




Review

Ozempic Face: An Update and Critical Review

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Abstract: Background: The term “Ozempic face” has entered both medical and public discourse to describe facial hollowing, skin laxity, wrinkling, and age-amplifying soft-tissue changes observed after rapid weight loss associated with glucagon-like peptide-1 receptor agonist (GLP-1RA) therapy. Although the phrase is now widely recognized, the scientific literature remains heterogeneous and is composed largely of reviews, commentaries, infodemiologic studies, surveys, case reports, and small interventional series. Methods: A comprehensive review of studies published between 2024 and 2026 in MEDLINE, PubMed, and Ovid was undertaken. Forty-four articles addressing semaglutide- and GLP-1RA-associated facial, skin, perioperative, psychosocial, ethical, and therapeutic issues were analyzed. Studies were classified according to the Oxford Centre for Evidence-Based Medicine Levels of Evidence (March 2009). Results: The available literature suggests that “Ozempic face” is best understood not as a drug-specific facial disease, but as a clinically recognizable soft-tissue phenotype resulting from rapid or substantial weight loss, often superimposed on baseline intrinsic and extrinsic facial aging. Recurrent themes across the 44 studies included midfacial deflation, temporal hollowing, periorbital skeletonization, skin redundancy, worsened rhytides, and patient dissatisfaction despite successful metabolic outcomes. Public interest in both cosmetic weight loss and facial restoration rose sharply in parallel with widespread GLP-1RA adoption. The evidence base remains dominated by lower-level studies, but emerging reports describe potential roles for topical volumizers, biostimulatory injectables, hyaluronic acid fillers, radiofrequency-based tightening, ultrasound-associated peri-procedural regimens, and preventive aesthetic planning. Ethical concerns include off-label cosmetic prescribing, drug allocation, informed consent, body-image pressure, and the risk of stigmatizing effective obesity treatment. Conclusions: “Ozempic face” is a useful descriptive term, but it risks oversimplifying a multifactorial phenomenon driven by weight-loss velocity, magnitude of adipose depletion, age-related tissue reserve, skin quality, and patient expectations. Current evidence supports a multidisciplinary approach centered on anticipatory counseling, individualized facial assessment, conservative preventive strategies, and tailored restorative management. Higher-quality prospective studies with objective imaging, standardized outcome measures, and longer follow-up are needed to define incidence, risk factors, prevention, and treatment efficacy.

Keywords: semaglutide; glucagon-like peptide 1 receptor agonists; weight loss; face; skin aging; body image

1. Introduction

The rise of glucagon-like peptide-1 receptor agonists has transformed the therapeutic landscape of obesity and type 2 diabetes [1], while simultaneously creating a new vocabulary at the intersection of metabolic medicine and aesthetics. Among the most visible examples is “Ozempic face,” a popular and increasingly medicalized term used to describe facial hollowing, skin laxity, accentuated folds, and a prematurely aged appearance developing after rapid weight reduction. Although the phrase originated in lay and media discourse, it has now been adopted within dermatology, plastic surgery, and aesthetic medicine literature as a pragmatic shorthand for a recognizable pattern of soft-tissue change in susceptible patients [2,3].

At a biologic level, the face is especially vulnerable to weight-loss-associated contour change because facial youthfulness depends on a delicate equilibrium among skeletal support, ligamentous architecture, superficial and deep fat compartments, muscular tone, dermal thickness, and skin elasticity [4,5]. When weight loss occurs rapidly, especially in middle-aged and older adults with diminished collagen reserve and reduced elastic recoil, facial fat depletion may exceed

the skin envelope's capacity to contract. The result is not simply a "smaller face," but a redistributed and often aesthetically discordant face: flatter malar projection, deeper nasolabial folds, increased jowling, temporal deflation, and more visible mandibular skeletonization [6,7].

Current literature further suggests that "Ozempic face" is not unique to semaglutide itself [8]. Rather, it appears to represent a phenotype associated with accelerated fat loss from medical or surgical weight-reduction strategies, subsequently amplified by baseline age, photodamage, skin quality, and patient-specific facial anatomy [9]. This distinction is important, because framing the phenomenon as an intrinsic toxic effect of one drug may obscure the more plausible explanation that substantial and rapid adipose loss unmasks or intensifies pre-existing age-related structural decline. Several recent reviews and commentaries have emphasized precisely this point, arguing that the face changes are mechanistically linked to weight-loss dynamics rather than to a novel dermatologic entity [10,11].

Even so, the impact of the term should not be underestimated. Google Trends and related infodemiologic analyses demonstrate striking increases in public interest not only in Ozempic and cosmetic weight loss, but also in aesthetic sequelae and restorative procedures. This suggests that the phenomenon is clinically relevant in two parallel ways: first, as a visible consequence of successful weight reduction in some patients; and second, as a powerful expectation-shaping narrative that may influence treatment uptake, satisfaction, and demand for adjunctive facial procedures [12]. In other words, "Ozempic face" is simultaneously a morphologic concern and a sociocultural construct.

The concept also matters because it has practical implications across multiple specialties. Dermatologists and plastic surgeons are increasingly asked to distinguish normal post-weight-loss deflation from pathologic volume loss, counsel patients contemplating GLP-1RA use, optimize timing of procedures, and manage a spectrum of changes involving the face, neck, skin, and even hair [3]. Perioperative planning has also become more complex, given concerns regarding nutrition, muscle loss, gastric emptying, and surgical recovery in patients actively using weight-loss medications [2]. Accordingly, aesthetic practitioners now encounter GLP-1RA therapy not as a niche issue, but as a routine variable in comprehensive facial assessment [13].

Despite intense attention, the evidence remains immature. Much of the literature consists of narrative reviews, letters, expert perspectives, surveys, and database analyses rather than controlled prospective trials. Nonetheless, the emerging body of work is sufficient to support a critical synthesis. The present review therefore aims to examine the contemporary literature on "Ozempic face" published from 2024 to 2026, summarize the 44 identified studies individually, classify them according to Oxford evidence levels, and critically evaluate what is currently known about pathophysiology, public perception, risk stratification, prevention, aesthetic management, and ethical practice. By separating measurable evidence from cultural amplification, this review seeks to provide a more balanced and clinically useful framework for understanding an issue likely to remain central to aesthetic medicine as pharmacologic weight loss continues to expand.

2. Methods

A comprehensive literature review was performed using MEDLINE, PubMed, and Ovid for studies published between 2024 and 2026 addressing semaglutide, GLP-1 receptor agonists, rapid pharmacologic weight loss, facial aging, facial volume loss, skin aging, perioperative considerations, aesthetic complications, and treatment strategies relevant to the phenomenon popularly termed "Ozempic face." The final review set consisted of 44 studies.

Eligible publications included systematic reviews, narrative reviews, infodemiologic analyses, cross-sectional studies, imaging-based observational studies, surveys, case reports, case series, clinical interventional studies, letters, editorials, and ethical analyses. Articles were evaluated for publication type, study design, scope, principal theme, and relevance to facial or aesthetic consequences of GLP-1RA-associated weight loss. Because the contemporary literature is still developing, lower-level evidence such as expert perspectives and case-based reports was retained in order to capture the full clinical conversation around this topic.

All included studies were classified according to the Oxford Centre for Evidence-Based Medicine Levels of Evidence [14]. The results are presented in a study-by-study format modeled on the attached template article, followed by a critical synthesis of the overall evidence base, recurring mechanisms, treatment implications, and areas requiring higher-quality investigation.

3. Results

The literatures in year 2024 were tended to be more practice-shaping, early reviews and foundational description.

Montecinos et al. [15] reviewed the emergence of semaglutide-associated facial volume loss within cosmetic dermatology and helped define the clinical language around "Ozempic face." The article framed the condition as a consequence of rapid reduction in facial adipose support, with secondary accentuation of rhytides, laxity, and contour irregularity, especially in older patients and those with low baseline tissue reserve. It also emphasized practical aesthetic implications, including patient counseling and consideration of fillers, biostimulators, and skin-quality optimization. The paper was

important in legitimizing the topic within dermatologic practice, but remained primarily a narrative review and expert synthesis rather than a controlled clinical study (Level 5).

Carboni et al. [16] offered a concise but influential clarification of whether “Ozempic face” represents a new drug-specific complication or simply a social-media label for facial changes that accompany weight loss. The authors argued that the phenomenon is largely a visible consequence of adipose depletion rather than a unique semaglutide-induced facial pathology. Their discussion centered on loss of cheek fullness, increased skin redundancy, and the way pre-existing age-related elastin decline makes facial deflation more apparent in certain individuals. The article’s major contribution was conceptual: it urged clinicians to demystify the term and reframe it within known principles of facial aging and soft-tissue change (Level 5).

Mansour et al. [17] analyzed the rapid rise of “Ozempic face” as both a clinical concern and a treatment challenge in plastic and reconstructive practice. The article described how accelerated facial weight loss can generate a mismatch between improved body contour and reduced facial youthfulness, producing dissatisfaction that may drive interest in restorative procedures. It highlighted contour hollowing, skin laxity, and aesthetic disharmony as common themes, while also underscoring the difficulty of timing intervention when patients are still actively losing weight. The paper served as an early specialty-specific commentary translating a cultural term into practical facial aesthetic concerns and management questions (Level 5).

Han et al. [18] performed a Google Trends analysis examining public interest in off-label use of GLP-1 agonists, particularly Ozempic, for cosmetic weight loss. They demonstrated marked growth in online search behavior related to both the medication and its aestheticized use, suggesting that consumer demand was expanding faster than formal clinical guidance. The study was important because it situated “Ozempic face” within a broader context of image-driven pharmacologic weight loss, not merely diabetic or obesity management. Although it did not measure facial outcomes directly, it provided an objective infodemiologic signal that public narratives around GLP-1 therapy were already reshaping aesthetic medicine demand and expectations (Level 2c).

Jafar et al. [19] conducted a systematic review of soft-tissue facial changes following massive weight loss from medical and surgical bariatric interventions. While not limited to semaglutide, the paper provided a critical mechanistic foundation for understanding “Ozempic face” by demonstrating that facial volume loss is most notable in the midface and lower face after significant weight reduction. The authors synthesized evidence showing deflation, descent, and increased visibility of aging stigmata after large-volume weight loss. This review supported the argument that semaglutide-related facial changes likely belong within the larger post-weight-loss facial remodeling literature, rather than constituting a wholly new facial disorder (Level 2a).

Głuszczyk et al. [20] reviewed the broader challenges and risks associated with GLP-1-based therapy for diabetes and obesity, including safety, tolerability, and off-target concerns relevant to rapid weight loss. Although the article was not exclusively focused on the face, it contributed to the “Ozempic face” discussion by positioning facial changes within the wider spectrum of medication-associated trade-offs that must be recognized during treatment. Its value lies in reminding clinicians that aesthetic consequences cannot be separated from metabolic benefit, adverse-effect monitoring, and patient selection. The work was broad, descriptive, and non-comparative, functioning mainly as a general review rather than outcome-based facial research (Level 5).

Ridha et al. [21] produced one of the more focused specialty discussions on GLP-1 receptor agonists and accelerated facial and skin aging. The paper synthesized concerns regarding facial deflation, skin laxity, worsening rhytides, and altered dermal support, and it framed these changes as the product of rapid tissue loss superimposed on baseline senescence. Importantly, the authors moved beyond anecdote by discussing plausible biologic pathways, aesthetic assessment, and treatment considerations, while also warning against simplistic causal language. The article strengthened the academic legitimacy of the topic in aesthetic surgery and helped define its central questions, though it remained interpretive rather than interventional (Level 5).

Ituarte et al. [22] performed a cross-sectional analysis of adverse dermatologic events reported to the U.S. Food and Drug Administration after GLP-1 agonist use. Although facial aging was not the sole endpoint, the study broadened the dermatologic safety profile of these medications by cataloguing cutaneous reactions reported in real-world surveillance data. This type of pharmacovigilance analysis is valuable because it captures signals not always visible in clinical trials, but it remains limited by underreporting, reporting bias, and lack of denominator data. For the present topic, it reinforces that GLP-1 therapy intersects meaningfully with dermatologic practice beyond cosmetic commentary alone (Level 2c).

Bieganek et al. [23] reviewed newly emerging side effects of semaglutide and liraglutide used for weight-loss treatment. Their discussion included the evolving recognition of visible soft-tissue and cosmetic changes as part of the broader patient experience of pharmacologic weight loss. While not narrowly focused on “Ozempic face,” the article contributed to the review landscape by acknowledging that the popularity of these agents has outpaced the maturity of side-effect characterization. The paper’s importance lies less in definitive facial evidence than in documenting the rapid expansion of concern around nontraditional adverse outcomes, including appearance-related sequelae that may influence adherence and satisfaction (Level 5).

O'Neill et al. [24] reviewed injectable weight-loss medications in plastic surgery, emphasizing perioperative considerations and future recommendations. The authors examined the relevance of GLP-1 therapy to procedural planning, nutritional status, gastric emptying, anesthesia considerations, tissue healing, and patient optimization. Although facial aging was not the sole focus, the article was influential because it moved the discussion from media-driven concern into surgical workflow. For clinicians managing facial rejuvenation in patients on GLP-1 therapy, this paper underscored that “Ozempic face” is only one aspect of a broader perioperative and systems-level issue. It functioned as a narrative practice review rather than an outcome study (Level 5).

Wirth et al. [25] provided a concise overview of currently available weight-loss medications and the practical implications for plastic surgeons. The article contextualized semaglutide and related drugs within modern obesity pharmacotherapy and highlighted why surgeons must understand their mechanisms, benefits, and unintended aesthetic consequences. Its contribution to the “Ozempic face” literature lies in its translational tone: it helped aesthetic surgeons view these medications as common background variables affecting consultation, patient expectations, candidacy, and postoperative planning. Although not a dedicated facial outcomes study, it remains an early specialty-facing educational paper that helped prepare surgeons for the widespread integration of GLP-1 therapies into aesthetic practice (Level 5).

Han et al. [26] examined practice patterns and perspectives regarding off-label use of GLP-1 agonists for cosmetic weight loss. The article explored how clinicians understood, discussed, and potentially adopted these medications outside traditional metabolic indications. By focusing on off-label cosmetic use, the study highlighted the tension between patient demand, aesthetic goals, evidence limitations, and medicoethical caution. Its relevance to “Ozempic face” is direct: the more these drugs are framed as beauty-adjacent tools, the more likely appearance-related adverse outcomes become central to the consultation process. The study reflected evolving specialty attitudes and practice behavior, though its design remained perspective-based rather than interventional (Level 2c).

The literature in year 2025 were more focused on expansion of restorative, dermatologic, imaging and clinical application.

Daneshgaran et al. [27] conducted a systematic review focused specifically on “Ozempic face” in plastic surgery and paired the literature analysis with an assessment of public perceptions. This article was among the most directly relevant in the field, as it attempted to synthesize the emerging evidence while also acknowledging the media ecosystem that amplified the term. The review emphasized the paucity of high-quality facial outcome data and identified a literature dominated by editorials, commentaries, and lower-level studies. Its central strength was not proving incidence, but clarifying how weakly evidenced yet highly visible the phenomenon had become within both public and professional discourse (Level 2a).

Catalfamo et al. [28] reported their experience treating “Ozempic face” with endotissutal bipolar radiofrequency. The article framed semaglutide-associated facial hollowing and skin sagging as an actionable restorative target and described radiofrequency-based tightening as a potential option for improving tissue quality and contour. As a clinically oriented experience report, it was valuable for showing how practitioners had moved from recognition of the problem to procedural intervention. However, like many early treatment papers in this area, it was limited by small numbers, lack of control comparison, and probable selection bias. It nonetheless expanded the treatment conversation beyond filler-based volume replacement alone (Level 4).

Kılıç et al. [29] reviewed facial aging after GLP-1 receptor agonist-induced weight loss and discussed the emerging “Ozempic face” phenomenon from a metabolic and aesthetic perspective. The article reinforced the view that rapid and substantial weight loss can unmask age-associated tissue deficits, particularly in predisposed patients. It emphasized that the observed facial changes are likely multifactorial, involving adipose loss, dermal support changes, and possibly muscle depletion or global nutritional effects. The paper was primarily interpretive and conceptual, but it contributed useful caution against treating the term as a uniform diagnosis. It also underscored the need for anticipatory counseling before substantial weight reduction begins (Level 5).

Mnajjed et al. [30] used Google Trends to evaluate public interest in facial volume restorative procedures alongside the rise of “Ozempic face.” Their analysis suggested that interest in restoration rather than weight loss alone had increased in parallel with popular awareness of facial deflation following GLP-1 therapy. This finding is clinically meaningful because it indicates downstream procedural demand triggered by pharmacologically mediated body change. The study does not prove that patients on semaglutide actually undergo more restorations, but it supports the idea that the term has altered patient behavior, search intent, and consultation narratives. It serves as an important bridge between public discourse and aesthetic market response (Level 2c).

Sharma et al. [31] evaluated radiographic midfacial volume changes in patients on GLP-1 agonists, making this one of the more objective contributions to the literature. By using imaging rather than subjective description alone, the study helped move discussion beyond anecdotal before-and-after impressions. The authors documented measurable midfacial soft-tissue changes consistent with volume loss in treated patients, thereby supporting the clinical intuition that certain facial compartments are particularly vulnerable during rapid pharmacologic weight reduction. Although observational and limited in scale, this work is notable because it provided imaging-based evidence that facial contour change is not merely a social-media narrative, but a potentially quantifiable anatomic phenomenon (Level 2b).

Burke et al. [32] reviewed dermatologic implications of GLP-1 receptor agonist medications, broadening the conversation beyond the face alone. The article addressed skin, appendage, and related cutaneous concerns associated with these agents, thereby helping dermatologists situate “Ozempic face” within a broader treatment-effect spectrum. Its main contribution was conceptual integration: rather than isolating facial hollowing as a cosmetic oddity, the authors presented GLP-1 therapy as an emerging dermatologic topic with implications for skin quality, hair changes, inflammatory conditions, and aesthetic counseling. This wider lens is useful because many patients perceive facial aging in combination with other visible changes rather than as a standalone concern (Level 5).

Baggett et al. [33] discussed cosmetic considerations of semaglutide in a broad aesthetic framework. The paper reviewed how rapid pharmacologic weight loss can alter facial harmony, skin appearance, and patient priorities, while also considering opportunities for aesthetic intervention. It contributed to the literature by stressing that the cosmetic consequences of semaglutide are neither universally negative nor uniformly distributed; some patients are delighted with overall body results despite facial changes, whereas others prioritize facial youth over weight reduction. The article supported individualized consultation and made clear that the cosmetic meaning of semaglutide therapy depends heavily on anatomy, age, expectations, and treatment goals (Level 5).

Neto et al. [34] asked whether “Ozempic face” should be understood purely as an aesthetic consequence, as evidence of unintended muscle loss, or as a warning sign of maladaptive weight reduction. This reframing was important because it challenged the field to think beyond superficial facial appearance. The article argued that hollowing may sometimes reflect broader concerns such as sarcopenia, insufficient nutritional adaptation, or excessive treatment intensity, especially when facial change appears disproportionate or distressing. While not a high-level clinical study, it added valuable critical nuance by linking the cosmetic sign to systemic health and treatment quality rather than viewing it only through the lens of facial aesthetics (Level 5).

Kapantais et al. [35] extended the literature into the periorbital and ocular region, reviewing functional and aesthetic changes of the eyelids, adnexa, and ocular surface linked to GLP-1 receptor agonists. This article is important because the periorbital region is often the earliest zone in which fat loss becomes visually apparent. By focusing on ocular adnexal and surface implications, the authors widened the phenotype of “Ozempic face” to include hollowing, altered lid support, and tissue changes with both cosmetic and potentially functional consequences. The paper highlighted how facial aging narratives may overlook subtler but highly impactful periocular changes that influence perceived fatigue and age (Level 5).

Paschou et al. [36] reviewed the possibility of skin aging associated with GLP-1 receptor agonists. The paper did not argue that the drugs directly age skin in a toxicologic sense; instead, it considered whether rapid tissue deflation, metabolic shifts, and patient-specific factors could contribute to an aged cutaneous appearance. This distinction is clinically helpful because many patients describe “older skin” rather than simply “less fat.” The article emphasized the need to separate true cutaneous biologic effects from apparent aging due to volume loss and laxity. It was a mini-review, but it helped sharpen an important conceptual divide within the literature (Level 5).

Hoang et al. [37] published a narrative review on adverse cosmetic effects of GLP-1 receptor agonists on the face, body, and hair. This article was one of the most comprehensive appearance-centered syntheses of the period and positioned facial aging as part of a broader cosmetic syndrome linked to rapid weight loss. By covering body contour irregularities and hair concerns alongside facial hollowing, the review reflected real patient experience more accurately than face-only articles. Its main strength lay in breadth and clinical relevance, particularly for dermatologists and aesthetic practitioners. Its main weakness was the low quality of the available source literature, which limited the certainty of its conclusions (Level 5).

Rosenbloom et al. [38] asked whether GLP-1 receptor agonists are a friend or foe of aesthetic medicine. This framing captured the central ambivalence in the field: these drugs may improve global body contour and patient health while simultaneously creating facial concerns that increase demand for aesthetic correction. The article balanced opportunity and caution, arguing that practitioners should avoid simplistic optimism or alarmism. It also highlighted the commercial risks of allowing patient demand to outrun evidence and ethics. As a specialty commentary, the paper was influential in shaping discourse, but its conclusions remained largely reflective and practice-based rather than supported by direct prospective facial outcome data (Level 5).

Salam et al. [39] provided a brief dermatologic review of semaglutide and the skin, summarizing known and emerging cutaneous implications. Although concise, the article helped integrate the “Ozempic face” discussion into a dermatologic framework rather than leaving it entirely to plastic surgery and media commentary. It suggested that semaglutide-related appearance changes should be discussed with patients as part of visible treatment outcomes, especially for individuals with low tissue reserve or strong cosmetic concerns. Its brief format limited depth, but it was useful as an accessible specialty overview underscoring that the medication’s dermatologic footprint includes both direct skin issues and indirect aesthetic sequelae (Level 5).

Sciscent et al. [40] wrote a succinct article on what facial plastic surgeons need to know about semaglutide. The paper distilled the issue into practical terms, emphasizing increased consultation frequency, the need for recognition of facial deflation patterns, and the importance of counseling patients before and after substantial weight loss. It also highlighted

how the medication had rapidly become relevant in facial plastic surgery despite the limited quantity of strong evidence. The article's value lay in its specialty translation: it converted an emerging medical trend into concrete talking points for facial surgeons, even if it did not present original outcome data or systematic evidence synthesis (Level 5).

Durairaj et al. [41] reported that hyperdilute calcium hydroxylapatite (Radiesse) may preserve facial volume in GLP-1 receptor agonist users undergoing rapid weight loss. This article was clinically important because it shifted the conversation toward prevention rather than delayed correction. By proposing biostimulatory support during active weight-loss phases, the authors suggested that facial decline might be moderated before severe hollowing develops. The paper is promising, but the evidence remains preliminary because the study design appears limited, the sample is likely small, and external comparators are lacking. Even so, it introduced an anticipatory treatment paradigm that later papers would build upon (Level 4).

Reardon et al. [42] discussed the implications of semaglutide and related peptide therapies when misused for cosmetic weight loss. Although not a traditional clinical facial-aging study, the article is relevant because it situated "Ozempic face" within a larger problem of non-medicalized demand, image pressure, and medication misuse. The piece underscored the disconnect between popular enthusiasm for rapid thinness and the underappreciated complexity of metabolic drugs. From the standpoint of facial aesthetics, its importance lies in warning that visible facial trade-offs may become more common when treatment is pursued for cosmetic reasons without adequate medical oversight, counseling, or long-term nutritional planning (Level 5).

Sarlos et al. [43] described facial remodeling with poly-L-lactic acid SCA and hyaluronic acid filler after semaglutide-associated weight loss. The article offered one of the more concrete restorative protocols in the literature, focusing on correction of fat loss and skin sagging through combined volumization and collagen-stimulation strategies. Its clinical message was straightforward: semaglutide-associated facial changes can often be approached using established rejuvenation tools, provided that treatment is individualized and timed appropriately. As a small procedural report, the paper is hypothesis-generating rather than definitive, but it provides valuable proof of concept for combination injectable strategies in this new patient subset (Level 4).

Harsinay et al. [44] examined facelift demand among patients using GLP-1 receptor agonists and linked this demand to weight-loss-associated facial changes. This article is important because it addressed a more advanced endpoint than topical care or injectables: the point at which facial deflation and laxity translate into interest in surgical rejuvenation. The study suggests that pharmacologic weight loss may reshape the facelift consultation population, not only by increasing volume-loss complaints but by altering the timing and rationale for operative intervention. Its significance lies in market and practice implications, although stronger prospective work is still needed to establish how often medication-associated facial change truly drives surgery (Level 2c).

Rušić et al. [45] explored public attitudes toward semaglutide in the real world. Although the study was not centered solely on the face, it is relevant because patient perceptions, expectations, and social narratives strongly influence how visible side effects are experienced. Aesthetic sequelae such as facial aging can become magnified when medications are culturally framed as rapid beauty aids rather than chronic metabolic therapies. This paper therefore contributes indirectly but importantly to the "Ozempic face" discussion by showing that semaglutide is not merely a pharmacologic agent; it is also a social object onto which hopes, fears, stigma, and appearance expectations are projected (Level 2c).

Taraschi et al. [46] presented two case reports addressing the impact of GLP-1 agonists on aesthetic outcomes in plastic surgery. The cases illustrated how active or recent pharmacologic weight loss can complicate aesthetic planning, alter facial or body outcomes, and affect procedural satisfaction. Even though the sample was necessarily small, the paper was valuable because it grounded abstract concern in concrete clinical encounters. It reinforced the practical need for timing discussions, realistic expectations, and coordination between metabolic and aesthetic treatment plans. As case reports, these observations cannot establish incidence or best practice, but they do provide clinically persuasive early warning signals (Level 4).

Cedirian et al. [47] offered a broad benefit-risk assessment of GLP-1 receptor agonists for dermatologists and plastic surgeons. This article was particularly useful for a critical review because it balanced enthusiasm for the metabolic value of GLP-1 therapy against dermatologic, aesthetic, and procedural concerns. The authors emphasized that the drugs should neither be vilified because of visible side effects nor used casually in ways that ignore tissue consequences, nutritional issues, or patient psychology. Their balanced appraisal supports the central thesis that "Ozempic face" should be interpreted within a broader multidisciplinary benefit-risk framework rather than as an isolated cosmetic problem (Level 5).

Kundi et al. [48] compared semaglutide side-effect profiles in Western populations and Saudi Arabia. While the paper was broader than facial aesthetics, it is relevant to this review because it highlighted the importance of population context, reporting practices, and sociocultural interpretation in understanding semaglutide-associated side effects. Such comparative work may prove important in future "Ozempic face" research, since facial aging perception, aesthetic thresholds, and treatment-seeking behavior vary substantially across cultures. Although the article did not deliver direct high-level facial outcome evidence, it expanded the conversation beyond a single Western media narrative and suggested that the visible consequences of semaglutide must be interpreted globally (Level 5).

The literature in year 2025 were more focused on paradigm-shifting, ethical and interventional applications.

Jodat et al. [49] described the emergence of “Ozempic face” as an unintended consequence of rapid weight loss. This brief article consolidated the now-familiar clinical picture—facial hollowing, skin laxity, and apparent accelerated aging—while emphasizing that increased recognition should not be confused with proof of a novel disease process. Its importance lies in the timing: by 2026, the phenomenon had become established enough to merit focused commentary in general medical literature, not just specialty journals. The paper helped reaffirm that visible tissue changes can meaningfully affect quality of life and satisfaction even when underlying weight-loss treatment is metabolically successful (Level 5).

McCarthy et al. [50] analyzed rising public interest in weight-loss medications and growing awareness of their aesthetic sequelae through Google Trends and clinical diagnostic patterning. This study advanced earlier infodemiologic work by explicitly linking searches related to weight-loss drugs with awareness of facial and aesthetic consequences. It suggested that the public was not merely interested in semaglutide itself, but increasingly aware of an accompanying aesthetic narrative. This matters clinically because patients often arrive with preformed expectations shaped by digital culture. The paper therefore supports the need for proactive counseling about possible facial changes and available management strategies before treatment dissatisfaction becomes entrenched (Level 2c).

Sibarani et al. [51] reviewed the transition of Ozempic from diabetic clinical therapy to aesthetic use, framing the “Ozempic phenomenon” as a broader medical and sociocultural shift. The article is relevant to “Ozempic face” because it linked facial concerns to the medicalization of thinness and the migration of a serious metabolic drug into beauty discourse. By emphasizing this shift, the authors helped explain why visible side effects now matter so deeply: in an aestheticized treatment environment, facial aging may be perceived not as an acceptable trade-off, but as a direct contradiction to patient goals. The article was largely narrative and interpretive, but highly useful contextually (Level 5).

Chandran et al. [52] proposed preventive aesthetic medicine during pharmacologic weight loss as a new clinical paradigm. This is one of the most conceptually important papers in the field because it argued that practitioners should not wait until marked hollowing is established. Instead, it advocated integrated planning with biostimulation, bio-remodeling, skin-quality support, and early monitoring while weight loss is underway. The strength of the article is its anticipatory logic; the weakness is that such a paradigm currently rests more on expert extrapolation than on robust comparative trials. Nonetheless, it captures the direction in which aesthetic management of GLP-1 users is clearly moving (Level 5).

Nguyen et al. [53] reported that a topical volumizing cream improved facial volume and skin health in adults experiencing rapid weight loss from pharmacologic, surgical, or behavioral interventions. This was an important interventional contribution because it suggested that at least some visible changes may be modifiable with noninvasive therapy. The study’s cross-context design is also useful: it implies that the path to facial deflation may be shared across different weight-loss routes. While topical therapy is unlikely to replace fillers or surgery in severe cases, the article supports a layered management strategy in which less invasive options are considered early or as adjuncts (Level 2b).

Barişkan et al. [54] reviewed the impact of weight-loss drugs on facial aesthetics under the memorable framing of “losing weight and gaining wrinkles.” The article synthesized the expanding clinical recognition of facial deflation, wrinkling, and structural imbalance after rapid medically induced weight loss. It also emphasized that the aesthetic consequences can create emotional conflict for patients who are otherwise pleased with their systemic outcomes. This paper is useful because it crystallizes the patient-centered paradox at the heart of the literature: successful weight-loss therapy may improve health and body image while simultaneously worsening perceived facial age. Its nature remained primarily descriptive and review-based (Level 5).

Ryan et al. [55] analyzed the ethics of Ozempic and Wegovy, introducing an essential moral dimension to a literature often dominated by aesthetic description. The article considered access, distributive justice, autonomy, body norms, and the ethical tensions created when medications developed for serious chronic disease become highly sought after for thinner body ideals. In relation to “Ozempic face,” the paper matters because it challenges clinicians to avoid trivializing or commodifying visible facial change while also resisting stigma toward effective obesity treatment. It provides a principled reminder that appearance-related side effects exist within broader questions of fairness, health priorities, and social pressure (Level 5).

Gupta et al. [56] addressed the ethical landscape of plastic surgeons prescribing weight-loss medications. This article is especially relevant for facial aesthetic practice because it directly interrogates whether and how aesthetic surgeons should engage in GLP-1 prescribing. Issues of competence, informed consent, conflict of interest, drug allocation, and commercialization were central. The paper implies that if practitioners prescribe these drugs, they inherit responsibility not only for weight loss, but also for foreseeable appearance-related sequelae such as facial hollowing and the downstream procedures patients may seek. It therefore helps locate “Ozempic face” within a larger framework of professional responsibility and scope of practice (Level 5).

Parkinson et al. [57] presented a case series evaluating a topical approach to GLP-1/GIP agonist-induced tissue changes in the face, neck, and décolletage. This article broadened the topography of concern beyond the face alone and supported the idea that visible soft-tissue change from rapid weight loss may involve contiguous aesthetic units. The case-series format limits generalizability, but the paper is clinically meaningful because it reflects everyday management of

patients reluctant to proceed directly to injectables, devices, or surgery. It also supports the notion that some patients benefit from staged, surface-focused interventions even when deeper volume loss remains an important structural component (Level 4).

Moradi et al. [58] examined the clinical efficacy of a flavo-proxylane topical regimen used before and after ultrasound procedures in subjects undergoing GLP-1 receptor agonist therapy. This study is notable because it represents a more procedural and combination-based approach to management, integrating peri-procedural skincare with energy-based intervention. The authors suggested that skin quality, treatment tolerance, and visible outcomes may be improved when supportive topical strategies accompany device-based restoration in GLP-1 users. Although still early and likely limited by study size and design, this work reflects the increasing sophistication of management approaches and the move toward multimodal protocols tailored to pharmacologic weight-loss patients (Level 2b) (Table 1).

Table 1. Summary of included studies on “Ozempic face” (year 2024–2026).

Author, Year [Ref]	Study Type/Design	Main Focus	Key Contribution/Principal Findings	Level
Montecinos et al., 2024 [15]	Narrative review/expert review	Semaglutide-associated facial volume loss in cosmetic dermatology	Helped define “Ozempic face” as facial adipose depletion with accentuated rhytides, laxity, and contour irregularity; emphasized counseling and restorative options such as fillers and biostimulators.	5
Carboni et al., 2024 [16]	Letter/commentary	Demystifying “Ozempic face”	Argued that the phenomenon is better understood as visible weight-loss-related facial deflation rather than a unique semaglutide-specific facial pathology.	5
Mansour et al., 2024 [17]	Commentary/specialty review	Trends and treatment challenges in rapid facial weight loss	Framed “Ozempic face” as a plastic surgery concern involving facial hollowing, laxity, and aesthetic disharmony; highlighted timing difficulties when patients are still losing weight.	5
Han et al., 2024 [18]	Infodemiologic study (Google Trends)	Public interest in off-label GLP-1 agonists for cosmetic weight loss	Demonstrated major growth in online interest in Ozempic for cosmetic weight loss, indicating expanding consumer demand and expectation shaping.	2c
Jafar et al., 2024 [19]	Systematic review	Soft-tissue facial changes after massive weight loss	Showed that facial deflation after major weight loss commonly affects the midface and lower face, supporting the view that “Ozempic face” belongs within broader post-weight-loss facial remodeling.	2a
Głuszczyk et al., 2024 [20]	General review	Risks and challenges of GLP-1-based therapy	Positioned facial and aesthetic consequences within the broader therapeutic risk-benefit profile of GLP-1 therapy.	5
Ridha et al., 2024 [21]	Narrative review/specialty review	Accelerated facial and skin aging with GLP-1RAs	Synthesized concerns regarding facial deflation, laxity, rhytides, and dermal support changes; discussed biologic plausibility and management considerations.	5
Ituarte et al., 2024 [22]	Cross-sectional pharmacovigilance study	FDA-reported dermatologic adverse events after GLP-1 agonists	Expanded the dermatologic safety discussion through real-world adverse-event reporting, reinforcing that GLP-1 therapy has cutaneous implications beyond cosmetic commentary.	Level 2c
Bieganek et al., 2024 [23]	Review	Newly emerging side effects of semaglutide and liraglutide	Noted the expanding concern regarding visible and cosmetic consequences of pharmacologic weight loss, including appearance-related sequelae.	5
O’Neill et al., 2024 [24]	Narrative review	Injectable weight-loss medications in plastic surgery	Highlighted perioperative implications including nutritional status, gastric emptying, anesthesia, tissue healing, and patient optimization relevant to aesthetic practice.	5

Table 1. Cont.

Author, Year [Ref]	Study Type/Design	Main Focus	Key Contribution/Principal Findings	Level
Wirth et al., 2024 [25]	Review/educational overview	Current weight-loss medications and relevance to plastic surgeons	Helped surgeons contextualize semaglutide within obesity pharmacotherapy and appreciate its implications for consultation, candidacy, and unintended aesthetic effects.	5
Han et al., 2024 [26]	Cross-sectional/survey-based perspectives study	Off-label GLP-1 agonist use for cosmetic weight loss	Explored practice patterns and professional perspectives, highlighting tension between patient demand, cosmetic goals, and limited evidence.	2c
Daneshgaran et al., 2025 [27]	Systematic review	“Ozempic face” in plastic surgery and public perceptions	One of the most focused reviews on the topic; emphasized the scarcity of high-quality facial outcome data despite high public and professional visibility.	2a
Catalfamo et al., 2025 [28]	Case series/clinical experience report	Treatment of “Ozempic face” with endotissutal bipolar radiofrequency	Suggested radiofrequency-based tightening as a potential treatment for semaglutide-associated hollowing and skin sagging.	4
Kılıç, 2025 [29]	Narrative review	Facial aging after GLP-1RA-induced weight loss	Reinforced the multifactorial nature of the phenotype, involving adipose loss, dermal support changes, and possibly muscle or nutritional factors.	5
Mnajjed et al., 2025 [30]	Infodemiologic study (Google Trends)	Interest in facial volume restoration procedures	Showed parallel increases in public interest in facial restoration with growing awareness of “Ozempic face,” suggesting downstream aesthetic demand.	2c
Sharma et al., 2025 [31]	Imaging-based observational study	Radiographic midfacial volume changes in GLP-1 agonist users	Provided objective imaging evidence of measurable midfacial volume loss, supporting that the phenomenon is anatomically quantifiable.	2b
Burke et al., 2025 [32]	Narrative review	Dermatologic implications of GLP-1RAs	Broadened the topic beyond the face to include skin, appendage, and related cutaneous issues, integrating facial changes into a wider dermatologic framework.	5
Baggett et al., 2025 [33]	Narrative review	Cosmetic considerations of semaglutide	Emphasized that cosmetic effects are variable and patient-specific, depending on anatomy, age, expectations, and aesthetic priorities.	5
Neto et al., 2025 [34]	Commentary/critical review	Whether “Ozempic face” reflects aesthetics, muscle loss, or maladaptive weight reduction	Challenged purely cosmetic interpretations and suggested facial hollowing may in some patients signal sarcopenia, nutritional issues, or excessive treatment intensity.	5
Kapantais et al., 2025 [35]	Narrative review	Periorbital, ocular adnexal, and ocular surface changes linked to GLP-1RAs	Expanded the phenotype to include periorbital hollowing and related functional/aesthetic changes that may strongly influence perceived age and fatigue.	5
Paschou et al., 2025 [36]	Mini-review	Possible skin aging with GLP-1RAs	Distinguished true biologic skin aging from apparent aging caused by volume loss and laxity, refining conceptual understanding of the phenomenon.	5
Hoang et al., 2025 [37]	Narrative review	Adverse cosmetic effects of GLP-1RAs on face, body, and hair	Offered a broad synthesis of appearance-related effects, reflecting real-world patient concerns beyond the face alone.	5
Rosenbloom et al., 2025 [38]	Commentary/specialty review	GLP-1RAs as a friend or foe of aesthetic medicine	Presented the duality of improved body contour and health benefit versus increased demand for corrective aesthetic procedures.	5

Table 1. Cont.

Author, Year [Ref]	Study Type/Design	Main Focus	Key Contribution/Principal Findings	Level
Salam et al., 2025 [39]	Brief review	Semaglutide and dermatologic implications	Provided an accessible dermatologic overview, emphasizing that visible appearance changes should be discussed in patient counseling.	5
Sciscent et al., 2025 [40]	Brief specialty commentary	What facial plastic surgeons need to know about semaglutide	Translated the issue into practical facial plastic surgery concerns including recognition, counseling, and consultation planning.	5
Durairaj et al., 2025 [41]	Case series/preliminary interventional report	Hyperdilute calcium hydroxylapatite for facial volume preservation	Suggested that hyperdilute Radiesse may help preserve facial volume during rapid GLP-1-associated weight loss, introducing a preventive paradigm.	4
Reardon, 2025 [42]	Commentary/ethical discussion	Misuse of semaglutide and related agents for cosmetic weight loss	Warned that non-medicalized cosmetic use may increase poorly counseled facial and appearance-related trade-offs.	5
Sarlos et al., 2025 [43]	Case series/procedural report	Facial remodeling with PLLA-SCA and hyaluronic acid filler	Demonstrated a restorative injectable approach for semaglutide-associated fat loss and skin sagging using collagen stimulation plus volumization.	4
Harsinay et al., 2025 [44]	Cross-sectional/demand-pattern analysis	Facelift demand among GLP-1RA users	Suggested that weight-loss-associated facial changes may be increasing interest in facelift consultation and surgical rejuvenation.	2c
Rušić et al., 2025 [45]	Cross-sectional attitudes study	Real-world public attitudes toward semaglutide	Highlighted that public perception and social narratives may shape how visible side effects, including facial aging, are experienced and interpreted.	2c
Taraschi et al., 2025 [46]	Case reports	Impact of GLP-1 agonists on aesthetic outcomes in plastic surgery	Illustrated how active or recent pharmacologic weight loss may complicate aesthetic planning and satisfaction.	4
Cedirian et al., 2025 [47]	Benefit-risk review	GLP-1RAs for dermatologists and plastic surgeons	Balanced metabolic benefits against aesthetic, dermatologic, nutritional, and procedural concerns; supported a multidisciplinary framework.	5
Kundi et al., 2025 [48]	Comparative review/analysis	Side-effect profiles in Western populations and Saudi Arabia	Emphasized that semaglutide-associated side effects, interpretation, and reporting may vary across populations and sociocultural settings.	5
Jodat et al., 2026 [49]	Commentary	Emergence of “Ozempic face” as an unintended consequence of rapid weight loss	Reaffirmed that facial hollowing and laxity can meaningfully affect satisfaction and quality of life despite metabolic treatment success.	5
McCarthy et al., 2026 [50]	Infodemiologic study (Google Trends)	Public interest in weight-loss medications and aesthetic sequelae	Showed that awareness of facial and aesthetic consequences has risen alongside interest in weight-loss drugs, underscoring the need for proactive counseling.	2c
Sibarani et al., 2026 [51]	Narrative review	Shift from diabetic therapy to aesthetic use: the Ozempic phenomenon	Linked facial concerns to the broader cultural migration of semaglutide from metabolic medicine into beauty discourse.	5
Chandran et al., 2026 [52]	Narrative review/conceptual paper	Preventive aesthetic medicine during pharmacologic weight loss	Proposed a new paradigm favoring early monitoring, biostimulation, and preventive aesthetic planning rather than delayed correction alone.	5

Table 1. Cont.

Author, Year [Ref]	Study Type/Design	Main Focus	Key Contribution/Principal Findings	Level
Nguyen et al., 2026 [53]	Clinical interventional study	Topical volumizing cream in rapid weight-loss-associated facial changes	Reported improved facial volume and skin health in adults with rapid weight loss from pharmacologic, surgical, or behavioral causes.	2b
Barişkan et al., 2026 [54]	Narrative review	Impact of weight-loss drugs on facial aesthetics	Summarized facial deflation, wrinkling, and structural imbalance after rapid medically induced weight loss; emphasized the paradox of better health but older appearance.	5
Ryan and Savulescu, 2026 [55]	Ethical analysis	Ethics of Ozempic and Wegovy	Addressed distributive justice, autonomy, body norms, and the ethical tension between medical therapy and thinness-oriented demand.	5
Gupta et al., 2026 [56]	Ethical/professional practice analysis	Ethical landscape of plastic surgeons prescribing weight-loss medications	Explored informed consent, scope of practice, conflict of interest, and professional responsibility for appearance-related sequelae.	5
Parkinson, 2026 [57]	Case series	Topical treatment of GLP-1/GIP agonist-induced tissue changes	Supported a staged, noninvasive topical approach for tissue changes involving the face, neck, and décolletage.	4
Moradi et al., 2026 [58]	Clinical interventional study	Flavo-proxylane topical regimen before and after ultrasound procedures	Suggested that supportive topical care may improve skin quality, tolerance, and outcomes when combined with ultrasound-based treatment in GLP-1RA users.	2b

4. Discussion

The contemporary literature suggests that “Ozempic face” should be interpreted primarily as a visible post-weight-loss phenotype rather than a discrete drug-specific facial disorder. Across the reviewed studies, the most consistent observation is that rapid and substantial weight loss associated with GLP-1 receptor agonist therapy may unmask or intensify pre-existing age-related facial changes, particularly in patients with limited baseline soft-tissue reserve, poorer skin elasticity, or older age [15,36,49,54]. This interpretation is important because it corrects a common oversimplification in public discourse. Several authors explicitly argued that the phenomenon is less a toxic effect of semaglutide itself than a consequence of accelerated adipose depletion in a structurally vulnerable face [16,19,36]. In this respect, the term remains clinically useful as a descriptive shorthand, but it may also be misleading if it encourages deterministic or alarmist interpretations. A more accurate framework is to view these facial changes as the intersection of weight-loss kinetics, baseline anatomy, intrinsic facial aging, and patient expectations.

This review also highlights that the scientific basis underpinning the concept remains limited. Although awareness of “Ozempic face” has expanded rapidly, the literature is still dominated by narrative reviews, expert opinion pieces, letters, ethical commentaries, and case-based reports rather than robust prospective trials [15–17,52,54–56]. Systematic reviews by Jafar et al. and Daneshgaran et al. provide useful synthesis, but even these authors emphasized the relative scarcity of high-quality primary facial-outcome studies [19,27]. This imbalance between cultural prominence and evidentiary maturity is one of the defining features of the field. The concept has become highly visible before its epidemiology, incidence, severity spectrum, and modifiable risk factors have been adequately characterized. Consequently, current practice is being shaped largely by extrapolation from post-bariatric facial aging, general facial aging science, and specialty experience rather than by definitive GLP-1-specific outcome data [19,21,37,47].

Despite these limitations, the available literature converges on several plausible mechanistic themes. First, midfacial and temporal fat depletion appear central to the clinical picture, with loss of malar support contributing to flattening, nasolabial deepening, and increased lower-face heaviness [15,31,43,54]. Second, skin redundancy and worsened rhytides likely result from a mismatch between the contracted facial fat compartments and the residual skin envelope, especially in older individuals or those with diminished elastic recoil [15,16,21,36]. Third, some authors have raised the possibility that apparent “facial aging” may in selected patients be compounded by broader lean tissue or muscle loss, nutritional compromise, or maladaptive weight reduction patterns rather than adipose loss alone [24,34,42,47]. This broader interpretation is clinically valuable because it moves the discussion beyond appearance alone and encourages clinicians to consider

the quality, tempo, and systemic context of weight loss. The facial changes may therefore function not only as cosmetic complaints but also as visible clues to deeper issues in treatment pacing or patient adaptation.

Notably, the evidence base is beginning to move from descriptive narrative toward more objective characterization. Among the most important contributions is the radiographic work by Sharma et al., which demonstrated measurable mid-facial volume changes in patients using GLP-1 agonists [31]. Although observational and limited in scale, this study provides crucial support for the idea that facial changes are anatomically quantifiable rather than merely anecdotal or socially constructed. At the same time, cross-sectional pharmacovigilance analysis by Ituarte et al. and broader dermatologic reviews remind us that the visible consequences of GLP-1 therapy extend beyond a single catchphrase and may involve a wider range of skin and appendage concerns [22,32,37,39]. Periorbital changes reviewed by Kapantais et al. are especially relevant, because the periorbital region often reveals subtle deflation earlier than the lower face and may disproportionately influence perceived age, fatigue, and dissatisfaction [35]. Thus, “Ozempic face” may be too narrow a label for a phenotype that can involve multiple facial subunits as well as adjacent regions such as the neck and décolletage [35,37,57].

Another major finding of this review is that the phenomenon cannot be separated from its sociocultural amplification. Infodemiologic studies consistently show that public interest in Ozempic, cosmetic weight loss, facial sequelae, and restorative procedures rose sharply in parallel with the expansion of GLP-1 use [18,30,50]. These studies do not prove causation, but they do show that “Ozempic face” is not merely a clinical observation; it is also a narrative shaped by search behavior, media coverage, consumer aesthetics, and online discourse [18,27,51]. This matters because aesthetic dissatisfaction is never purely anatomical. Once a term enters popular culture, patients may begin treatment already primed to monitor their face for signs of decline. Public attitudes toward semaglutide and the broader shift from metabolic therapy to aesthetic use further intensify this process, reframing treatment outcomes through the lens of beauty ideals rather than health benefit alone [26,45,50,51]. In this sense, “Ozempic face” operates as both a morphologic change and an expectation-generating label.

That sociocultural dimension has direct implications for patient counseling. Several reviewed articles converge on the view that clinicians should discuss possible facial and skin changes before initiating therapy, especially in patients who are older, already lean in the face, highly appearance-conscious, or pursuing off-label cosmetic weight loss [15,17,49,52]. Anticipatory counseling may reduce dissatisfaction by normalizing the trade-off between improved metabolic or body outcomes and possible facial deflation. It also provides an opportunity to frame these changes probabilistically rather than catastrophically. Importantly, the literature suggests that not all patients interpret these changes negatively; some prioritize systemic health and body contour improvements over facial youthfulness, whereas others may find even mild facial hollowing distressing [17,33,38,47]. This underscores the need for individualized counseling rather than universal warnings. Shared decision-making should therefore include discussion of the likely pace of weight loss, baseline facial tissue reserve, potential need for staged aesthetic support, and the possibility that some interventions are best deferred until weight stabilizes.

The literature further suggests that management is evolving from purely reactive correction toward preventive and staged intervention. Early commentary focused mainly on recognition and delayed restoration, often with fillers, biostimulators, and skin-quality optimization [15,17,21]. More recent reports, however, advocate a preventive aesthetic framework in which facial assessment occurs before or early during pharmacologic weight loss [41,52]. This approach is conceptually appealing. If facial decline results from a predictable mismatch between shrinking soft tissue and limited dermal resilience, then early collagen stimulation, skin support, and conservative volume preservation may help attenuate later hollowness and laxity [41,52]. Durairaj et al. suggested that hyperdilute calcium hydroxylapatite may preserve facial volume in GLP-1 users undergoing rapid weight loss, while Chandran and Menon explicitly proposed preventive aesthetic medicine as a new paradigm [41,52]. Although the evidence remains preliminary, the shift toward prevention is one of the most important developments in this literature and reflects a maturing clinical response.

Restorative treatment options described in the reviewed studies are diverse but still supported mainly by small, uncontrolled reports. Injectable strategies using hyaluronic acid and poly-L-lactic acid appear particularly promising for addressing soft-tissue deflation and stimulating collagen in selected patients [15,43]. Catalfamo et al. described endotissutal bipolar radiofrequency as a potential option for tightening and contour improvement, while Moradi et al. explored a combination approach integrating topical flavo-proxylane support with ultrasound-based procedures [28,58]. Topical therapies are also emerging as lower-intensity or adjunctive options. Nguyen et al. reported improvement in facial volume and skin health with a topical volumizing cream in adults with rapid weight loss, and Parkinson described a case series supporting topical management for tissue changes involving the face, neck, and décolletage [53,57]. Collectively, these reports support a multimodal model in which treatment is tailored according to severity, region, ongoing weight-loss status, and patient tolerance for invasiveness. However, the field still lacks comparative trials, standardized outcome measures, and long-term follow-up sufficient to identify which combinations are most effective, durable, or cost-efficient.

The reviewed literature also reinforces that facial concerns should not be isolated from broader surgical and dermatologic practice. Plastic surgeons increasingly encounter GLP-1 therapy as a perioperative variable influencing nutritional status, gastric emptying, anesthetic planning, wound healing, timing of procedures, and patient expectations [24,25,46,47].

For facial rejuvenation specifically, this means that active pharmacologic weight loss may complicate decisions regarding the timing of fillers, skin tightening, facelifts, or adjunctive treatments. Harsinay et al. even suggested that medication-associated facial changes may be reshaping facelift demand, indicating that GLP-1 therapies could alter not only appearance but also the demographics and motivations of the facial surgery population [44]. Dermatologists, meanwhile, must account for facial deflation within a broader set of skin, hair, and appendage changes linked to rapid weight loss or GLP-1 therapy [22,32,37,39]. The practical implication is that “Ozempic face” belongs to multidisciplinary practice rather than any single specialty.

The ethical literature adds a necessary corrective to what might otherwise become an overly commercialized discussion. Reardon, Ryan and Savulescu, and Gupta et al. all highlighted the risks of treating GLP-1 medications simply as beauty tools detached from their origins in chronic disease management [42,55,56]. Ethical concerns include off-label prescribing for thinness-oriented goals, inequitable drug allocation, conflicts of interest when aesthetic practitioners both prescribe weight-loss drugs and sell downstream corrective procedures, and the reinforcement of appearance pressure through stigmatizing labels [42,55,56]. These concerns are particularly relevant to “Ozempic face,” because the term can function ambivalently: it may help clinicians validate patient concerns, but it may also intensify shame, deter beneficial obesity treatment, or convert predictable post-weight-loss changes into a sensationalized defect. Ethical practice therefore requires precise informed consent, careful scope-of-practice boundaries, and avoidance of language that pathologizes successful weight reduction while still honestly acknowledging visible trade-offs [47,55,56].

Several gaps should guide future research. First, incidence and risk stratification remain poorly defined. Prospective cohort studies are needed to determine how often clinically meaningful facial changes occur, how severity relates to age, sex, ethnicity, baseline BMI, weight-loss velocity, cumulative dose, and total weight lost, and whether certain facial phenotypes are especially vulnerable [27,31,47]. Second, objective assessment tools must be standardized. Imaging-based volumetry, three-dimensional surface analysis, validated patient-reported outcome measures, and clinician-graded aesthetic scales would greatly improve comparability across studies [27,31,53,58]. Third, treatment evidence remains fragmented. Comparative studies are required to evaluate fillers, biostimulators, radiofrequency, ultrasound, topical regimens, and combination protocols in both preventive and restorative settings [28,57,58]. Finally, the psychosocial dimension deserves much deeper investigation. Because public narratives and body-image expectations shape how facial changes are perceived, future work should include quality-of-life outcomes, treatment regret, satisfaction trajectories, and the influence of digital media exposure [18,30,55].

In summary, the present review indicates that “Ozempic face” is best understood as a multifactorial, visible soft-tissue outcome of rapid weight loss rather than a singular medication toxicity. The literature consistently supports a pattern of midfacial and periocular deflation, skin redundancy, worsened rhytides, and variable patient dissatisfaction, but the strength of evidence remains modest [15,49,54]. Current data support neither dismissal nor exaggeration. Instead, they support a measured clinical approach grounded in anticipatory counseling, individualized risk assessment, multidisciplinary coordination, and tailored intervention when needed [24,33,52]. As GLP-1 therapies continue to expand, the challenge for clinicians will be to manage both the anatomy and the narrative: to treat visible facial change without undermining effective obesity care, and to replace sensational labels with precise, ethical, patient-centered practice.

5. Conclusions

The contemporary literature indicates that “Ozempic face” is best interpreted as a visible post-weight-loss facial phenotype rather than a discrete semaglutide-specific disease. Across 44 studies published from 2024 to 2026, the most consistent themes were facial volume loss, skin laxity, worsened rhytides, increased periocular and midfacial hollowing, rising public awareness, and growing demand for corrective procedures. The evidence base remains dominated by Level 5 reviews, commentaries, and ethical discussions, with a smaller number of Level 2 observational and infodemiologic studies and several Level 4 case-based treatment reports.

Critically, the review suggests that the phenomenon is driven less by the molecular identity of Ozempic than by the speed and magnitude of weight loss acting on an aging or anatomically susceptible face. This distinction is clinically important because it shifts management away from alarmist drug stigma and toward anticipatory counseling, patient selection, nutritional and weight-loss pacing awareness, objective assessment, and personalized facial restoration. Emerging interventions, including biostimulators, fillers, radiofrequency-based approaches, ultrasound-associated regimens, and topical support strategies, are promising but not yet supported by robust comparative evidence.

The practical message for clinicians is clear: facial consequences should be discussed before treatment, monitored during treatment, and addressed with a multidisciplinary mindset when necessary.

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