

Thought Leadership
GLP-1 drugs

The GLP-1 effect:

How weight-loss drugs are changing the shopping basket.

What's benefiting, what's losing out and what it means for the Food & Beverage sector.

NIQ

BRAMBLE INTELLIGENCE

Bramble Foreword

Over the past eighteen months Bramble Intelligence has shared our view that weight-loss drugs are disrupting the food industry on a scale we have not seen since the rise of the supermarkets. That argument rested on what the drugs do to people, and on what we could already see in the United States. But no one had the granular data for British shoppers.

Since then I have had more or less the same conversation with many food businesses. Everyone agrees this matters. Almost nobody can separate the signals from the noise in their own data to unpick what is happening, and what to do about it. Having the data helps you decide what to make, what to stock or what to stop.

Working with NielsenIQ, we have looked at households where someone started one of these drugs and looked at what they actually bought, before and afterwards, against nine thousand households where nobody had. The change in spend between different types of products within a category is sharper than we had expected: for example, chocolate bars are down 17% while bitesize buttons are only down 3%.

It is a focused sample of households, and the patterns will continue to sharpen with time. We are sharing this data now because the shape of the change is clear, and because the strategic decisions informed by the data should be taken now.

Nearly one in eight British households now have someone taking these drugs, and we expect that to keep climbing as prices fall, new drugs are launched, and more conditions are licensed. We see rapidly rising adoption as an indication people are connecting the dots between what they eat, how they feel and their long-term health outcomes – and now they have a powerful tool available to shape dietary choices. Read what follows as a signal of where things are heading rather than a record of what has already happened. These households are the leading edge of a much larger group and sustained shift towards tomorrow's appetites.

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Bramble Intelligence Acknowledgements

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NielsenIQ Foreword

Glucagon-like peptide 1 (GLP-1) drugs are already changing the way consumers think about, purchase and consume fast-moving consumer goods (FMCG). It is not often an established industry is affected by such a disruption, but GLP-1 drugs are already changing the industry.

In this first-of-its-kind series of reports, we will explore the impact of GLP-1 usage on take-home FMCG purchasing, drawing on the power of NielsenIQ's continuous consumer purchase panel data. We will signal the short-term impacts on consumer purchasing and consider the long-term behavioural changes of this unprecedented trend. We aim to lay the foundation for the continued reporting and tracking of GLP-1 impacts as they evolve and as the drugs are adopted by a growing number of users. It will be fascinating to measure this impact and changes in behaviour as the drugs become more widely affordable and thus available.

The report is tailored towards all those focused on the FMCG Industry, in particular retailers and manufacturers who have the most to change. It is designed to help the reader understand how key performance indicators (KPIs) have changed for those taking GLP-1 drugs and begins to touch on what longer-term effects could be. The approach we have used strips out inflation, seasonality and wider shifts in the grocery market, isolating just the effect associated with GLP-1 adoption. This allows us to deep dive into the effect of GLP-1 on brands and categories as well as to decompose the consumers using the drugs and their different approaches to weight loss. Finally we aim to demonstrate how a singular, unified approach to tracking the impact of GLP-1 usage as a single mass user group can lead to flawed conclusions.

I hope you enjoy the report and that it provides a strong view into how FMCG purchasing is already being changed.

Jonathan Haigh, Consumer Analytic Solutions Leader, NIQ

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Executive summary

Households with at least one GLP-1 user cut their spend on groceries by 1.9% more than other households over this period. That number is why most of the industry has filed this as a small problem for later.

Take soft drinks. Total spending by these households fell 2%, which appears unremarkable. Underneath sits a 26-point gap between subcategories: still water up 19%, sparkling water down 7%. Two products that sit a few feet apart on the same shelf, at a similar price, meeting a similar need. One is growing and one is shrinking.

That pattern repeats across food and drink. Within prepared meals the spread runs more than fifty points, from chilled soup up 43% to frozen savoury products down 9%.

By June 2026, NielsenIQ data indicated that 11.8% of households in Great Britain (GB) - roughly 3.3 million households - had at least one person taking a GLP-1 drug. Six in ten of those users do their household's main grocery shop and a further two in ten share it, so the changing preferences of these 3.7 million individuals (1.1 user per household) shape the dietary patterns of a further 4.1 million people.

Based on grocery purchase data and survey responses from 9,278 GB households, this report provides an early signal into a group of shoppers whose needs and purchase patterns are changing quickly.

What this means:

01 **The heaviest buyers are cutting the most.** Chocolate spending among these households fell 10%. But before anyone started treatment, they were already spending 37% more on chocolate than everyone else. Many people taking these drugs were the heaviest buyers of the categories they are now cutting. A brand's risk is both its share of the population on these drugs, and how far its best customers over-index into that group.

02 **The risk is to mix and profitability.** As just one example, spending in convenience formats rose 6% for these households, against a 1% fall in large format supermarkets. The growth is in ambient groceries and fresh food, while impulse - biscuits, confectionery, snacks and soft drinks - fell 6%, worse than in supermarkets. People are using the convenience store as a small supermarket for a top-up shop and walking past the profitable aisle.

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Executive summary

03 Households with a GLP-1 user demonstrate a different set of needs:

Reduced effort

Planning, preparing and eating three big meals stops making sense when you are less hungry.

Managing side effects

Help to minimise or improve common side effects, such as nausea, bloating or bad breath, alongside physical changes to hair and skin.

Greater value from less

When you eat less every mouthful matters more, so consumers are looking for food with maximum nutritional benefits.

Changing indulgence

Changing tastes does not mean the complete absence of treats, but they look and taste different.

The sub-categories showing the largest gain among users of GLP-1 drugs meet at least two of the four needs above: chilled soup (+43%), prepared fruit (+25%), fish fingers (+24%), hard sweets (+20%) and still water (+19%). Almost none of them were designed for this shopper. They are winning by accident.

In Great Britain adoption has been rapid but is still early. No modern medicine has reached this proportion of adults this quickly, particularly given the majority are paying for private prescriptions. Statins, antidepressants and the contraceptive pill all took longer. Nor is it likely to reverse: a third of users expect to take the drugs permanently, 83% of those who have stopped would start again, and 22% of people who have never taken them would consider it.

Barring a major side effect not yet identified, **whatever share of your customers is on these drugs today is the smallest it will ever be.**



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01 A MAINSTREAM SHIFT IN CONSUMER BEHAVIOUR

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An introduction to weight-loss drugs

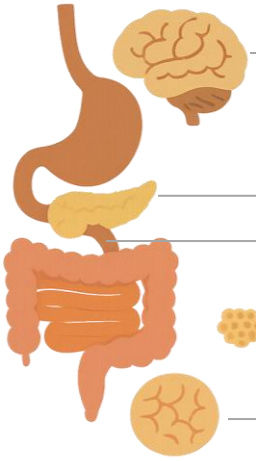
1. What are they?

Weight-loss drugs are based on analogues of hormones. To date they mimic two hormones released in the gut after eating (incretin hormones): GLP-1 (glucagon-like peptide-1) and GIP (glucose-dependent insulinotropic polypeptide).

Newer drugs in trials target other hormone receptors including those released from the pancreas, such as glucagon and amylin, and the gut lining, such as Peptide YY.[1]

2. How do they work?

The drugs work by mimicking the natural hormone(s), triggering responses in the body[1]:



Brain: Reduces appetite and increases satiety signals. Acts on reward circuits to reduce food cravings

Pancreas: Helps control blood sugar

Stomach to intestine: Slows emptying of food from the stomach into the intestine (when first taking the drugs)

Muscles and fat: Increases uptake and utilisation of glucose, and fat utilisation

3. What is available in the UK today? What are they used for?

LIRAGLUTIDE

Generic liraglutide available from 2024[2]

Saxenda®

Once daily injection (Weight loss)

SEMAGLUTIDE

For adults with type 2 diabetes
ONCE-WEEKLY
OZEMPIC®
semaglutide injection 0.5mg, 1mg, 2mg

Weekly injection (Type 2 diabetes)

ONCE-WEEKLY
wegovy®

Weekly injection or daily pill (Weight loss, fatty liver disease and cardiovascular disease)

RYBELSUS®
semaglutide tablets 7mg | 14mg

First pill format (Type 2 diabetes)

TIRZEPATIDE

once weekly
mounjaro®
(tirzepatide) injection 0.5 mL

Weekly injection (Weight loss and Type 2 diabetes)

ORFORGLIPRON

Foundayo™

Daily pill (Weight loss)

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Eating less is only the start

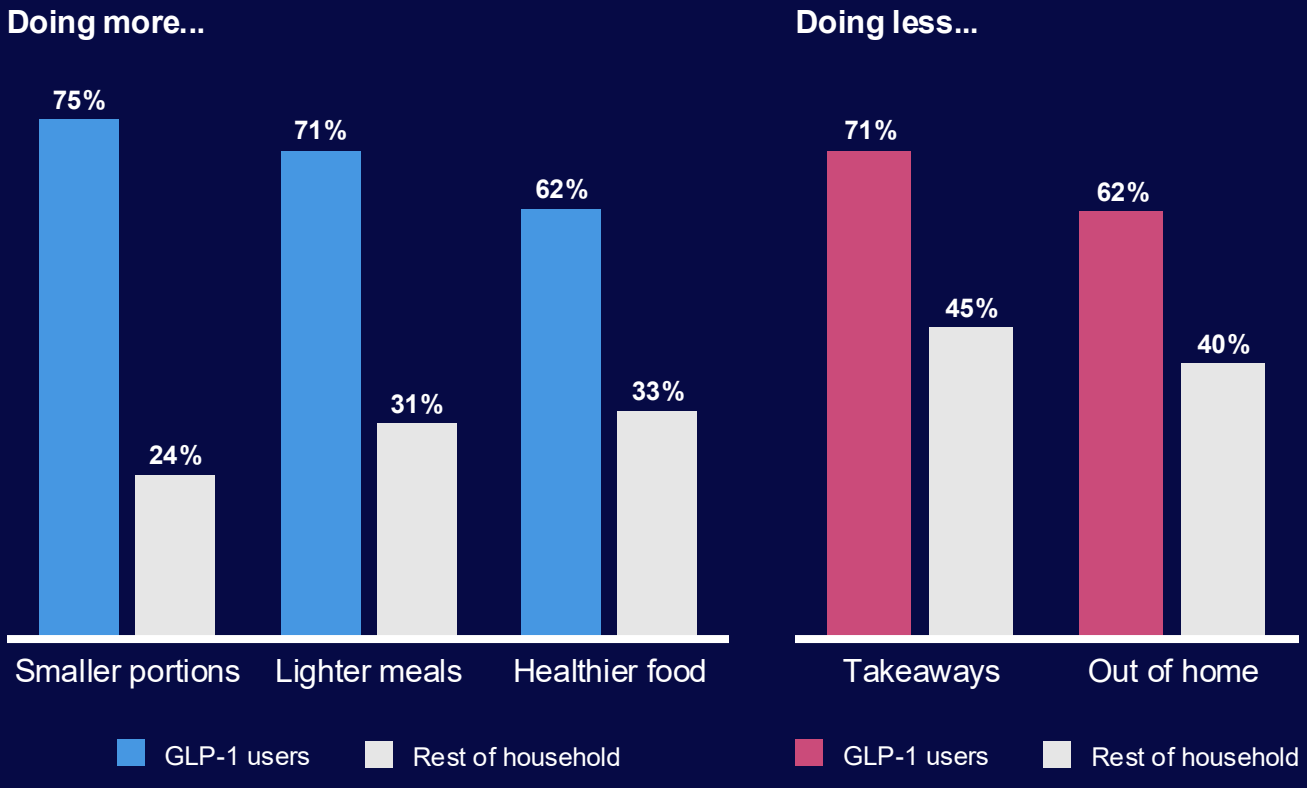
Weight-loss drugs change how much people eat, and what they choose.

For the first time, a drug is meaningfully changing how much and what people eat. Weight-loss drugs (referred to throughout this report as GLP-1s) cause calorie intake to fall sharply, by 16-39%.[3] They suppress appetite, prolong the feeling of fullness and slow stomach emptying. There is also growing evidence they act on the brain's reward circuits, with ongoing clinical trials exploring their potential to treat addiction and anxiety.[4]

Most attention regarding food has focused on the fall in volume and spend. Yet the changes extend beyond this. People on these drugs eat at different times, buy in different places, tolerate different textures and are willing to cook differently. A smaller appetite reorganises people's approach to feeding themselves.

And it does not stop with the person taking the drug. NielsenIQ's consumer panel survey data shows that when one adult starts, the rest of the household eats differently too – smaller portions, lighter meals, fewer takeaways.

% users and their households who say they have changed their eating and drinking habits due to GLP-1 drugs (NIQ consumer panel survey)



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These drugs are mainstream

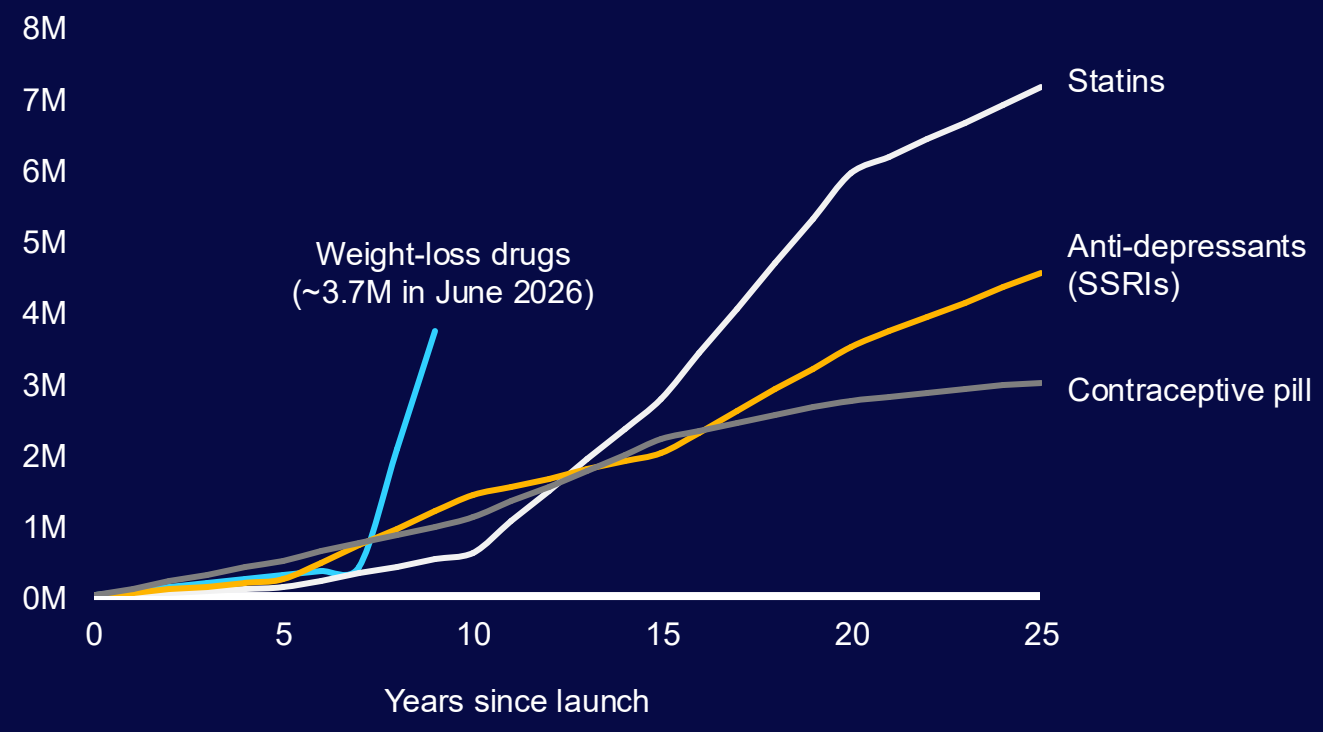
We have rarely had a drug adopted so quickly

By June 2026, 11.8% of GB households (~3.3 million) had at least one person taking a GLP-1 drug. This equates to ~3.7 million adults, with around 1.1 users per household.[5] No modern medicine has reached that share of the population this fast. Statins, antidepressants and the contraceptive pill all took longer.

They work because obesity is not a failure of willpower. Appetite, satiety and how the body stores energy are governed by a system linking the gut, the microbiome, the brain's hormones and our reward circuitry. These drugs act on that system directly, which is why they can be so effective.

Most people who take them will need to keep taking them. NielsenIQ's consumer panel survey indicates a third of current users expect to be on them permanently, 83% of those who have stopped would start again, and 22% of people who have never taken them would consider it. This is a significant shift in both awareness and openness when compared against similar surveys even just 12-24 months ago.

Estimated number of users[6] (million)



Note: Selective serotonin reuptake inhibitors (SSRIs) and statins were approved in the UK in 1989. GLP-1 RAs for weight management on the NHS were approved in the UK in 2020 (Saxenda), followed by Wegovy (2023) and Mounjaro (2024) – Saxenda was approved for private use in 2017. Number of users of weight-loss drugs calculated based on the number of households taking the drugs and the average numberof users per household.

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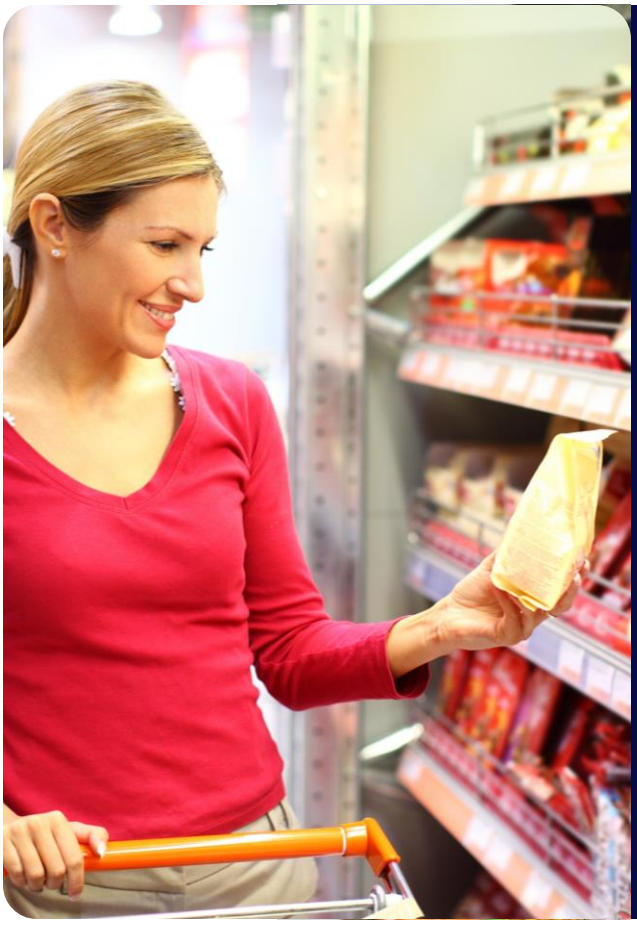
Who is taking them

Appeal for these drugs is broad





Six in ten GLP-1 users do their household's main grocery shop, and another two in ten share it equally. Together, GLP-1 users are influencing the food eaten for around 4.1 million other people.[7] The result is that in around a third of households, other members say they also chose healthier foods and lighter meals, whilst 35% ate less processed food and snacks. Takeaways and meals out of home decreased in popularity for 45% and 40% of households, respectively.

Gender likely plays an important role, with more women choosing what ends up in the household basket. NielsenIQ consumer panel survey indicates that 70% of main shoppers are women.

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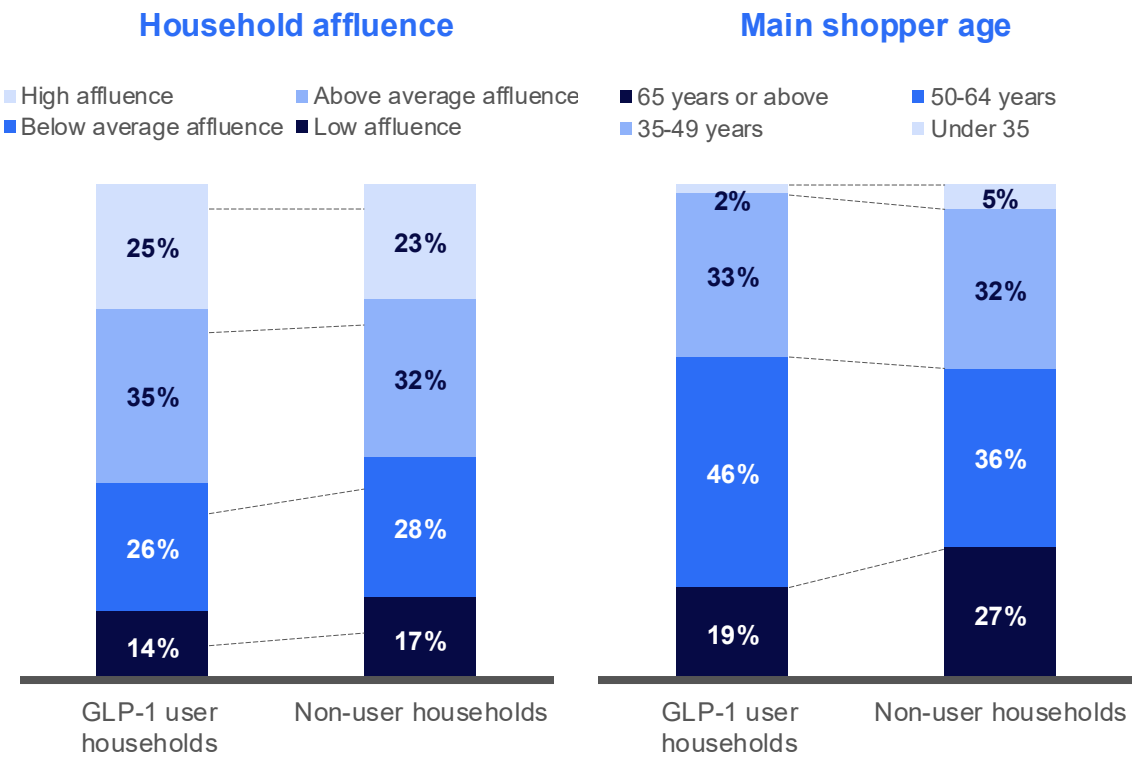
Who is taking them

Appeal for these drugs is broad

GLP-1 user household demographics compared to non-user households



Uptake is not limited to the affluent, with use of GLP-1s spread across income groups. The current NHS roll-out plans for weight loss will only reach 220,000 patients between 2025 and 2028[8], so the vast majority of users are paying £2,500 to £4,000 a year privately.[9] That results in access based on ability or willingness to pay, with a modest skew in uptake towards more affluent households – even though obesity is more common among the least affluent.[10]

There is greater variation in use across life stage, being more common in households where the main shopper is between 50 and 64.

Note: Affluence reflects a household's relative income level divided by household size. Households in NielsenIQ's total GB panel are ranked by equivalised income and grouped into four categories: low (20% of households), below average (30%), above average (30%) or high affluence (20%).

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02 CONSUMERS' PURCHASE PATTERNS

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Spend on groceries falls, except among the more affluent

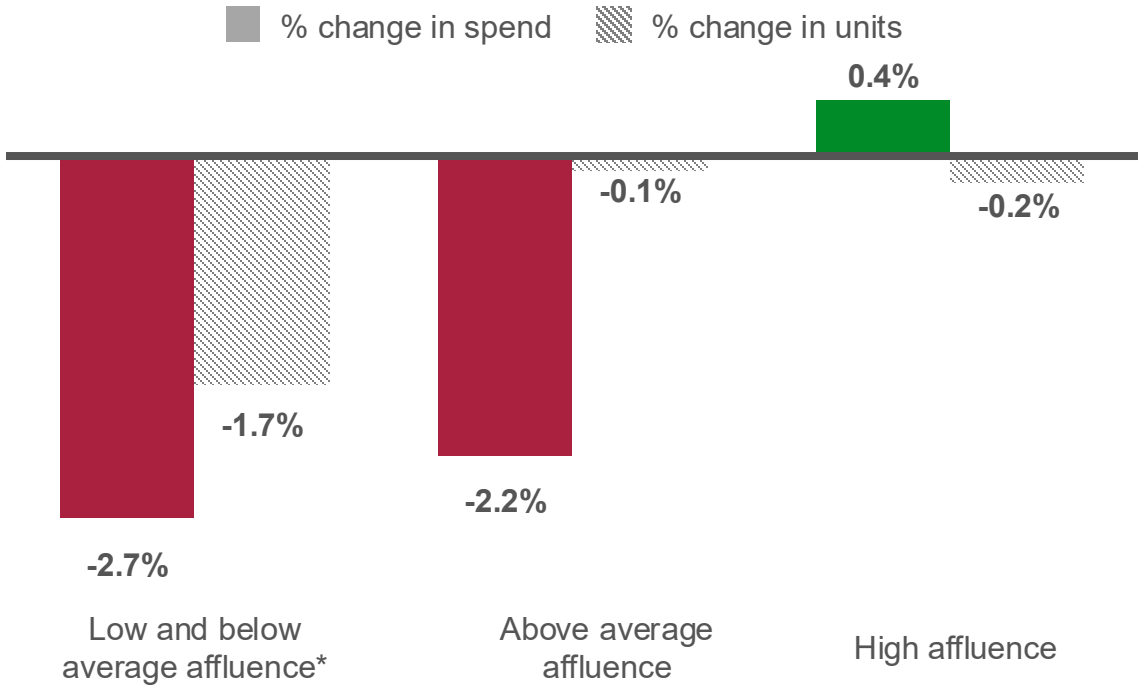
-1.9%

Lower spend on grocery food and drinks by households with at least one GLP-1 user vs. households with no users

Households with a GLP-1 drug user cut their spend on groceries by 1.9% more than non-users. The exception is the most affluent, who spend 0.4% *more* while buying 0.2% fewer items. Less affluent households do the opposite: spending down 2.7% on 1.7% fewer items.

The affluent group is trading up. We think that reflects the logic of a smaller appetite: if you can only eat a small amount, each item must earn its place, and buying smaller packs or more premium products is the outcome. For households with less to spend it appears that they simply buy less, and maybe even cheaper, given the budget stretch of a private prescription. Understanding these dynamics is one of the more commercially important questions this data raises.

% change in spend and units for households with a GLP-1 user versus non-user households



Note: (*) Low affluence and below average affluence groups were combined as the low affluence group n is not sufficient to report on alone

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The biggest gains and losses

Twenty of the largest categories where spend changed most

Pre-prepared components



Sandwiches



Prepared fresh meat



Fresh ready meals



Cooked meat



Cooking sauces

Complete scratch cooking



Rice & grains



Fresh fish



Oil



Frozen meat



Canned beans and pasta

Still and plain drinks



Still wine



Water
(still & carbonated)



Tea

Carbonated and flavoured



Sparkling wine



Flavoured carbonates



Fresh fruit juice & smoothies

Treats



Fresh desserts



Sweets

Dairy



Butter



Cheese

Note: Categories shown exceed predefined thresholds for both household count (GLP-1 households n>40) and total spend in each six-month period (>£50k for non-users).

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Four emerging themes for people taking GLP-1s

Appetite, physical tolerance and nutrition all change at once when someone starts these drugs. Very few products on shelf today were developed or marketed for this – the successful products are ones that happen to fit their needs.

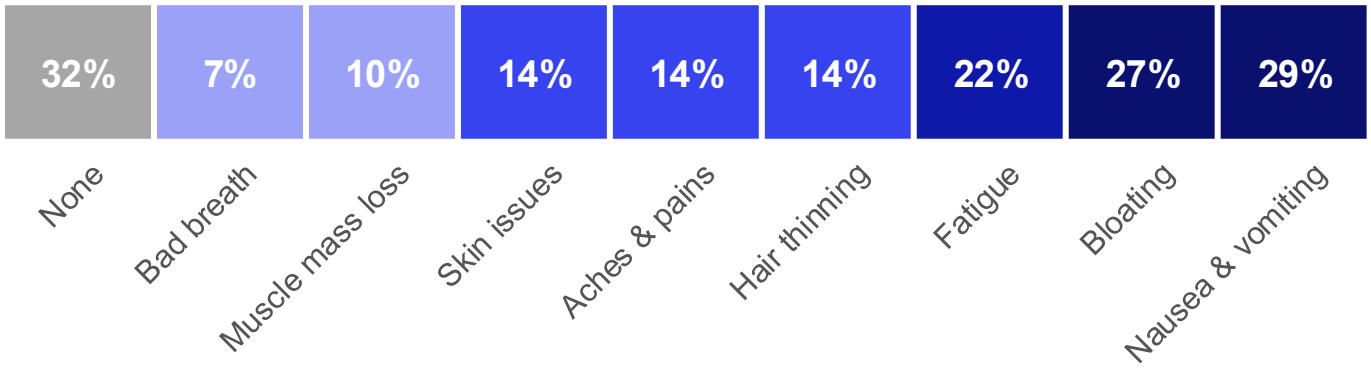
1. Reduced effort: food that is easier to buy, prepare and eat

Three big meals a day stop making sense when you are not hungry at mealtimes – 40% of users are having fewer regular meals. People want more flexibility instead, looking for food that is ready when they are: quick to prepare, easy to portion, and with no leftovers to throw away.

2. Managing side effects

Side effects vary from person to person, but nausea, digestive discomfort, dry mouth and changes in taste are the common ones. They prompt people towards lighter, plainer, more soothing food products, as well as beauty and personal care products. However, around a third of users report no side effects at all.

Percentage of users reporting side effects (can select multiple)



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3. Greater value from less

When the weight-loss drugs solve the hard work of eating less, it creates space to consider what to eat more of. Choices can be about what to seek out, rather than the restriction and avoidance of diet culture: sugar, salt, saturated fat. Protein, fibre, micronutrients and hydration all become more valuable, particularly when they arrive in something easy or enjoyable.



4. Changing indulgence

GLP-1 users still want food to give joy and have a treat. Indulgence moves away from highly calorific, carbohydrate-dense, rich products such as baked goods and chocolate, to portion-controlled, smaller options including fresher cream-based desserts, hard sweets and hot chocolate.

We explore these through four categories on the following pages:

	Reduced effort	Managing side effects	Greater value from less	Changing indulgence
Prepared meals	●	●	●	
Pre-prepared components	●	●	●	
Confectionery		●		●
Soft drinks		●	●	●

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How to read the following pages

Calculating the difference in spend

The difference in spend compares the purchase data of two groups:

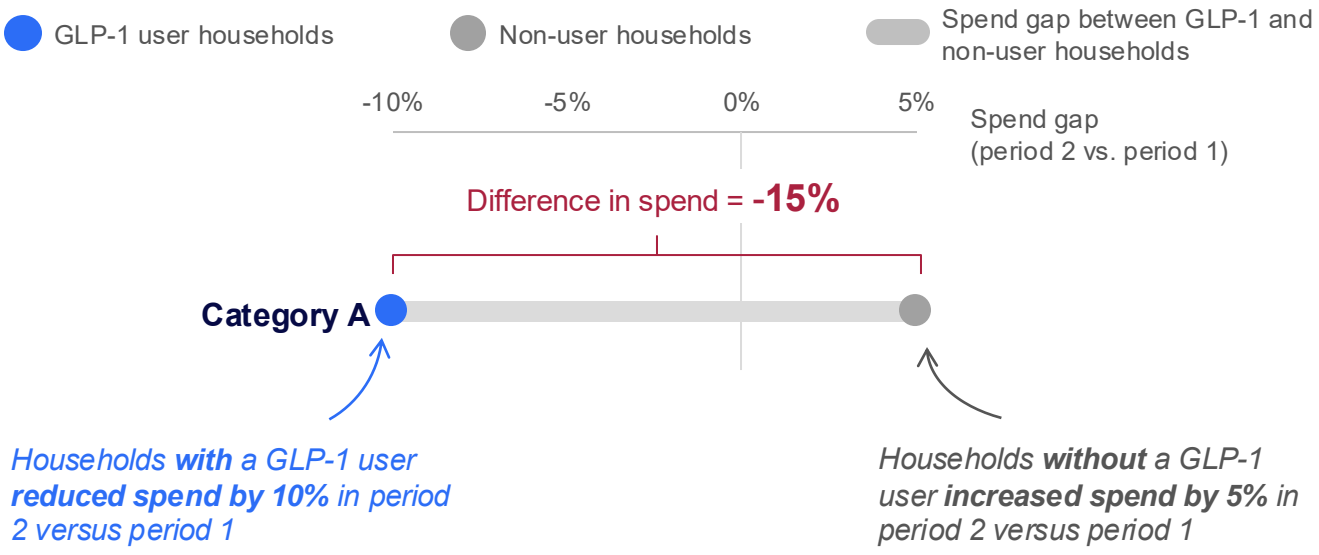
- **GLP-1 user households:** Households with at least one person taking weight-loss drugs, having started the drugs between June and November 2025 and continued through to June 2026
- **Non-user households:** Households with no current or past user

It is calculated through two steps:

1. For each group, we compare their grocery spend between December 2024 and May 2025 (Period 1) with the same 26 weeks in 2026 (Period 2), e.g. the -10% for the GLP-1 user households below
2. We then compare the change in spend between the two groups – **this is the difference in spend we show,** e.g. the -15% difference in spend below

Illustrative chart

Here is an illustrative example that shows how spend on Category A for GLP-1 user households declined by 15% relative to non-user households over the same time period.



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Prepared meals: At home convenience

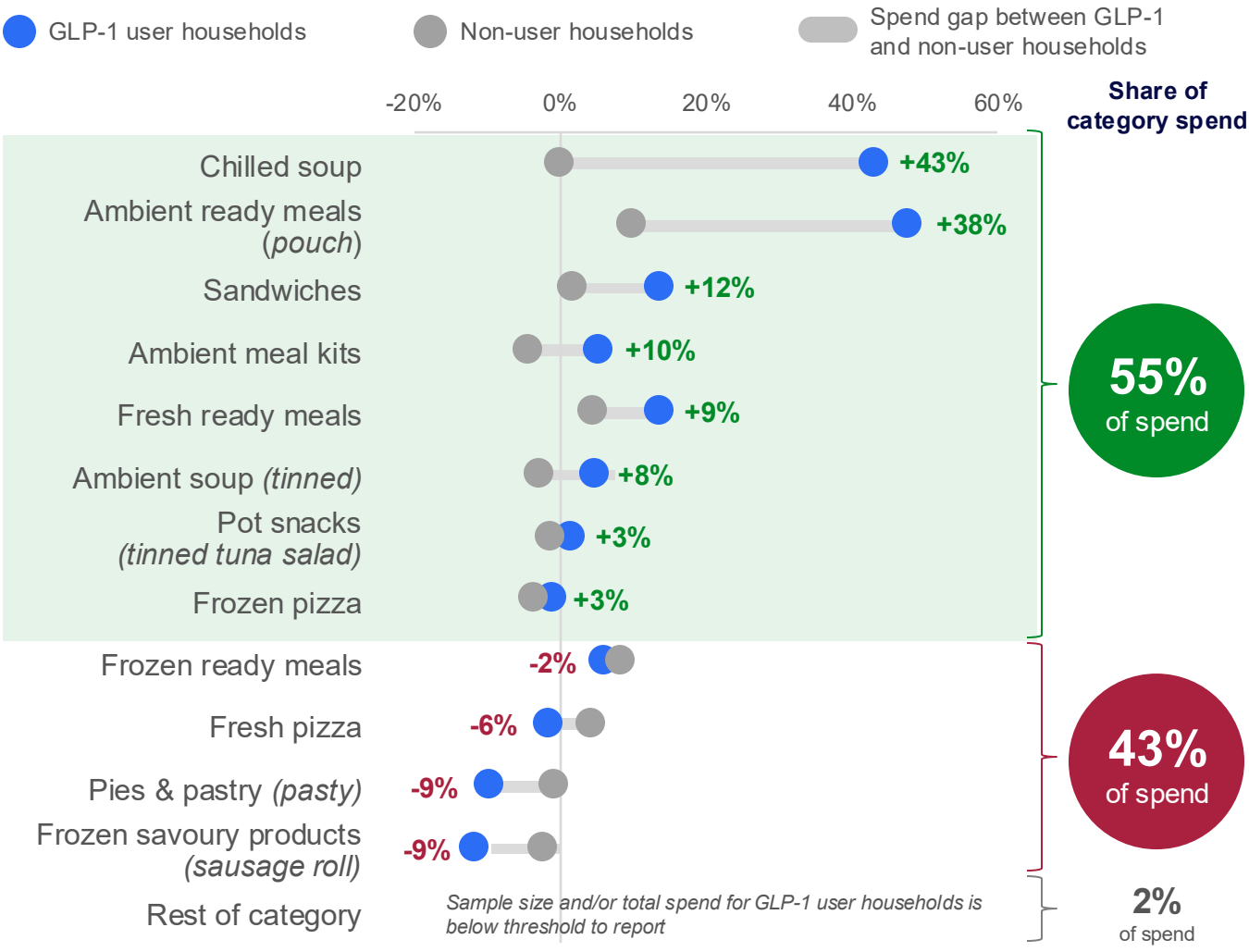
Prepared meals are the clearest winners. GLP-1 user households are buying meals that are easy to prepare and eat, often in small portions.

Soup leads. Chilled soup is up 43% and ambient soup 8% – light, warm and hydrating. Ambient ready meals are up 38%, which fits the same logic: shelf-stable, single-portion, no planning. Fresh ready meals, over a quarter of the category, are up 9%. Consumer panel survey answers suggest this is people replacing takeaways and meals out.

Frozen ready meals and savoury products are proving harder to win, with spend 2% and 9% lower, respectively. Overall, this indicates a broader spend shift for GLP-1 user households away from frozen (bar some notable exceptions such as frozen fish fingers), towards fresh and ambient products. This pattern may simply reflect that the current offer on the shelf isn't meeting people's shifting needs.

Prepared meals: changes in spending post GLP-1 adoption

Pre-assembled meals requiring little or no additional preparation before consumption



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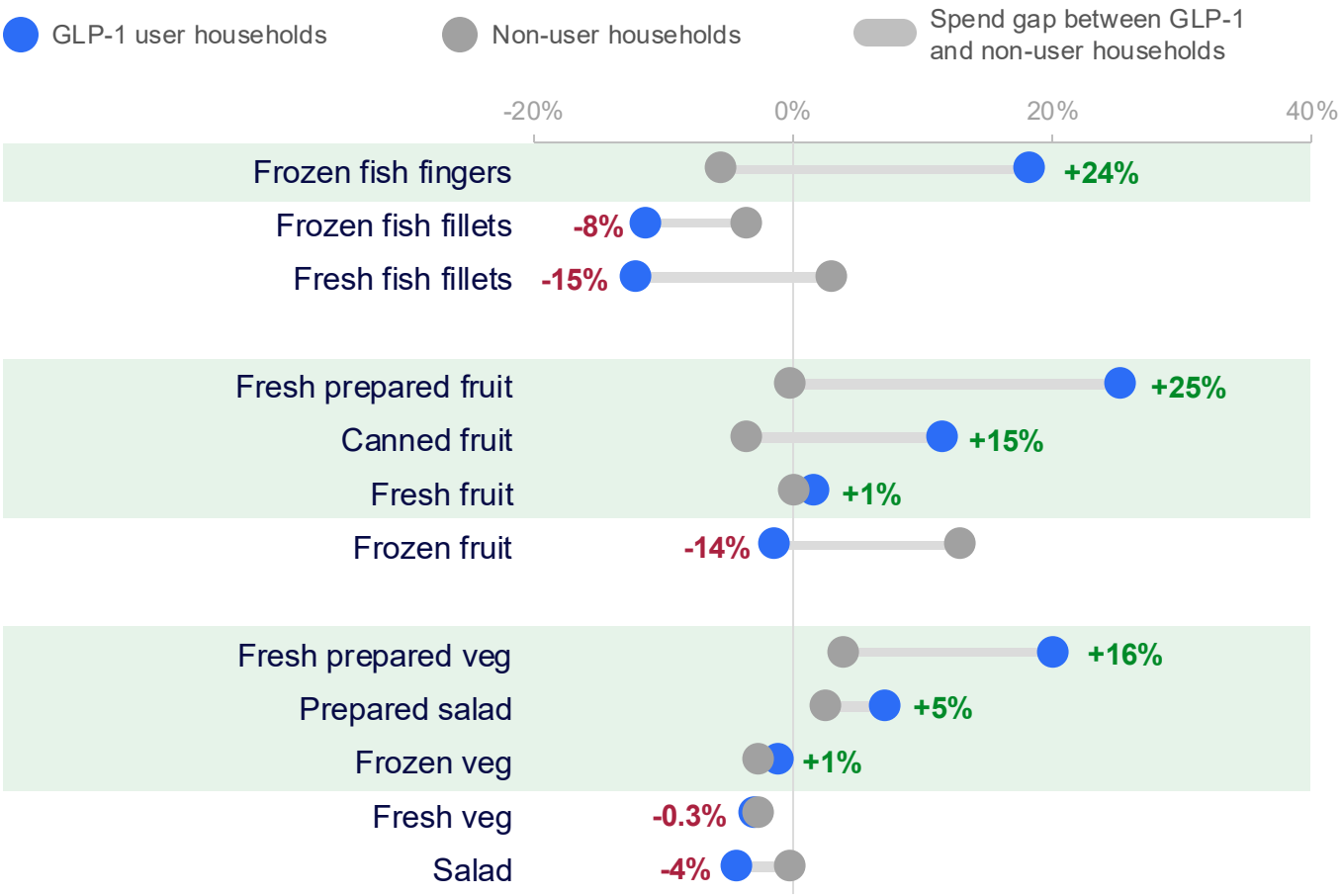
Pre-prepared components: Fewer steps, not less cooking

Thirty-six per cent of households with a GLP-1 user say they cook from scratch more than they used to. These households are buying prepared, portion-controlled components to incorporate into smaller or quicker home-cooked meals.

Fish fingers are up 24% while fish fillets fall – frozen down 8%, fresh down 15%. Prepared fruit is up 25% and canned fruit 15% while whole fresh fruit sits flat. Prepared vegetables are up 16% and prepared salad 5%, while loose veg and salad are slightly down.

Fish, fruit and vegetables: changes in spending post GLP-1 adoption

Fresh, ambient and frozen fish, fruit and vegetables



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Confectionery: From treat to tool

Sugar confectionery is up 10% while chocolate is down 10%. Chewing gum (+37%) and hard sweets such as mints and boiled sweets (+20%) are behind the rise.

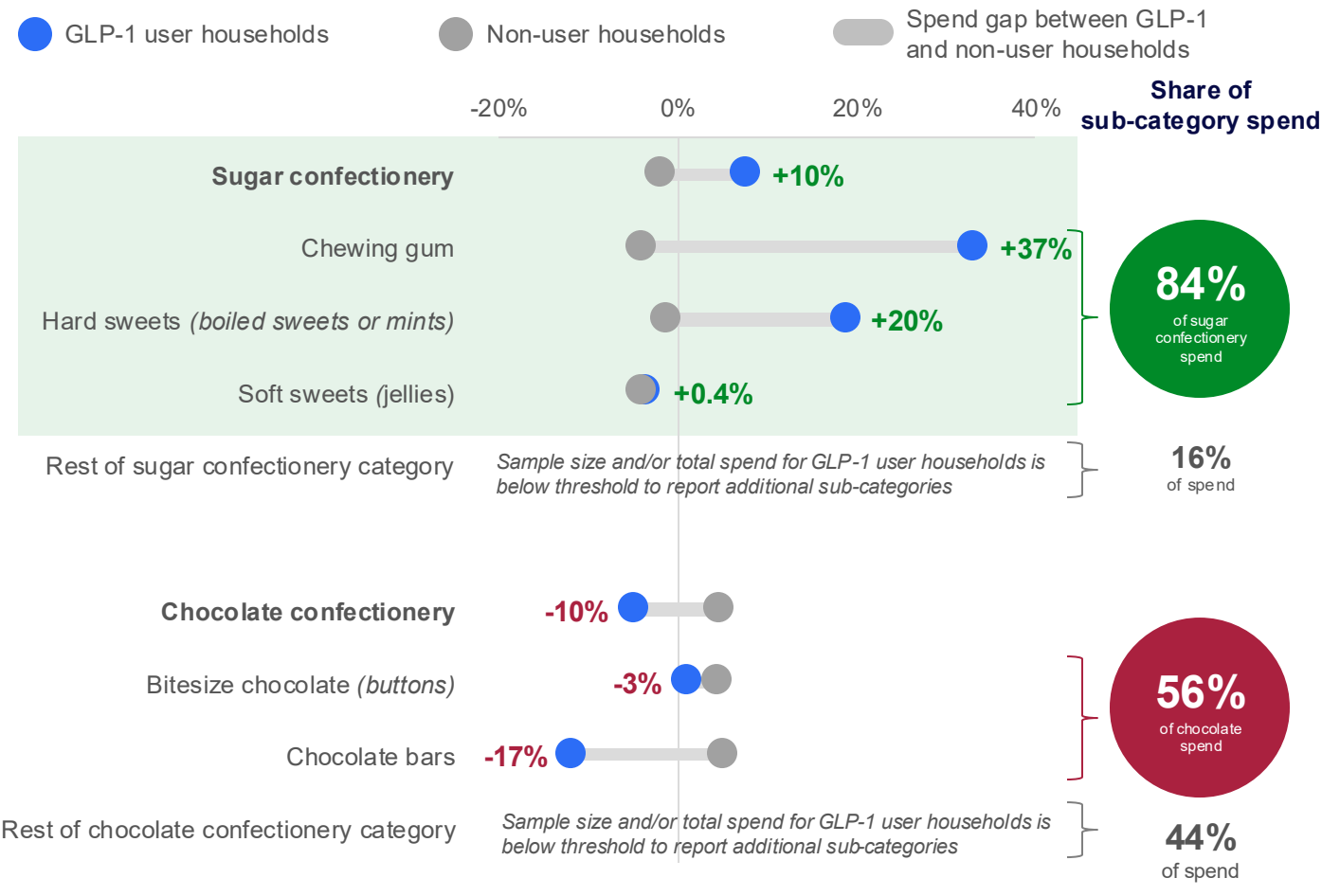
The cause is not clear. Bad breath is the obvious candidate, but only 7% of users report it, which seems unlikely to move a category this far on its own. The "Ozempic dry mouth" phenomenon might also contribute to this effect.[11]

The story in chocolate is simpler. Chocolate bars are down 17% while bitesize chocolate is down only 3%, so the losses sit in the larger formats.

The exposure is worse than a 10% fall suggests. Before anyone started treatment, these households spent 37% more on chocolate than everyone else. Afterwards, 25% more. Chocolate is over-indexed to the people now taking these drugs.

Confectionery: changes in spending post GLP-1 adoption

Chocolate and sugar confectionery (sweets)



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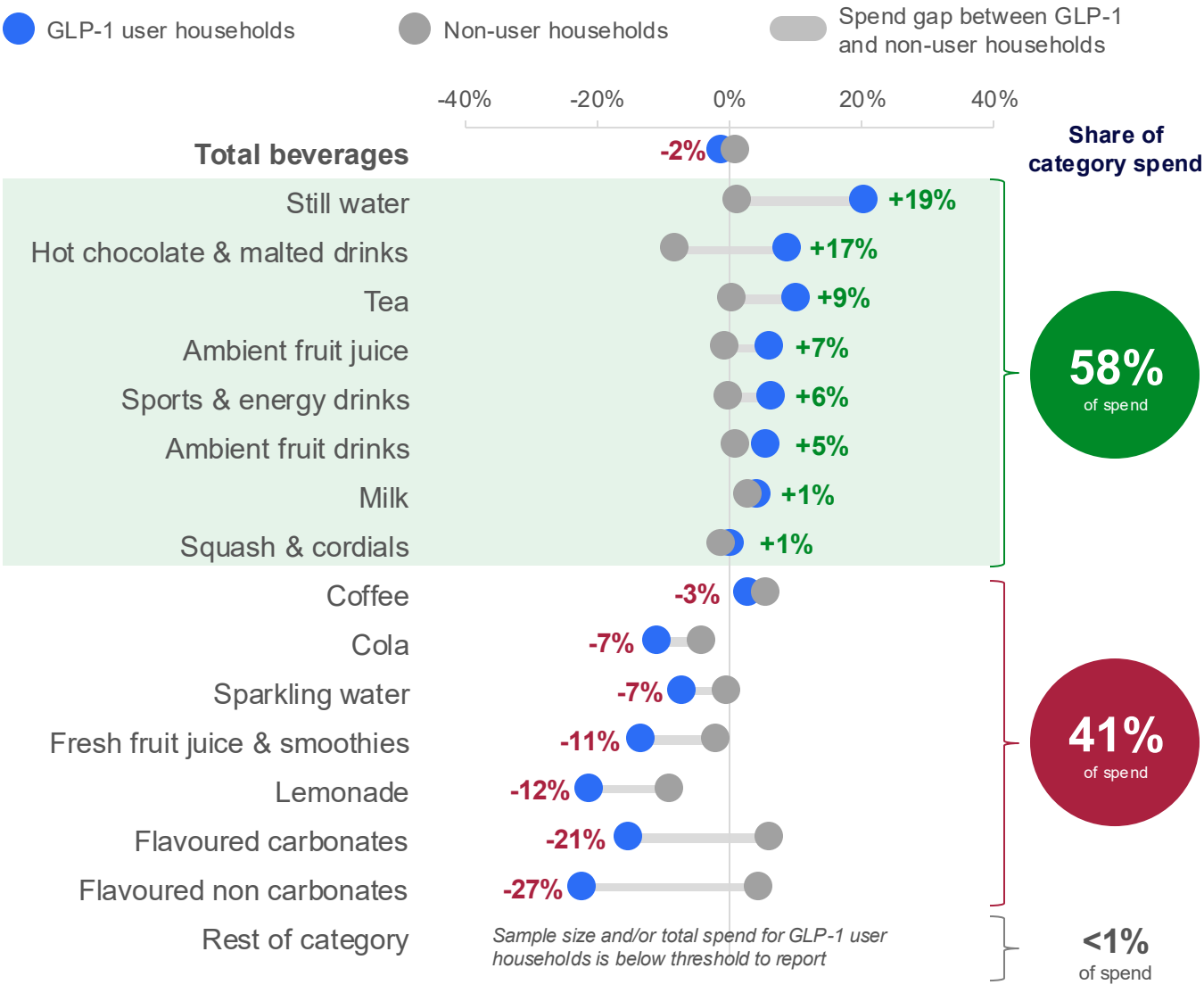
Soft drinks: Hydration in, bubbles out

Soft drinks spending is down 2% overall, and the mix underneath has changed significantly. Still water is up 19%, hot chocolate 17% and tea 9%. Anything fizzy is struggling: flavoured carbonates are down 21%, lemonade 12% and sparkling water and cola 7%. This may be down to taste preference, searching for the most hydrating options, or managing side effects (27% report bloating).

Beverages: changes in spending post GLP-1 adoption

Soft drinks



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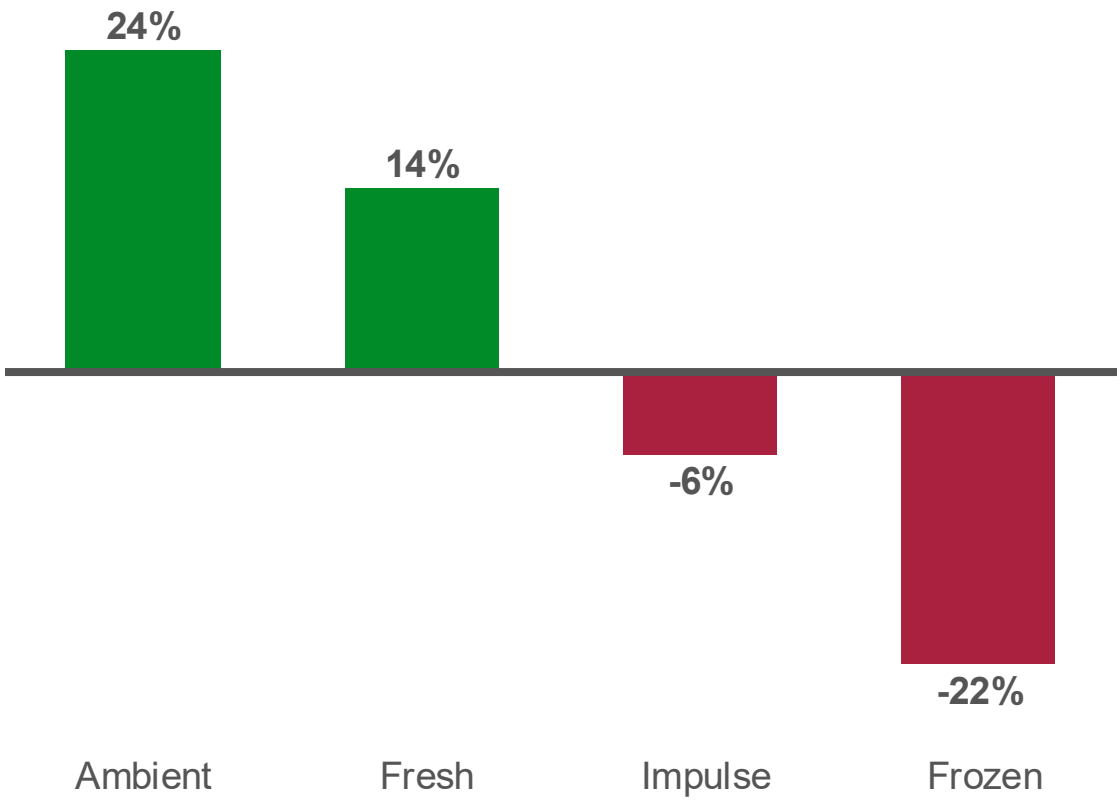
Convenience stores are winning spend, but face risks

Spending in convenience formats is up 6% for these households, against a 1% fall in large format supermarkets. On the surface, it looks like a success story. But it may not all be good news.

The growth sits in ambient groceries (+24%) and fresh food (+14%). Impulse – biscuits, confectionery, snacks and soft drinks – is down 6%, worse than the 3% fall in supermarkets. Frozen is down 22%. People are treating the convenience store as a small supermarket for a top-up shop, and skipping the highly profitable impulse categories.

Directionally, alcohol appears to fall steeply too, though too few households bought it in this channel for us to state that with confidence. It is worth watching. GLP-1 drugs are being tested as treatments for alcohol dependence, smoking and gambling.[12] If those licences come through, the pressure on the impulse aisle gets considerably worse.

% spend change for convenience store purchases, by category



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03 WHERE NEXT: FOLLOWING THE US TRAJECTORY

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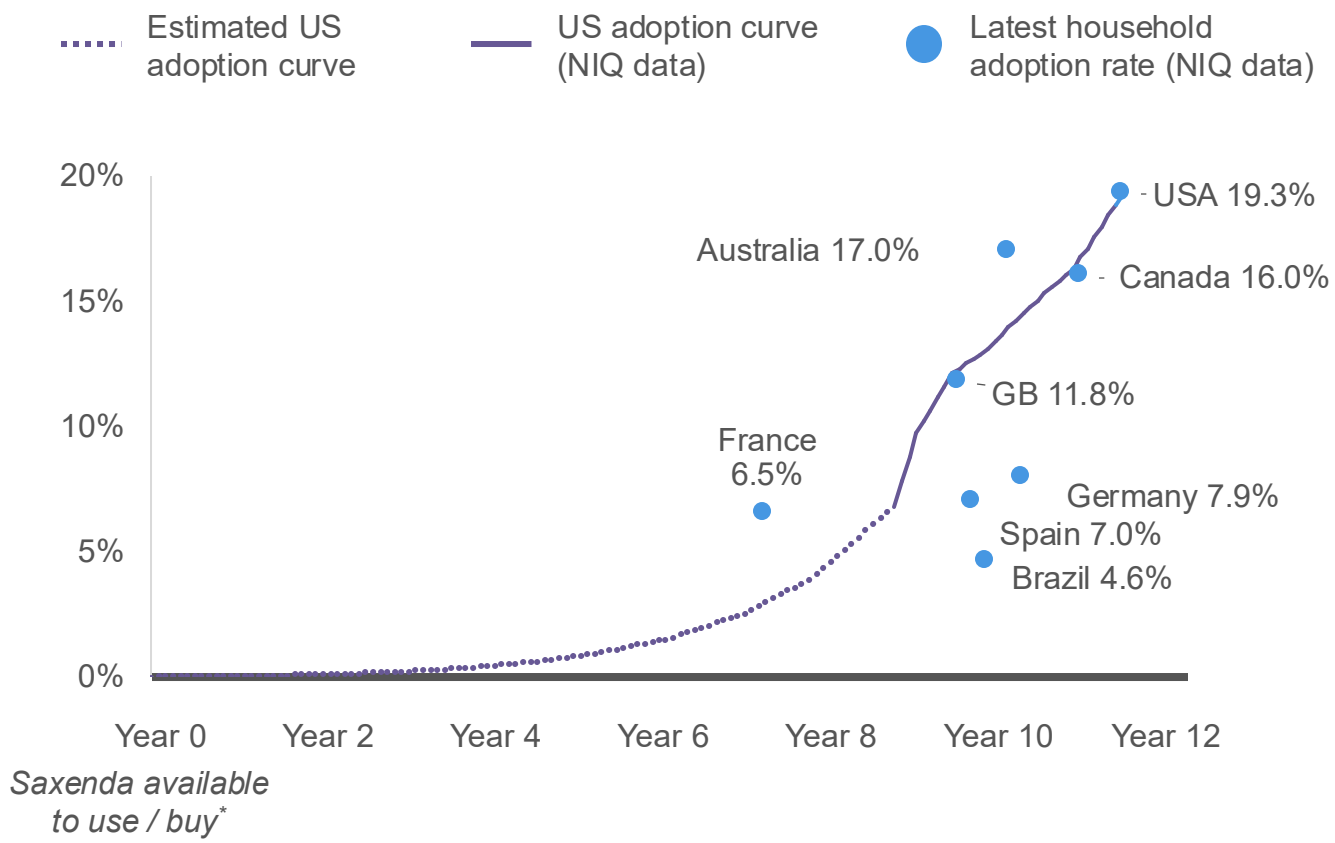
Other countries are following the US adoption curve

Percentage of households with at least one GLP-1 user[14]

Indexed to month 0 which is defined as the month when the first GLP-1 for weight loss (Saxenda) was made available in each country. Only includes active GLP-1 users.*



All countries are experiencing rapid adoption. As a class of drugs, GLP-1s have been around since 2005[13], Saxenda was the first drug approved for weight loss. It was first available in the US – early 2015 – closely followed by Canada, then Spain, Germany, Australia and Brazil in 2016, the UK in 2017 (private prescription) and France* from 2021.[14]

It was only after the approval and launch of Ozempic (2018-2020 for Type 2 diabetes)[15] that use of these drugs accelerated. Since then the US has led in approvals: Wegovy (semaglutide) in 2021, Mounjaro (tirzepatide) in 2022, licences for heart and kidney disease, and the Wegovy pill in December 2025.[16] Canada and GB are tracking the American curve closely. Australia and France adoption is even steeper.

Ones to watch are Canada and Brazil. Generics arrived there this year and cut prices by 70 to 80%.[17] Whatever happens to the grocery basket when these drugs get cheap will happen there first.

Note: (*) France is the exception where Ozempic (for Type 2 Diabetes) was approved in April 2019, nearly two years before Saxenda (Mar-2021). On this chart France is plotted where year 0 is the launch of Ozempic. All other countries shown here approved Ozempic after Saxenda.

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The next generation of drugs will expand eligibility and adoption

Uptake depends on who can access the medication, how easily, and if they stay on them. Four changes will widen access:

FORMULATION INNOVATION

Improved efficacy (e.g. retatrutide, not expected before 2027[18]) and fewer side effects (e.g. Eli Lilly mid-stage trials with bimagrumab to preserve muscle mass[19])

NEW FORMATS

First UK weight-loss pills – Wegovy and Foundayo – launched in July and August 2026, respectively.[20] Amgen has a monthly injection (MariTide) in late-stage trials, with results expected in 2027.[21]

ADDITIONAL DISEASE AREAS

In trials for chronic kidney disease, obstructive sleep apnoea, heart attack recovery, neurodegenerative diseases, osteoarthritis, and substance use disorders.[22]

AVAILABILITY OF GENERICS

In the UK, semaglutide (Wegovy, Ozempic) patent ends in March 2031 and tirzepatide (Mounjaro) in 2032.[23]

In other markets, this will be sooner.

New innovations are rapidly emerging whilst generics drastically improve affordability.

Today, obesity rates are a primary factor in adoption rates, but do not solely determine them. Who pays (from public or private health schemes to individuals), new approvals of indications for additional diseases or conditions, new formats (oral pill, monthly injections) and the launch of generics will all play a role.

These factors are all moving in the direction of broader access. Drugs are getting more effective and easier to tolerate, while innovation, competition and patent expiry will encourage prices down. Alongside new indications for additional diseases, the eligible population will expand, as will those who choose to take these drugs.

Barring any major side effects yet to be identified, **whatever share of your customers is on these drugs today, it is likely to be the smallest it will ever be.**

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Conclusions

Over three and a half million adults are taking weight-loss drugs in Great Britain, and they cut their grocery spending by 1.9% more than anyone else. From this early view of the shifting purchase patterns, these households are making material changes in what they choose to buy and eat.

Questions for your business:

- **How exposed is your business?** What proportion of your customers are taking weight-loss drugs today, how will this evolve, and which customer segments and missions are most affected? Were these your best customers 12 months ago?
- **Within your key categories, which product lines are winning and which are losing?** Don't miss the reallocation within the category, and across categories for a similar need.
- **If volumes held, but the product mix moved, how soon would you see the profitability impact?**
- **Does your product portfolio meet the needs of this emerging group of consumers**, and does it hold relevance as people's outlook and relationship to food undergoes a fundamental reset?

These questions are about strategic choices, informed by reliable data. This report draws on NielsenIQ's GB panel, which identifies GLP-1 households and tracks what they buy, week by week, across every grocery category and channel. It can be cut to your categories, your brands and your shoppers, and it follows the same households as they move through treatment. What we have shown here is a fraction of what it holds.

Want to learn more?

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How we can help | Bramble Intelligence

We believe that the value in the food system of the future will be captured by businesses that lead this change rather than react to it.

Our mission is to work with these businesses to build a thriving food system that generates prosperity, restores the environment, and provides nourishing food for everyone.

Bramble Partners has two businesses:

- Bramble Intelligence uses proprietary insight and evidence to help leaders spot opportunities, avoid risks, and capture value as the food industry changes.
- Bramble Investments is a £100m venture fund investing across the food system value chain – from soil to gut. We back the most ambitious innovators.

For more on Bramble Partners please visit: www.bramble.partners

We work with clients in food from a range of industries – FMCG brands, manufacturers, retailers – on the implications of these drugs. We help clients understand their exposure across the customer base and product portfolio, set the strategy by making bold portfolio choices which win in the future, and build leadership team consensus, courage and commitment to act.

Strategy: Insight into Action

Clients work with us to quantify profit exposure to the impacts of the GLP-1 drugs across customer segments, categories, brands or channels.

We identify propositions, ingredients, formats, partnerships and translate recommendations into a board-ready execution plan.

Innovation: Meeting the customer of tomorrow

A partnership to develop and launch new products and ranges that meet evolving consumer needs.

We work alongside your team to turn emerging consumer insights into new propositions, products and ranges, from concept through to launch.

WHO WE ARE – LEADERSHIP TEAM



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How we can help | NielsenIQ

See what's changing. Understand why. Act with confidence.

Consumer behaviour is constantly evolving, shaped by changing lifestyles, economic pressures, health priorities, demographics and emerging trends. The businesses that win are those that identify these shifts early and turn insight into action. NielsenIQ helps clients do exactly that.

Thanks to our **Consumer Panels**, available across 23 markets worldwide, we continuously track the purchasing behaviour of the same households over time. This provides a unique understanding of **who consumers are, what they buy, how their behaviours are changing, and what those changes mean for brands and retailers.** With a consistent methodology across countries, clients can benchmark performance, compare shopper trends across markets and access harmonised multi-country insights with confidence.

By combining Consumer Panel insights with Retail Measurement Services and Advanced Analytics, NielsenIQ delivers a connected view of consumers, products and markets. From understanding emerging shopper needs to identifying whitespace opportunities, optimising portfolios and evaluating innovation, we help businesses make better decisions across the entire product lifecycle.

This report demonstrates the power of that approach. Using NIQ's Consumer Panel, we tracked real households before and after GLP-1 adoption, uncovering not only what changed, but why. This is just one example of how longitudinal consumer data can help businesses anticipate disruption, identify growth opportunities and stay ahead of evolving consumer needs.

Want to learn more?
Get in touch with our expert team to explore how NielsenIQ can help your business.

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04 APPENDIX

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NIQ BRAMBLE INTELLIGENCE

Methodology

The findings in this report draw on unweighted grocery purchase data and survey responses from 9,278 GB households through NIQ's consumer panel. Spend change is measured on a household level, not an individual spend level. All out-of-home spending is excluded.

Households with at least one individual who started GLP-1 treatment during the six months from June to November 2025 (n=269), and are still using them, are compared with non-user households (n=9,009), with the distribution of GLP-1 user households by treatment-start month shown below.

For both groups, grocery purchases during the 26 weeks to week 22 of 2025 (period 1), before treatment began, are compared with the same period in 2026 (period 2), after treatment began. Given the range of treatment-start dates, GLP-1 user households had been receiving treatment for between approximately one and six months at the start of period 2, and 6-12 months by the end.

Changes in spending are measured using differences in natural logarithms, allowing them to be interpreted proportionally and reducing the influence of unusually large absolute increases.

The change among non-user households is then subtracted from the change among GLP-1 user households to control for inflation, seasonality and broader grocery market shifts. The remaining difference represents the estimated change in grocery purchasing attributable to GLP-1 use.

% difference in GLP-1 user spend relative to non-user households =

GLP-1 USER HOUSEHOLDS *(n=269)*

% change in GLP-1 user household spend

$$= \ln\left(\frac{\text{Period 2 spend}}{\text{Period 1 spend}}\right)$$

−

NON-USER HOUSEHOLDS *(n=9,009)*

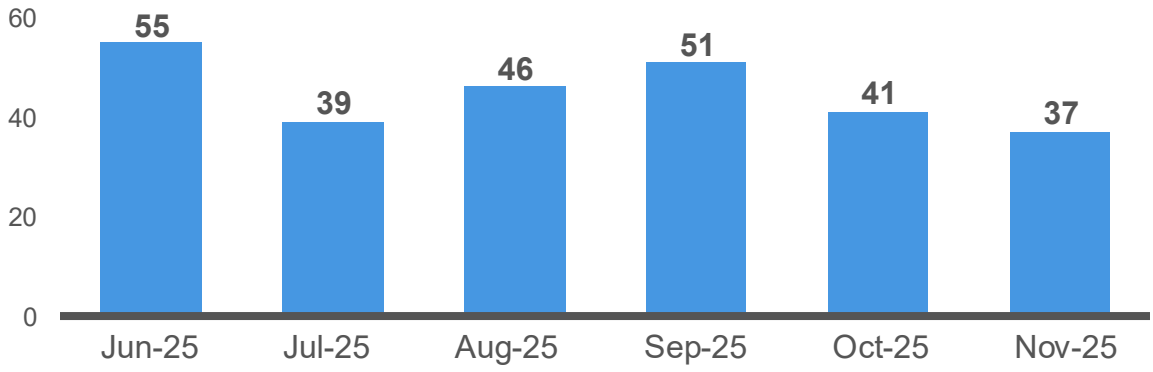
% change in non-user household spend

$$= \ln\left(\frac{\text{Period 2 spend}}{\text{Period 1 spend}}\right)$$

GLP-1 user households by starting month

Number of households

Total households = 269



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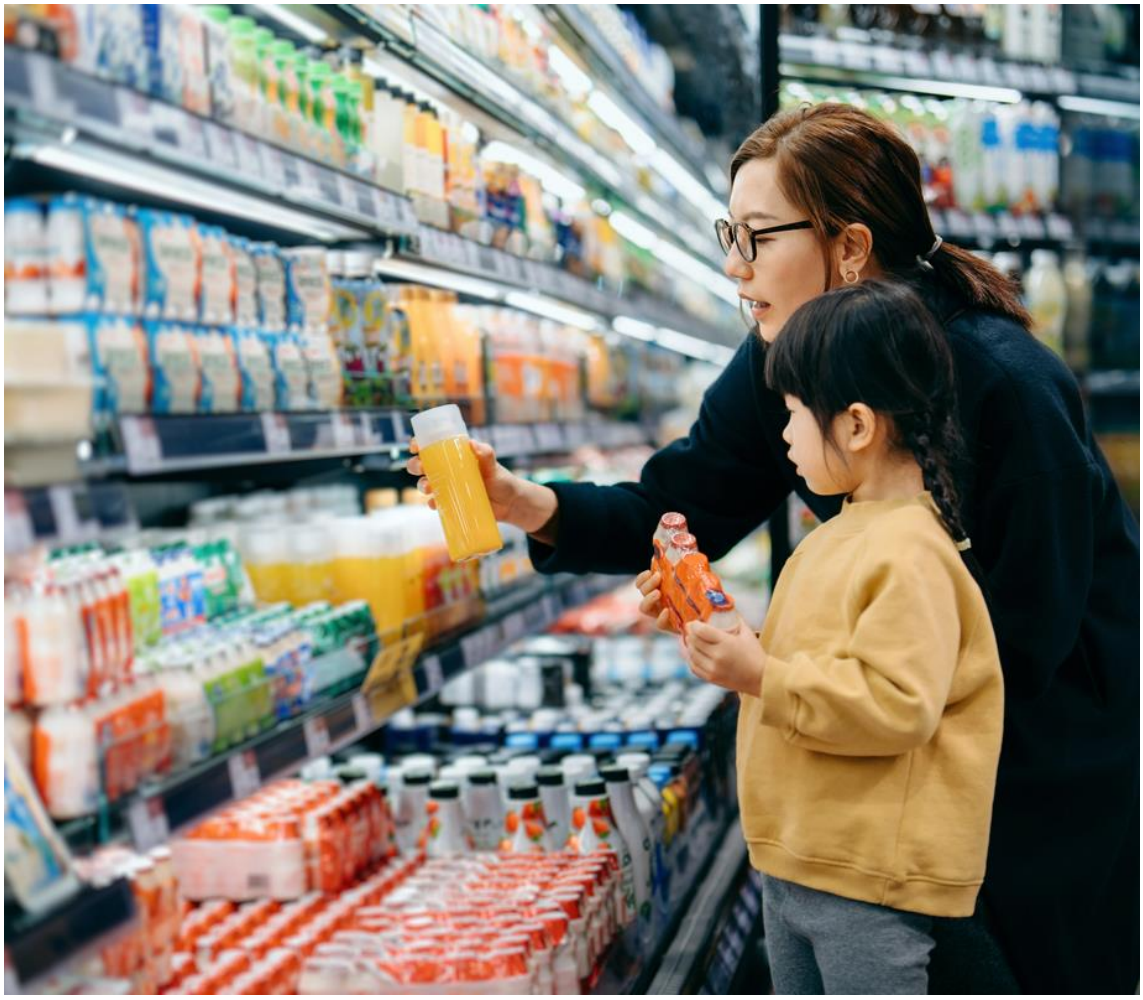
Interpreting these insights

This analysis draws on household purchasing data for 269 panellists who reported starting a GLP-1 between June and November 2025, and were still actively using them in June 2026, compared with 9,009 non-users. It provides a valuable early indication of how and where grocery food and beverage spending is shifting among GB GLP-1 users.

Given the relatively small cohort of 269 GLP-1 users, the findings should be viewed as directional evidence of emerging patterns.

We are continuing to track these patterns across GB households. As the cohort grows, this ongoing analysis will provide greater clarity and confidence in the direction, scale and persistence of the shifts, deepening our understanding of how GLP-1 use is reshaping household purchasing behaviour over time.



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Glossary

Affluence – A classification based on household income divided by household size. Households are ranked and divided into four groups – low, below average, above average, and high affluence – each representing 20-30% of households on NielsenIQ's total GB panel.

Category spend share – The proportion of category spend by GLP-1 user households and non-user households in period 2.

Cardiovascular disease – A group of conditions affecting the heart or blood vessels.

Chronic kidney disease – A long-term condition in which the kidneys lose their ability to filter waste and extra fluid from the blood.

Consumer panel – A recruited group of households or individuals who report purchases or behaviour over time.

Drug efficacy – The ability of a medicine to produce its intended beneficial effect under defined conditions.

Generics – Medicines with the same active ingredient and clinical effect as a reference drug, usually sold at lower cost.

GB – Great Britain (England, Scotland and Wales).

GLP-1 – Glucagon-like peptide-1, a gut hormone that helps regulate appetite, fullness and blood glucose.

GLP-1 RA – GLP-1 receptor agonist: a medicine that mimics GLP-1 activity to affect appetite and blood glucose.

GLP-1 user household – Panellists who confirmed that at least one household member was a current user of an eligible treatment and had started their prescription between June and November 2025. For simplicity, we refer to this group as 'GLP-1 users' throughout.

Gut microbiome – The community of microorganisms and their genetic material living in the digestive tract.

Impulse – Products purchased in the moment with no prior planning or intent. Includes confectionery, crisps, snacks and soft drinks.

Liraglutide – A GLP-1 RA sold under brand names including Victoza (T2D) and Saxenda (weight loss).

Non-user household – A comparison panel household reporting no current or previous GLP-1 use (n=9,009).

Obesity – In most adults, a body mass index (BMI) of 30 or above.

Orforglipron - A GLP-1 RA pill sold under the brand name Foundayo.

Overweight – In most adults, a BMI from 25 to 29.9.

Period 1 – 26 weeks ending week 22 of 2025.

Period 2 – 26 weeks ending week 22 of 2026.

Reward circuitry – Brain networks involved in motivation, pleasure, learning and reinforcement.

Satiety – The feeling of fullness that ends a meal and delays the next eating occasion.

Semaglutide – A GLP-1 RA sold under brand names including Ozempic and Rybelsus (for T2D), and Wegovy (for weight loss).

SSRIs – Selective serotonin reuptake inhibitors: antidepressants that increase serotonin signalling in the brain.

Statins – Medicines that lower LDL cholesterol and reduce the risk of cardiovascular disease.

Substance use disorder – A pattern of substance use that causes significant impairment, distress or loss of control.

Total panel – GLP-1 user households and non-user households.

Tirzepatide – A dual GIP/GLP-1 receptor agonist sold under the brand names Mounjaro (T2D, and weight loss in the UK) and Zepbound (weight loss in the US).

Type 2 diabetes (T2D) – A condition in which blood glucose is too high because insulin is insufficient or does not work effectively.

Unweighted data – Raw sample results that have not been adjusted to match the wider population profile.

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