



Medication Treatments for Diabetes and Obesity in Canada

*An independent IQVIA report on medication use,
2021–2025*

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Introduction

Prediabetes, diabetes, and obesity have emerged as three major public health challenges today, closely interconnected and steadily increasing worldwide. Prediabetes, which is often asymptomatic, represents a pivotal phase during which early intervention can prevent or delay the progression to type 2 diabetes. Diabetes—whether type 1, an autoimmune disease requiring lifelong treatment, or type 2, which is strongly associated with lifestyle factors—is the source of serious complications that primarily affect the cardiovascular system, the kidneys, vision, and the nervous system. Obesity, for its part, acts as a key risk factor, fueling a harmful metabolic cycle that amplifies complications.

In 2024, an estimated 635 million people worldwide were living with prediabetes, and that number could rise to between 700 million and 750 million by 2030. At the same time, nearly 590 million people were living with type 1 or type 2 diabetes—whether diagnosed or undiagnosed—a population expected to grow to approximately 645 million by the end of the decade. Obesity, the leading modifiable risk factor for type 2 diabetes, is now estimated to affect more than 1 billion people worldwide, and projections indicate that this total could exceed 1.3 billion by 2030.

In Canada, these trends translate to approximately 6 million people living with prediabetes and 5.8 million with diabetes, in 2024. By 2030, these numbers could reach 6.5 million to 6.8 million and 7.3 million to 8 million people, respectively. Furthermore, nearly 30% of Canadian adults are currently living with obesity, a percentage that may continue to increase by the end of the decade.

These three conditions—prediabetes, diabetes, and obesity—form a disease continuum in which each condition reinforces the others, placing increasing pressure on public health systems and underscoring the urgent need for preventative intervention.

Estimates of prediabetes, diabetes, and obesity worldwide, in the United States, and Canada, 2024 and 2030 ¹						
	Prediabetes Impaired glucose tolerance (IGT)		T1D and T2D Diagnosed and undiagnosed		Obesity (BMI ≥ 30)	
	2024	2030	2024	2030	2024	2030
 WORLD	~ 635 million	700-750 million	~ 590 million	~ 645 million	~ 1 billion	>1.3 billion
 UNITED STATES	~ 115 million	120-130 million	~ 40 million	50-55 million	~ 40% of the population	45-50% of the population
 CANADA	~ 6 million	6.5-6.8 million	~ 5.8 million	7.3-8 million	~ 30% of the population	34-36% of the population

¹ IDF Diabetes Atlas | Global Diabetes Data & Statistics
National Diabetes Statistics Report | Diabetes | CDC
World Obesity Federation Global Obesity Observatory
Diabetes in Canada - Diabetes Canada
Explore the dashboard: Health of people in Canada dashboard – Canada.ca

This report on metabolic diseases was produced independently by IQVIA, in collaboration with the Advisory Board for the Advancement of Health, a group of thought leaders from various healthcare industry sectors. Based on fully anonymized data from the IQVIA Health Insights dashboard, this report covers the 2021 to 2025 period and documents evolving pan-Canadian trends in prescriptions dispensed at community pharmacies. It provides a detailed examination of demographic patterns by province and region to shed light on both progress made and persistent challenges. The methodological limitations associated with the data used to prepare this report are presented on page 14.

The objective of this report is clear: to provide evidence-based insights to help improve the long-term health of Canadians.

Note to the Reader

For an accurate interpretation of data presented in this report, the following points should be considered:

- Prevalence was estimated based on individuals who received at least one prescription for medication intended for the treatment of diabetes or obesity;
- The calculation of the number of individuals with obesity is based solely on people who received pharmacological treatment for obesity, including those who received a GLP-1 receptor agonist antidiabetic medication without having diabetes;
- Individuals suffering from both obesity and diabetes are counted in the diabetes prevalence.

This report is independently produced by IQVIA Canada as a public service, without funding from industry or government. IQVIA aims to optimize healthcare by providing factual information that enables decision-makers to make informed decisions in this crucial sector, while ensuring strict data confidentiality and security. The company complies with all laws governing the protection of personal health information and does not collect any prescription drug data that could identify a patient or be used for that purpose.



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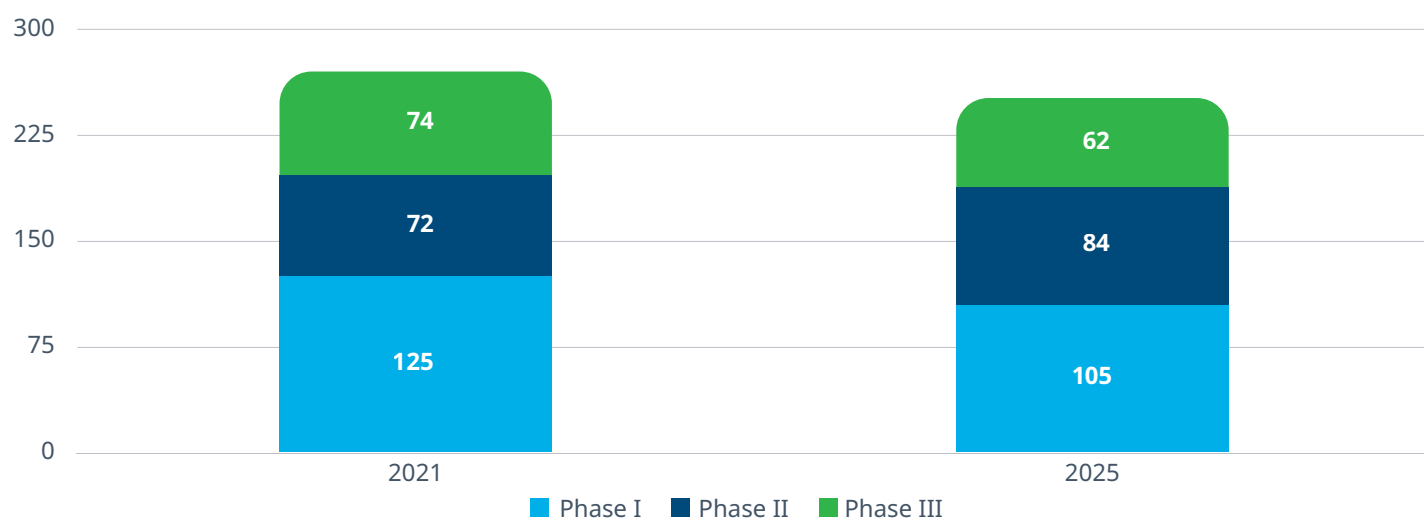
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Treatments for diabetes and obesity

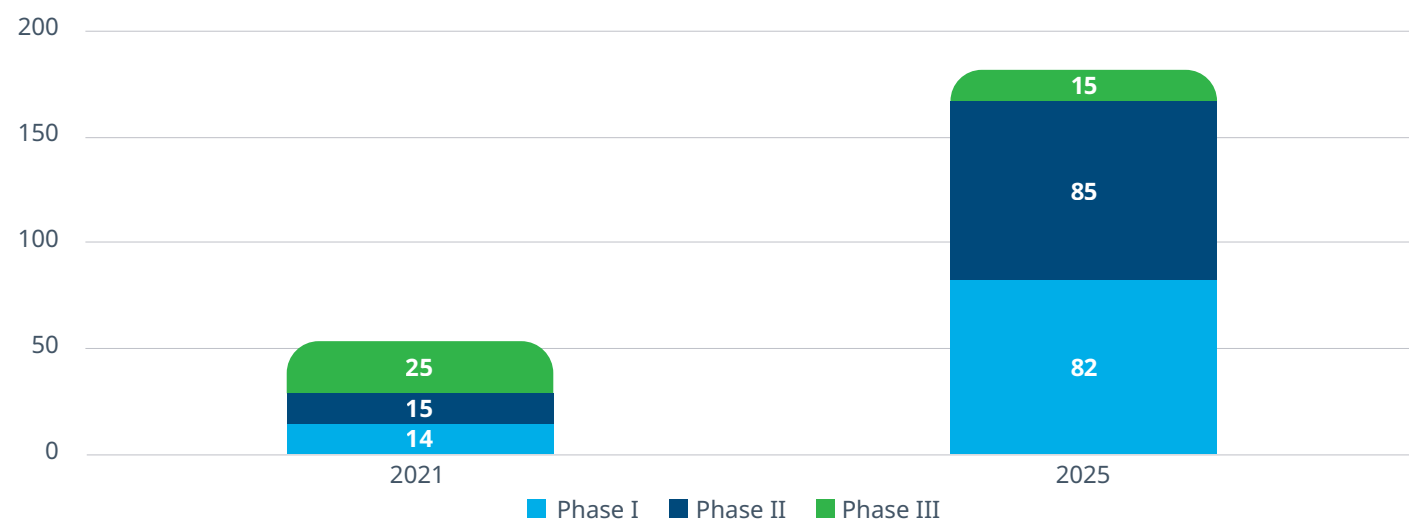
Certain risk factors for prediabetes and type 2 diabetes, such as age and genetic predisposition, cannot be modified. However, physical activity, a balanced diet, maintaining a healthy weight, and not smoking can help prevent or delay the onset of the disease and its complications. It is also recognized that populations facing social and economic inequalities are at higher risk of developing type 2 diabetes. Addressing the social determinants of health is, therefore, essential to advancing health equity. For many individuals, however, lifestyle changes alone are not sufficient, and pharmacological treatments for diabetes or obesity may be required.

While clinical research activity in diabetes remained relatively constant between 2021 and 2025, with a total of 251 trials in 2025, research focused on obesity experienced steady growth. Indeed, the number of clinical trials in this field has tripled over the past five years, reaching 182 studies in 2025.²

Diabetes – Clinical trials



Obesity – Clinical trials

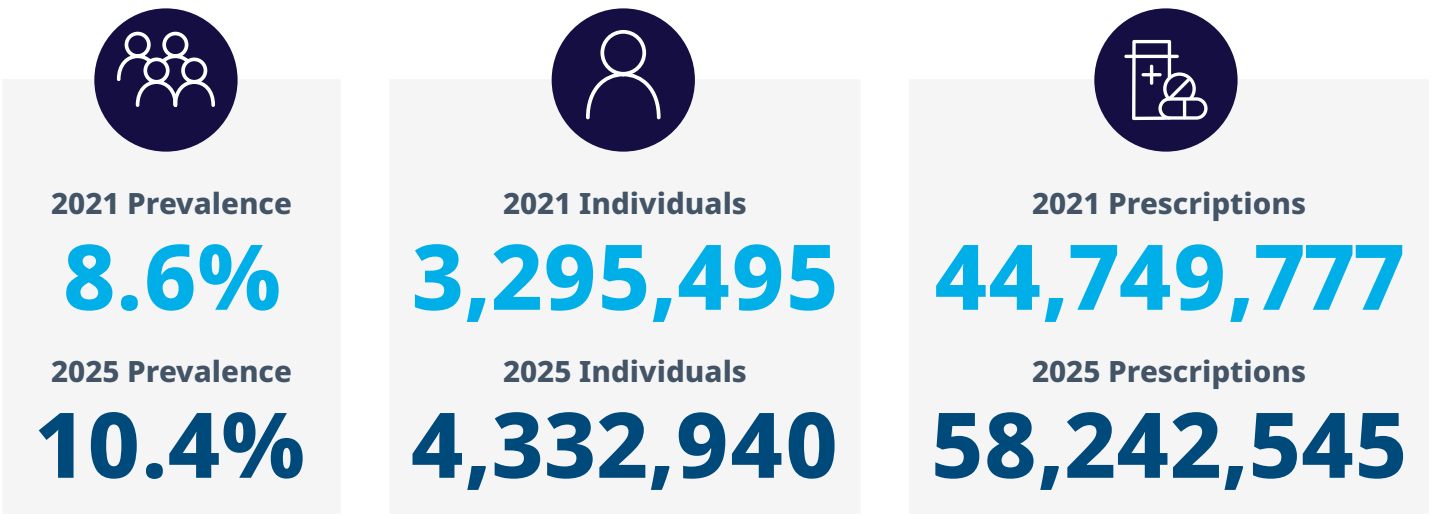


² Source: Citeline Trialtrove, Jan 2026; IQVIA Institute, Feb 2026.

Overview of trends in the use of pharmacological treatments for diabetes and obesity in Canada (2021–2025)

Between 2021 and 2025, the use of pharmacological treatments for diabetes and obesity increased significantly in Canada. In the case of diabetes, both the number of people treated and the volume of prescriptions increased by about 30% in 2025 reaching 4.3 million patients and more than 58 million prescriptions. The growth was even more pronounced for obesity: the number of patients treated increased fivefold between 2021 and 2025, rising from 158,924 to 873,723, while the number of prescriptions increased eightfold, reaching nearly 5 million.

General statistics on diabetes in Canada, 2021–2025



General statistics on obesity in Canada, 2021–2025



Medications used to treat diabetes and obesity

Metformin remained the most widely used treatment for type 2 diabetes, with a moderate increase in the number of patients and prescriptions. The use of newer therapies, such as SGLT2 inhibitors and GLP-1 agonists, has increased significantly because they offer additional benefits for the heart, kidneys, and weight management.

Conversely, commonly used diabetes medications—including DPP-4 inhibitors, PPG regulators, thiazolidinediones, and acarbose—experienced declines in both patient numbers and prescription volumes, suggesting that they are gradually being replaced by more effective and better-tolerated treatments.

Type 2 diabetes: Individuals treated and prescriptions dispensed by generic name in Canada, 2021–2025				
	Individuals		Prescriptions	
	2021	2025	2021	2025
Metformin	2,029,201	2,282,743	15,489,035	18,420,456
Sodium-Glucose Transport Protein 2 (SGLT2)	858,581	1,557,671	6,724,237	13,835,254
Glucagon-Like Peptide-1 (GLP-1)	354,305	831,852	2,121,004	6,157,663
Sulfonylureas	751,629	753,889	6,572,809	7,012,012
Other Molecules*	893,321	718,873	8,405,372	7,367,726

* Grouping of DPP-4 inhibitors, PPG, thiazolidinediones, and acarbose

Prescribers

In 2025, the clinical management of diabetes and obesity in Canada relied primarily on family physicians. They accounted for 55% of prescriptions for type 1 diabetes, 82% of prescriptions for type 2 diabetes, and 88% of prescriptions for the treatment of obesity.

Type 1 diabetes stood out for its greater involvement of specialists, with endocrinologists accounting for 30% of prescriptions and internists for 10%.

Breakdown of prescriptions for diabetes and obesity treatment by prescriber specialty in Canada, 2025				
	Family medicine	Endocrinology	Internal medicine	Other specialties
Type 1 diabetes	55%	30%	10%	5%
Type 2 diabetes	82%	–	5%	13%
Obesity	88%	5%	5%	3%

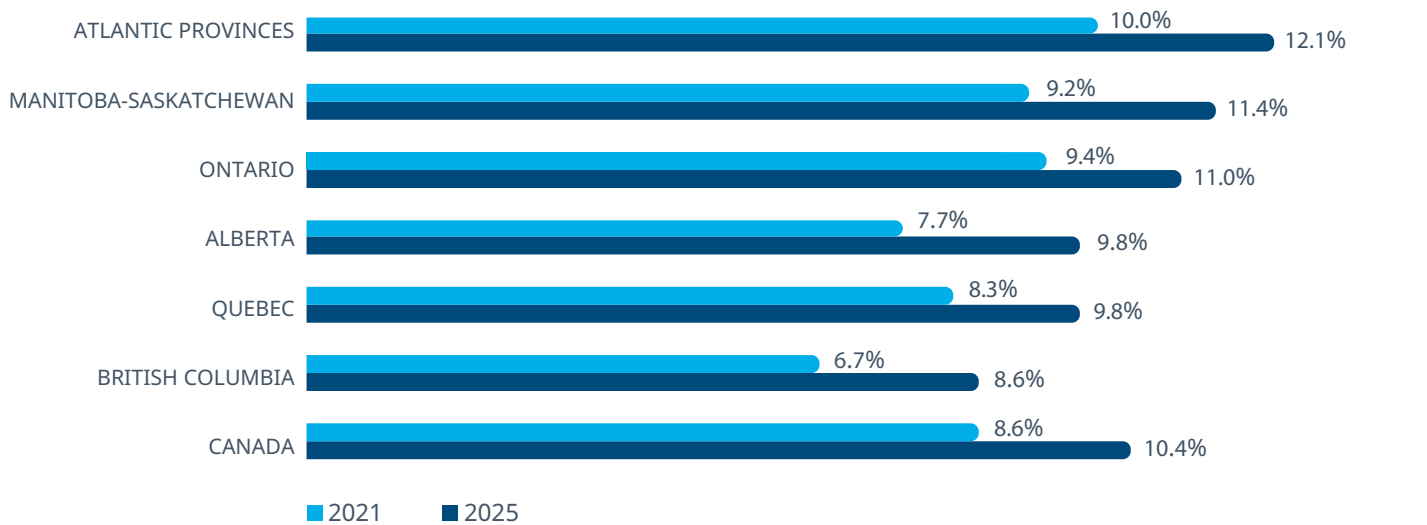
Data on prescribers is not available for Newfoundland, Prince Edward Island, Manitoba, and British Columbia

Medication prevalence by province

The prevalence of medication used to treat diabetes increased across all Canadian provinces between 2021 and 2025. The Atlantic provinces had the highest rate (12.1%), followed by Manitoba-Saskatchewan (11.4%) and Ontario (11.0%)—all exceeding the Canadian average. In contrast, British Columbia had the lowest rate, at 8.6%.

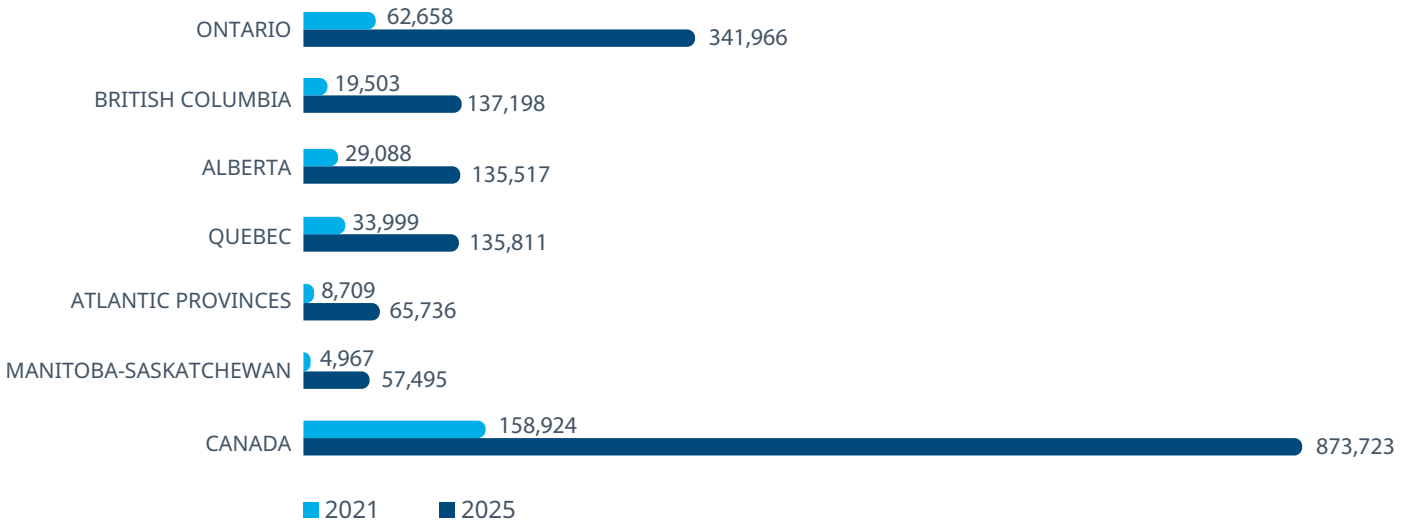
These findings reflect the ongoing rise of diabetes in Canada while also highlighting persistent regional disparities.

Trends in diabetes treatment prevalence by province



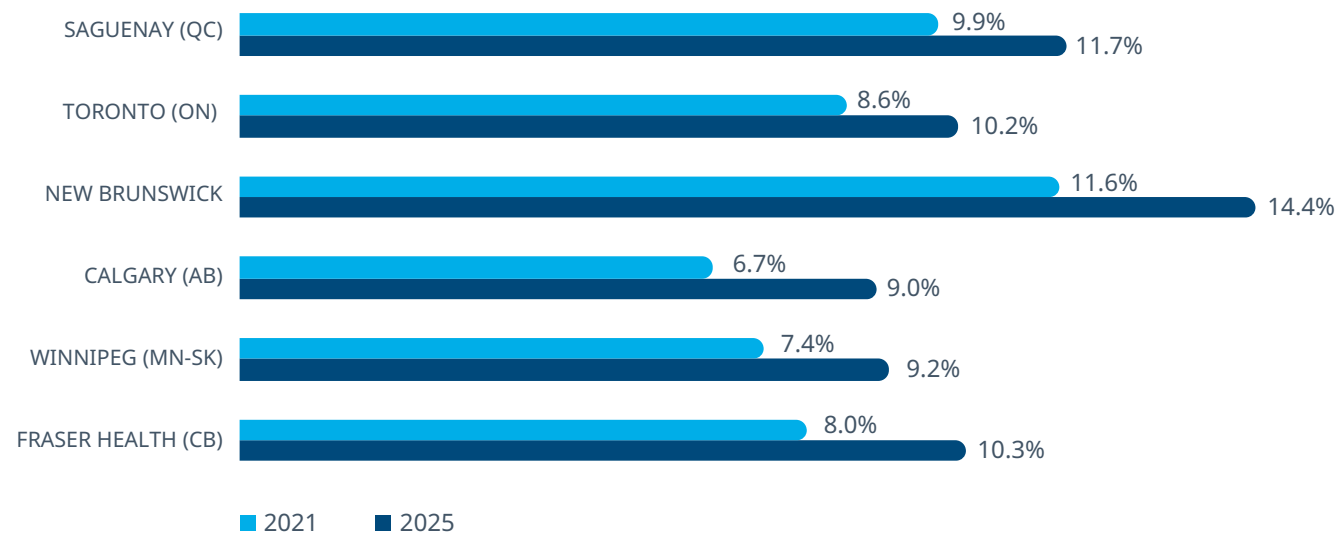
All provinces saw a sharp increase in the number of individuals using medications to treat obesity between 2021 and 2025. Ontario had the highest number of users, while the most significant proportional increases were observed in Manitoba-Saskatchewan and the Atlantic provinces. The approval of new medications, increased accessibility, and growing awareness of obesity-related issues may have contributed to this increase.

Number of individuals who used medication to treat obesity by province



The dashboard used to prepare this document covers the health regions of the following provinces: Ontario (26 regions), Quebec (16 regions), British Columbia (5 regions), and Alberta (5 regions). The table below presents a representative sample from selected regions for illustrative purposes. For more information, please contact IQVIA.

Prevalence of diabetes treatment by selected health region

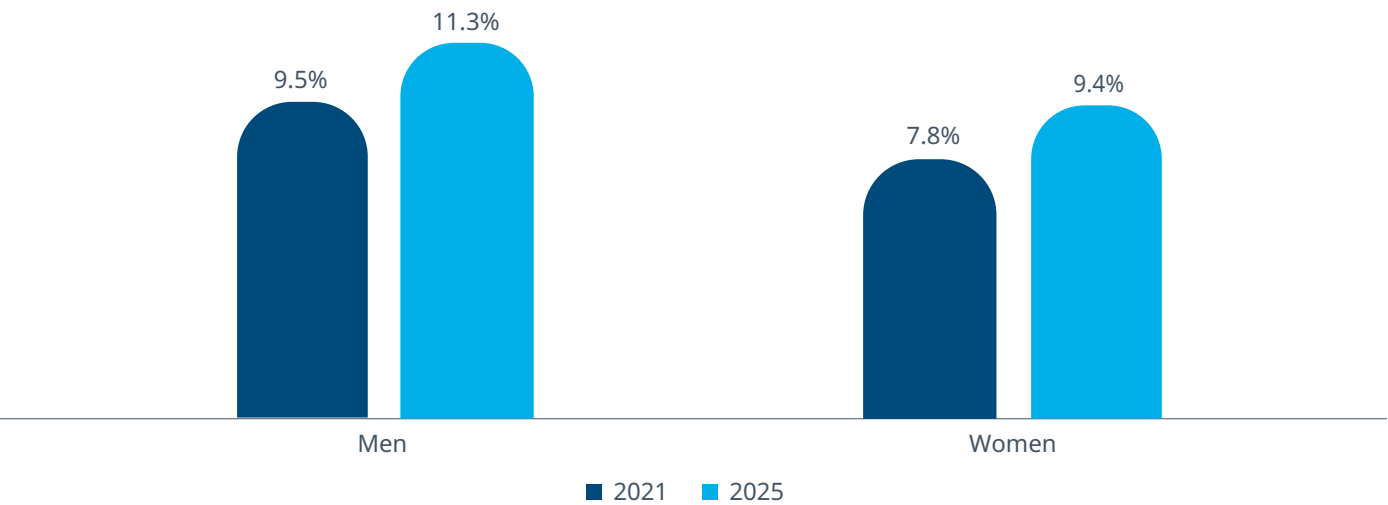


Demographic analysis

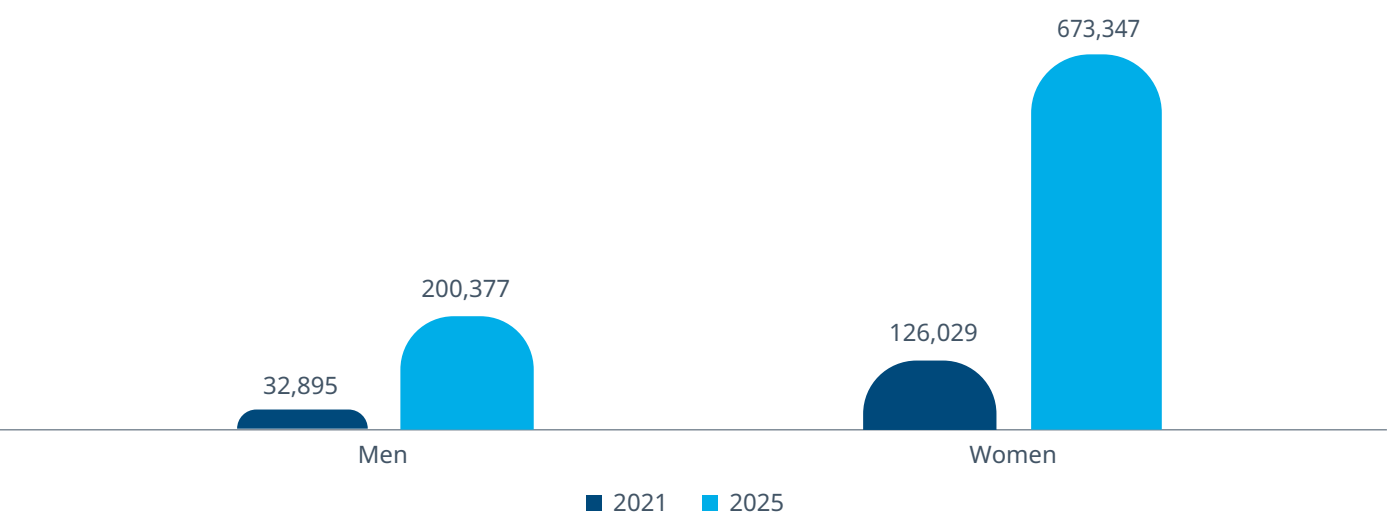
Between 2021 and 2025, the prevalence of diabetes medication use increased in Canada, rising from 9.5% to 11.3% among men and from 7.8% to 9.4% among women.

At the same time, the use of medications for obesity increased significantly among both sexes: the number of male users rose from 32,895 to 200,377; while the number of female users climbed from 126,029 to 673,347.

Prevalence of diabetes treatment by sex – Canada



Number of men and women who used medications to treat obesity – Canada



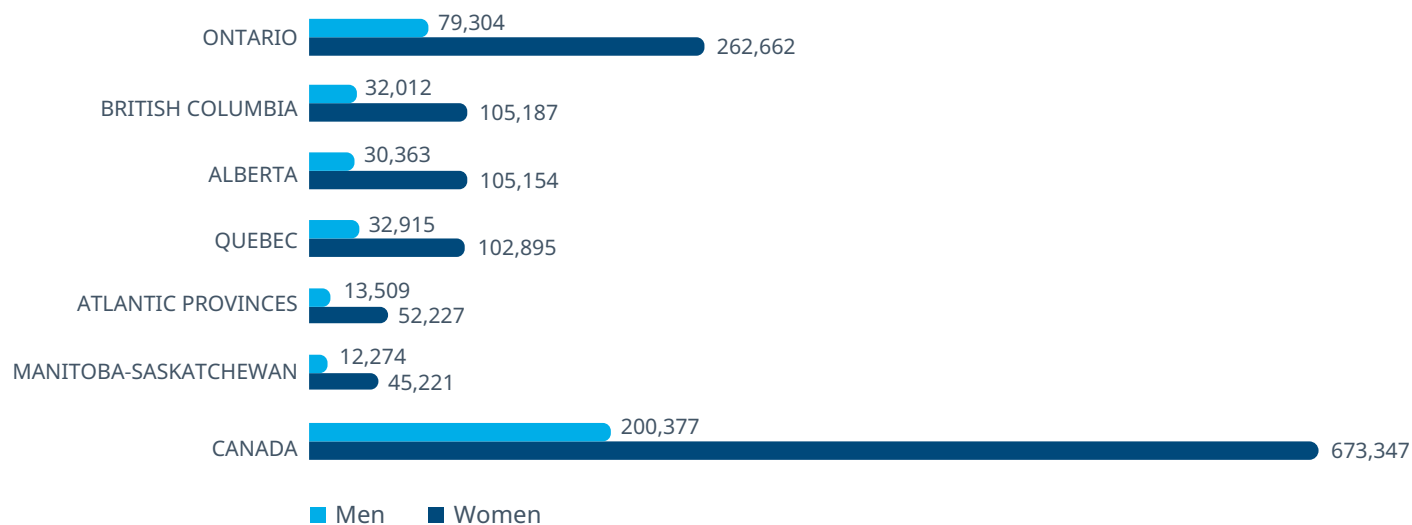
In 2025, the prevalence of medication used to treat diabetes remained higher for men than for women across all Canadian provinces. The highest rates were observed in the Atlantic provinces as well as in Manitoba-Saskatchewan, while British Columbia had the lowest prevalence rates for both sexes.

Prevalence of diabetes treatment by sex and province - 2025



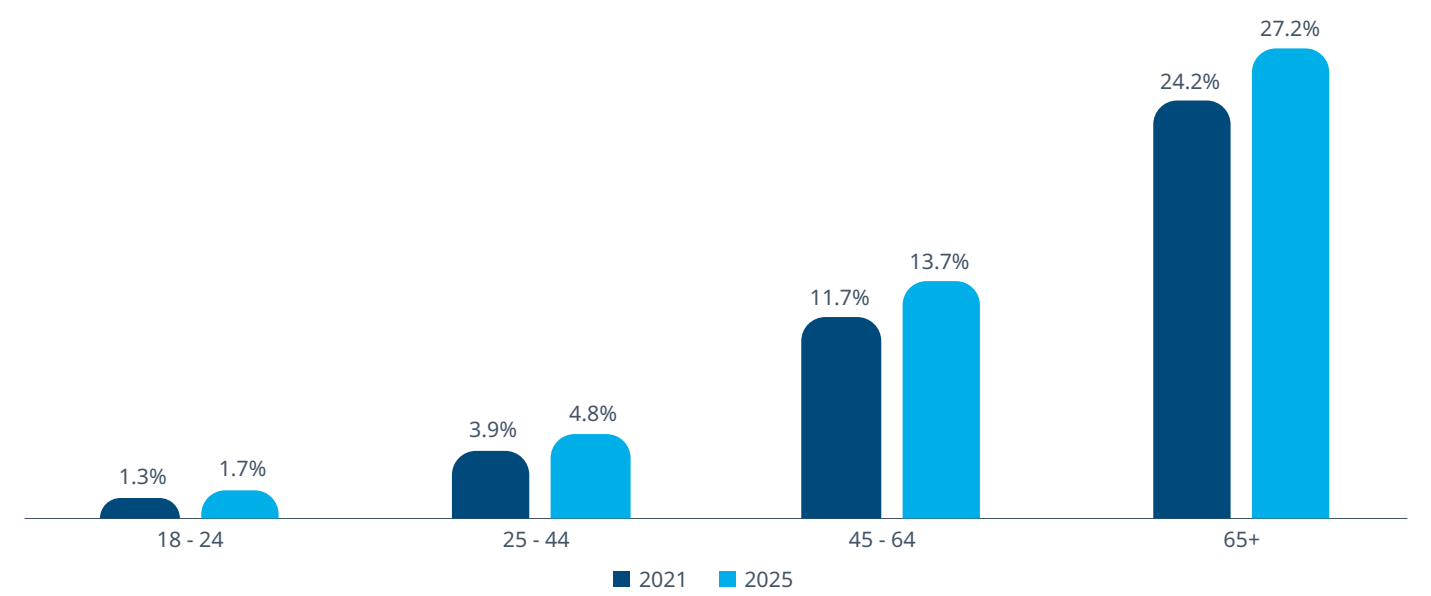
In 2025, women accounted for nearly 80% of people who used medication to treat obesity across all Canadian provinces. Ontario had the highest number of people receiving treatment, among both women and men.

Number of women and men who used medication to treat obesity by province - 2025



Between 2021 and 2025, the prevalence of diabetes treatment increased across all age groups in Canada. People aged 65 and over had the highest rate at 27.2% in 2025, an increase of 3 percentage points. Those aged 45 to 64 also had an increase, reaching 13.7%. Thus, although seniors remain the most affected, a rise in prevalence of diabetes treatment is gradually being observed among younger age groups.

Prevalence of diabetes treatment by age group in Canada, 2021–2025

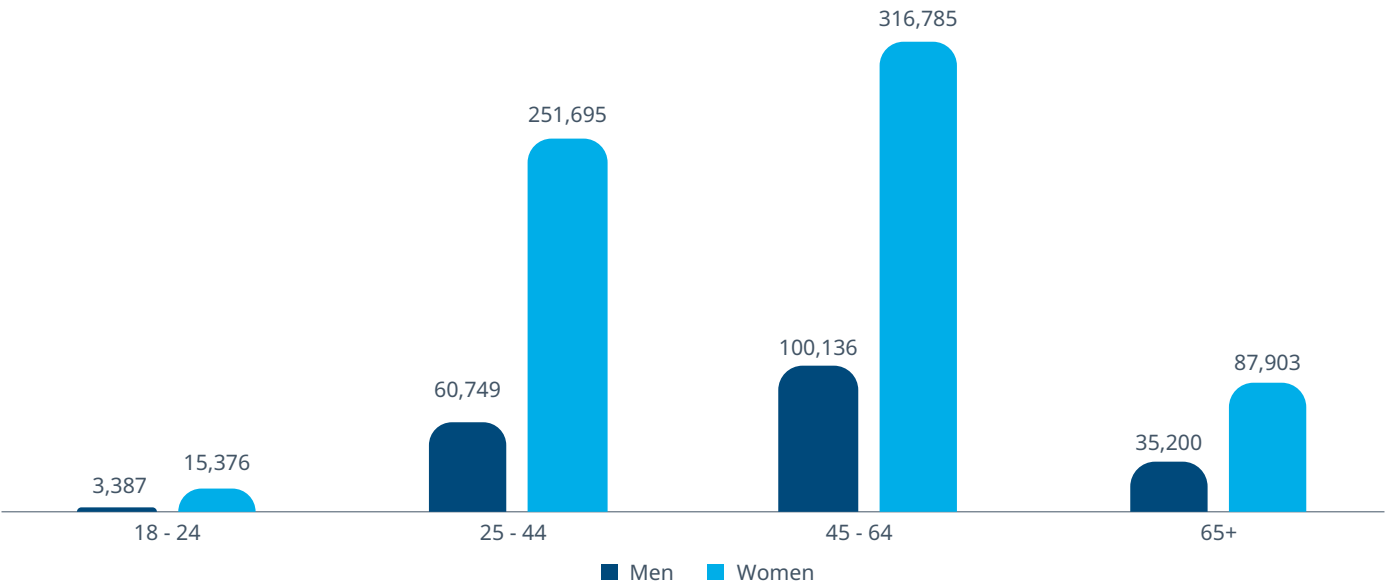


In 2025, the prevalence of medication use for diabetes treatment increased substantially with age in all Canadian provinces. Among those aged 25 to 44, the prevalence was higher among women than among men, while this trend reversed starting at age 45. Nationwide, the prevalence among people aged 65 and older was about eight times higher than among those aged 25 to 44 for men, and four times higher for women. Regional differences were also observed, with the highest rates generally found in the Atlantic provinces, Manitoba-Saskatchewan, and Ontario, while British Columbia and Quebec had the lowest rates.

Canadian profile of prevalence of diabetes treatment: provincial and demographic variations – 2025						
	25 - 44		45 - 64		65+	
	Men	Women	Men	Women	Men	Women
ATLANTIC PROVINCES	4.5%	6.0%	16.6%	13.4%	32.7%	23.5%
MANITOBA-SASKATCHEWAN	5.4%	7.8%	19.3%	16.1%	35.0%	23.9%
ONTARIO	4.0%	5.7%	16.2%	12.2%	36.1%	25.2%
ALBERTA	4.4%	6.3%	16.5%	12.6%	34.9%	24.3%
QUEBEC	3.4%	4.8%	15.0%	10.3%	31.9%	19.6%
BRITISH COLUMBIA	3.7%	5.1%	13.1%	9.7%	24.4%	17.0%
CANADA	4.0%	5.7%	15.8%	11.8%	32.9%	22.4%

In 2025, women accounted for the majority of people using medications to treat obesity in every age group in Canada. For both sexes, the number of users increased progressively with age, peaking among those aged 45 to 64 before declining among those aged 65 and older. Women aged 45 to 64 were the largest group among users of these medications.

Individuals who used medications to treat obesity by sex and age group in Canada – 2025



Data for those under 18 are not presented because the numbers are too small to be meaningful.



Recommendations for health interest groups

The initiatives featured in ‘Diabetes: What Canada’s Doing’³, along with the clinical practice guidelines from ‘Diabetes Canada’⁴ and the Canadian clinical practice guidelines on obesity⁵ highlight the importance of a coordinated, evidence-based approach that focuses on access to care and reduction of inequalities.

While this report does not constitute an exhaustive evaluation of diabetes and obesity in Canada, its analyses may shed light on certain avenues for reflection and action regarding the prevention, early detection, and management of these diseases. In this context, governments, health organizations, and other stakeholders might consider the following proposals:

1. **Support community-based surveillance of diabetes**, obesity, and treatment use by regularly monitoring national, provincial, and regional trends to spot emerging disparities;
2. **Identify the regions and age groups** where the prevalence of treatment or medication use is increasing most rapidly in order to orient preventive interventions, screening, and training to local circumstances;
3. **Examine the growing use of new therapies**, particularly GLP-1 agonists and other treatments for diabetes and obesity, in order to better understand their clinical, economic, and organizational implications in real-world settings;
4. **Explore pilot projects that use data integration combining anonymized prescription data**, government administrative databases, and electronic health records in order to improve patient monitoring, treatment evaluation, and early identification of populations at increased risk—within a secure framework that respects patient privacy.

Such an approach would help to better track trends, to shed light on the progress of existing programs, to direct resources toward populations with the greatest needs, and to support more targeted, equitable, decisions based on real-world data.

Limitations

The use of IQVIA data is subject to certain limitations. These data do not include information on:

- Prescriptions written but never dispensed;
- Prescriptions dispensed in hospitals and prisons;
- Medications that were dispensed but not consumed by patients;
- Diagnoses associated with dispensed prescriptions;
- Clinical indications and comorbidities;
- Medication adherence and clinical outcomes;
- Factors that may explain variations observed among provinces or demographic groups.

Consequently, the data presented can be used to describe medication utilization trends, but cannot on their own be used to assess the clinical appropriateness of treatments or establish causal relationships.

3 Diabetes: What Canada’s doing - Canada.ca

4 Diabetes Canada | Clinical Practice Guidelines

5 Resources for healthcare professionals | Obesity Canada

Data sources and methodology

The statistics are generated from fully anonymized prescriptions for antidiabetic drugs—also used to treat obesity—dispensed by a panel of community pharmacies for the years 2021 to 2025 and correspond to approximately 80% of all prescriptions dispensed in Canada (new Rx and refills). Estimation algorithms were used to assess the missing 20%, thus obtaining a complete picture of the dispensing of these drugs and allowing a representative analysis. Population data from Statistics Canada was used to calculate prevalence.⁶

This report is based on the following IQVIA data services: IQVIA Geographic Prescription Monitoring (GPM), IQVIA Longitudinal Prescription data, and IQVIA Prescriber-level data.

Therapeutic classes and molecules included in the study:

Diabetes	Obesity
Insulin	Naltrexone SR/bupropion SR
Basal	Liraglutide
Bolus	Orlistat
Premix	Semaglutide
Non-insulin	Tirzepatide
Biguanide (metformin)	
Sodium-glucose transport protein 2 (SGLT2)	
Dipeptidyl peptidase-4 (DPP-4)	
Sulfonylureas	
Glucagon-like peptide-1 (GLP-1)	
Postprandial glucose regulators (PPG)	
Thiazolidinediones	
Acarbos	

6 Data tables, 2021 Census of Population

ABOUT IQVIA

IQVIA (NYSE:IQV) is a leading global provider of clinical research services, commercial insights and healthcare intelligence to the life sciences and healthcare industries. IQVIA's portfolio of solutions are powered by IQVIA Connected Intelligence™ to deliver actionable insights and services built on high-quality health data, Healthcare-grade AI®, advanced analytics, the latest technologies and extensive domain expertise. IQVIA is committed to using AI responsibly, with AI-powered capabilities built on best-in-class approaches to privacy, regulatory compliance and patient safety, and delivering AI to the high standards of trust, scalability and precision demanded by the industry. With approximately 93,000 employees in over 100 countries, including experts in healthcare, life sciences, data science, technology and operational excellence, IQVIA is dedicated to accelerating the development and commercialization of innovative medical treatments to help improve patient outcomes and population health worldwide. Established in Canada in 1960 in Montreal, IQVIA has more than 1,600 employees in offices located in the provinces of Quebec, Ontario and Nova Scotia.

IQVIA is a global leader in protecting individual patient privacy. The company uses a wide variety of privacy-enhancing technologies and safeguards to protect individual privacy while generating and analyzing information on a scale that helps healthcare stakeholders identify disease patterns and correlate with the precise treatment path and therapy needed for better outcomes. IQVIA's insights and execution capabilities help biotech, medical device and pharmaceutical companies, medical researchers, government agencies, payers and other healthcare stakeholders tap into a deeper understanding of diseases, human behaviors and scientific advances, in an effort to advance their path toward cures.

Learn more: <http://www.iqvia.com/canada>

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