for my intended use?
2. Do I meet the medicine's eligibility criteria, and are there reasons it may not suit me?
3. What result should I realistically monitor, and when will we review whether treatment is helping?
4. Which side effects need prompt medical advice, and how can I reach the prescriber?
5. What is the plan if I cannot tolerate the medicine, do not respond, or need to stop?

The bottom line

In ATTAIN-1, orforglipron at the highest studied dose showed an average loss of 12.4 per cent over 72 weeks in an on-treatment analysis; a broader treatment-regimen analysis reported a lower average of about 11.2 per cent. That is the key context behind the phrase "12.4 per cent 72 weeks". The orforglipron highest dose was 36 mg daily after gradual escalation, not a dose to start independently.

The findings support further interest in an oral GLP-1 option, but they do not replace regulatory approval, careful prescribing or follow-up. Before pursuing Foundayo or any weight-management medicine in Scotland, verify the MHRA status, ask for a proper private pharmacy clinical assessment if using a private service, and discuss what treatment could—and could not—do for you.

Sources and further reading

- ATTAIN-1 phase 3 trial report on orforglipron for adults with obesity or overweight without diabetes.
- MHRA information on medicines licensing and current UK authorisations.
- The product's current official prescribing information, if and when authorised for use in the UK.