More Than a "Magic Shot": A 12-Year-Old's Perspective on Wegovy

by Chrissie Ott, MD

As a physician, coach and mother, I've learned that conversations about childhood weight are rarely just about food. They are about biology, shame, belonging, bullying, identity, hope and the quiet calculations children make about whether they are acceptable in the world.

Over the past year, my 12-year-old daughter, Isa, has been taking Wegovy, a GLP-1 medication approved for adolescents and adults with obesity. Like many families, we approached the decision with both curiosity and uncertainty. Would it help? Would it change her relationship with food? Would it change how she felt about herself?

What follows is not a dramatic transformation story. It is something more nuanced and perhaps more useful.

It is Isa's lived experience.

A Little Nervous at First

When I asked Isa what it was like to first hear she might start Wegovy, she answered with the honesty only a 12-year-old can offer.

"I was low-key kind of scared," she told me. "I didn't know what it was gonna do."

The injections worried her at first, too. She has never been a fan of needles. But after the first dose, she realized it wasn't nearly as frightening as she had imagined.

"It's really small," she explained. "On a scale from one to ten, it hurts like a one and a half usually ... sometimes a two and a half." Occasionally, she said, it hurt more, "but only for a second."

Like many patients starting GLP-1 medications, Isa experienced some nausea early on and even vomited a couple of times during the first two months. After nearly a year on the medication, though, she says it mostly just feels "kind of normal."

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Teen Obesity Treatment Options

Treatment plans for adolescents with obesity should be individualized and based on overall health, medical history, growth and development and family preferences. Comprehensive care includes guidance and regular check-ins around dietary habits, physical activity and behavioral health within a medical home that knows the teen and family well.

For some teens, healthcare professionals may discuss additional treatment options such as medications or metabolic and bariatric surgery as part of a broader care plan, especially if more conservative approaches have not been effective after six months. Referral to a clinician who is board-certified in obesity medicine may also be appropriate at this stage. Many pediatricians may not realize that referral for specialized obesity care can be just as appropriate as referral to a specialist when a child needs a tonsillectomy.

The American Academy of Pediatrics recommends that healthcare professionals may consider:

- Obesity medications for adolescents age 12 and older with obesity (BMI at or above the 95th percentile for age and sex)
- Metabolic and bariatric surgery for adolescents age 13 and older with:
  - Class 2 obesity (BMI at or above 120% of the 95th percentile) with obesity-related health conditions
  - Class 3 obesity (BMI at or above 140% of the 95th percentile)

Not every treatment option is appropriate for every teen. Decisions should be made carefully with a healthcare professional experienced in obesity care.

More Than Weight Loss

What has changed most noticeably is not dramatic weight loss. In fact, Isa has experienced only modest weight changes overall. But for the first time in years, her weight appears to have stabilized.

"I haven't lost a lot of weight," she said. "I've stayed the same weight as I was a year ago and I'm a little bit less than that now as well."

Then she added something I hadn't realized she was aware of:

"I'll usually gain at least 20 pounds a year."

For Isa, maintaining relative stability has felt meaningful.

"I think I'm glad," she said about starting the medication. "Because I haven't gained any weight since I started it."

And yet, one of the most important things she wants people to understand is that Wegovy is not a "magic bullet."

"You have to exercise," she told me. "That's a big part of going on Wegovy."

Food Is Still Food

She still enjoys food. She still thinks about food often. She still experiences strong cravings.

"My brain still makes me want to be hungry all the time," she explained. "But I feel like it makes you stop eating after a more appropriate amount than before."

When I asked if there are foods that are hard to resist, her answer was immediate:

"Barbecue. Burgers. Starbucks."

This may be one of the most important realities for adults to hear: medications may alter appetite regulation, but they may not erase the emotional, social, sensory and neurological pull of food, especially in children.

Isa also loves fruits and vegetables, whole grains and lean protein. We still eat together as a family most nights.

Finding Movement That Feels Good

Isa also spoke openly about exercise. She enjoys movement when it feels fun and voluntary: softball, casual volleyball, walking and rowing while watching television.

But she also described the very normal resistance many kids feel after a long school day.

"Sometimes it can be annoying," she admitted. "If I've just had a long day of school and one of you guys is like, 'Come on, let's go for a walk,' and I'm just like, 'No.'"

> "She does not describe Wegovy as life-changing. Nor does she dismiss it. Instead, she describes it as helpful. Useful. A tool."

The Weight of Stigma

What emerged most powerfully during our conversation, however, was not about medication at all. It was about stigma. At one point, I asked Isa what it had been like to experience social rejection related to her body.

"It was kind of hard," she said quietly. "I thought it was my fault that I was fat." She described being bullied by another student who mocked her body and excluded her socially. "She told me I couldn't go on the trampoline because of my size."

Listening to her, I was reminded once again that childhood obesity is not merely a medical issue. It is often an emotional and relational one. Children absorb the messages we send them through peers, schools, media and even healthcare settings. Too many children internalize the belief that their bodies are moral failures.

A Tool, Not a Cure

What I appreciate most about Isa's perspective is her refusal to oversimplify any of this. She does not describe Wegovy as life-changing. Nor does she dismiss it. Instead, she describes it as helpful. Useful. A tool.

It's been helpful in slowing rapid weight gain that had become concerning from a health standpoint. It has helped her feel fuller sooner. Helpful enough that she is glad she started it. But not magical. Not total. Not the whole story.

Perhaps that honesty is exactly what we need more of in conversations about pediatric obesity treatment. Families deserve realistic expectations. Children deserve compassionate support. And kids like Isa deserve the chance to speak for themselves.

Isa reviewed and approved the sharing of her words in this article.

About the Author
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OAC
Obesity Action Coalition

ABOUT THE **OBESITY ACTION COALITION (OAC)**

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.

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The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

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