

# Dermatology After GLP-1s: Why Expectations Have Changed Forever

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The rise of GLP-1 receptor agonists represents more than a breakthrough in metabolic medicine. It marks a fundamental shift in how patients engage with healthcare — and in what they expect from it. What began as a treatment for type 2 diabetes has rapidly evolved into a global phenomenon driven largely by weight loss and aesthetic motivation, ultimately delivering meaningful improvements in cardiovascular risk, metabolic health, and long-term outcomes.

For the healthcare industry, the lesson is clear: **aesthetic drivers can unlock profound health benefits**. And for dermatology — a specialty uniquely positioned at the intersection of medicine, appearance, and identity — this shift has permanent implications.

As Healthcare Business Outlook curates this Dermatology Care Edition, one question becomes unavoidable: *is dermatology evolving fast enough to meet the post-GLP-1 patient mindset?*

## What GLP-1s Have Taught the Healthcare System

GLP-1 therapies have challenged a long-standing assumption in medicine: that aesthetic or lifestyle-motivated interventions are secondary to “true” health outcomes. In reality, GLP-1s demonstrate that patient motivation rooted in appearance and self-optimization can drive sustained engagement, adherence, and ultimately superior health outcomes.

Large clinical programs have shown that GLP-1 receptor agonists not only achieve durable weight loss but also reduce cardiovascular events and mortality in high-risk populations. The aesthetic driver acted as a gateway — not a distraction — to better health.

This model matters deeply for dermatology. Skin disease is rarely fatal, but it is persistently visible. Patients experience it daily, socially, professionally, and emotionally. As GLP-1s have normalized long-term injectable therapy for optimization rather than survival, they have raised the bar for what patients consider acceptable, worthwhile, and transformative care.

## A Reality the Industry Can No Longer Ignore

Few would have predicted, even a decade ago, that patients would voluntarily self-inject for years to lose weight. Yet this is now routine. The broader implication is not about injections — it is about **expectation recalibration**.

Patients today are increasingly oriented towards **healthspan**, not just lifespan. They seek interventions that preserve function, appearance, confidence, and quality of life across decades, not merely prevent acute deterioration. This mindset is reshaping clinical decision-making across specialties — including dermatology.

The implication for healthcare leaders is significant: treatments are no longer evaluated solely on efficacy and safety, but on how well they align with patients' lived experience.

### Skin as an Organ — and an Interface

Skin is the largest organ of the human body, a critical immunological barrier, and a central component of personal identity. Unlike many internal organs, it is constantly on display. As such, skin disease affects not only physical health but also self-esteem, social participation, intimacy, and employability.

This reality is reflected in the scale of the global aesthetics and cosmetics market, which continues to grow at pace. Patients are willing to invest heavily in skin appearance — often out-of-pocket — because they perceive it as integral to wellbeing.

The strategic question for pharmaceutical and healthcare stakeholders is whether **medical dermatology has fully internalized this value framework** when developing and positioning treatments for skin disease.

### Health Optimization and the New Dermatology Patient

The health-optimization mindset reinforced by GLP-1s is now influencing patient expectations in dermatology in several ways:

- Patients seek **earlier, proactive intervention**, even in non-life-threatening diseases.
- They expect therapies that are compatible with long-term use and daily life.
- They are less willing to accept trade-offs that compromise appearance or function.
- They increasingly benchmark medical dermatology against aesthetic dermatology standards.

This evolution is already visible in chronic inflammatory diseases.

In psoriasis and atopic dermatitis, disease location — especially involvement of the face, scalp, hands, or genital areas — is now recognized as disproportionately impactful, even when overall disease burden is limited. This recognition has driven broader access to advanced systemic therapies, including biologics, representing a major shift toward patient-centered decision-making.

Similarly, acne is no longer dismissed as a benign rite of passage. Its psychological and social burden is well documented, and demand for safer, more effective, long-term treatments continues to grow.

These advances illustrate an important point: **dermatology has already begun to move beyond binary outcomes — but unevenly**.

### From Disease Clearance to Long-Term Patient Centric Outcomes

Historically, success in dermatology has often been defined in binary terms: lesion removed or not, disease present or absent. While clinically clear, this framework fails to capture the full impact of dermatologic disease and its treatment over time.

The shift from lifespan to healthspan requires a broader lens — one that values durability, appearance, function, and patient-reported outcomes alongside traditional clinical endpoints.

Skin cancer care provides a clear example of this gap

### Skin Cancer: Where Expectations Are Catching Up Fast

Non-melanoma skin cancers are among the most common malignancies worldwide, and surgery has long been the cornerstone of treatment. From a survival perspective, this approach is highly effective.

However, for tumors located on the face or functionally sensitive areas, surgical cure can come at a significant cost: visible scarring, anatomical distortion, and lasting functional impairment.

Basal cell carcinoma, the most common cancer globally, exemplifies this tension. Despite its prevalence — and despite the disproportionate impact of high-risk facial disease — therapeutic innovation beyond surgery has been limited.

In a post-GLP-1 world, patients increasingly question whether cure alone is sufficient. For many, lifelong facial scarring or functional compromise is no longer an acceptable outcome, particularly when less invasive or complementary alternatives may be scientifically feasible.

### **A Call for Boldness in Dermatology Innovation**

The success of GLP-1s was not accidental. It resulted from aligning scientific innovation with how patients want to live — healthier, longer, and with agency over their bodies.

For dermatology, this moment presents both a challenge and an opportunity. Moving forward will require:

- Trial designs that meaningfully integrate **patient-reported and aesthetic outcomes**
- Investment in **non-surgical, patient-friendly modalities**, particularly in oncology
- Recognition that appearance, function, and identity are not secondary endpoints, but core components of value
- A willingness from pharma and healthcare systems to rethink what “success” looks like

Incremental progress will not be enough. The expectations have shifted permanently.

### **Conclusion: A New Treatment Lens for Dermatology**

The GLP-1 era has changed how patients think about healthcare — and what they demand from it. Dermatology, by virtue of its visibility and impact on daily life, stands at the forefront of this transformation.

As the industry moves from lifespan to healthspan, dermatologic innovation must evolve from binary disease control to long-term, patient-centred outcomes that reflect how people live, age, and present themselves to the world.

The science is advancing. The patients are ready.

The next step belongs to the healthcare and pharmaceutical leaders shaping the future of dermatology care.