MOSH

# The weight conversation men aren't starting.

GLP-1 treatments are reaching women at far higher rates than men, who carry more of the cardiometabolic risk. Mosh is proud to share a practical guide to closing that gap, one consult at a time.

**74%**
**of Mosh weight loss patients are actually women**
Mosh internal data 2025

**72.5%**
**of Australian men live overweight or with obesity**
AIHW, 2022-24

**63%+**
**of Australian heart disease deaths are men**
ABS Causes of Death, 2025

**4.0 yrs**
**shorter life expectancy for men (81.1 vs 85.1)**
ABS, 2022-24

WHY THE GAP EXISTS

## He carries more of the risk, and checks in less.

### Fewer visits

**80%** MEN SAW A GP

**88%** WOMEN

Men also average fewer Medicare-subsidised GP attendances per year (5.2 vs 7.1).

### Later visits

Men are less likely to start a weight conversation with a practitioner. Many wait for a crisis, such as a heart attack or a diabetes diagnosis, before they do.

THREE BARRIERS WORTH NAMING

**1.** "It's a personal failure."

Men are more likely to frame excess weight as a lack of willpower than as a medical condition.

**2.** "I'll deal with it if it gets serious."

Stoicism and reluctance to engage with healthcare push help-seeking to the point of crisis.

**3.** "Those jabs are for vanity."

Stigma that treatment is cosmetic hides what it is for eligible patients: risk reduction.

> We have seen this playbook before with mental health. Men suffer in silence, and pay for it with their lives.
>
> **Dr Kieran Dang, Chief Medical Officer, Mosh**

Sources: Mosh internal data; ABS Life expectancy 2022-24; AIHW Overweight and obesity 2022-24; AIHW General practice and primary care services; Heart Foundation

THE DECODER

# What he says, and what he might mean.

| HE SAYS | HE MIGHT MEAN | TRY |
|---|---|---|
| "Ha, I just need to lay off the pies." | **Humour as a door.** He's testing whether this is a safe topic. | **Smile, then ask: "What's your energy and sleep like?"** |
| "I'm just here for a script and a quick BP check." | **Ticket of entry.** The real agenda often arrives at the door handle. | **Leave two minutes: "Anything else on your mind?"** |
| "Just tired all the time. Can't be bothered." | **Could be** sleep apnoea, low mood, low testosterone, or all three. | **Screen snoring, sleep, mood and libido.** |
| "I've tried everything. Nothing works for me." | **A failure story.** Years of diets, shame, and low expectations. | **"That sounds exhausting. This is biology, not character."** |
| "Things aren't firing like they used to." | **Erectile concern.** Often the first thing spoken, and can precede cardiovascular events. | **Treat as a CV risk visit: BP, lipids, glucose, waist.** |
| "Isn't that cheating? I don't want to be on jabs forever." | **Stigma.** Sees treatment as vanity or weakness. | **"Same as BP tablets: treating a condition that shortens lives."** |

Illustrative patterns to prompt curiosity, not diagnostic rules.
Every man is different, and the best cue is often the one he repeats.

CLOSING THE GAP

## Every tool we have, for every man who needs it.

1

### Raise it first

Many men are waiting for someone else to say it.

2

### Lead with risk

Heart, liver, kidney, sleep and hormones are the story.

3

### Make access easy

Telehealth removes a social barrier that has never served patients.

**Australia has no national strategy for sex-based disparities in GLP-1 access. The Mosh Men's Initiative is calling for one. Visit getmosh.com.**

General information for health professionals; not a substitute for clinical judgement. TGA indications and PBS criteria change; check current product information.