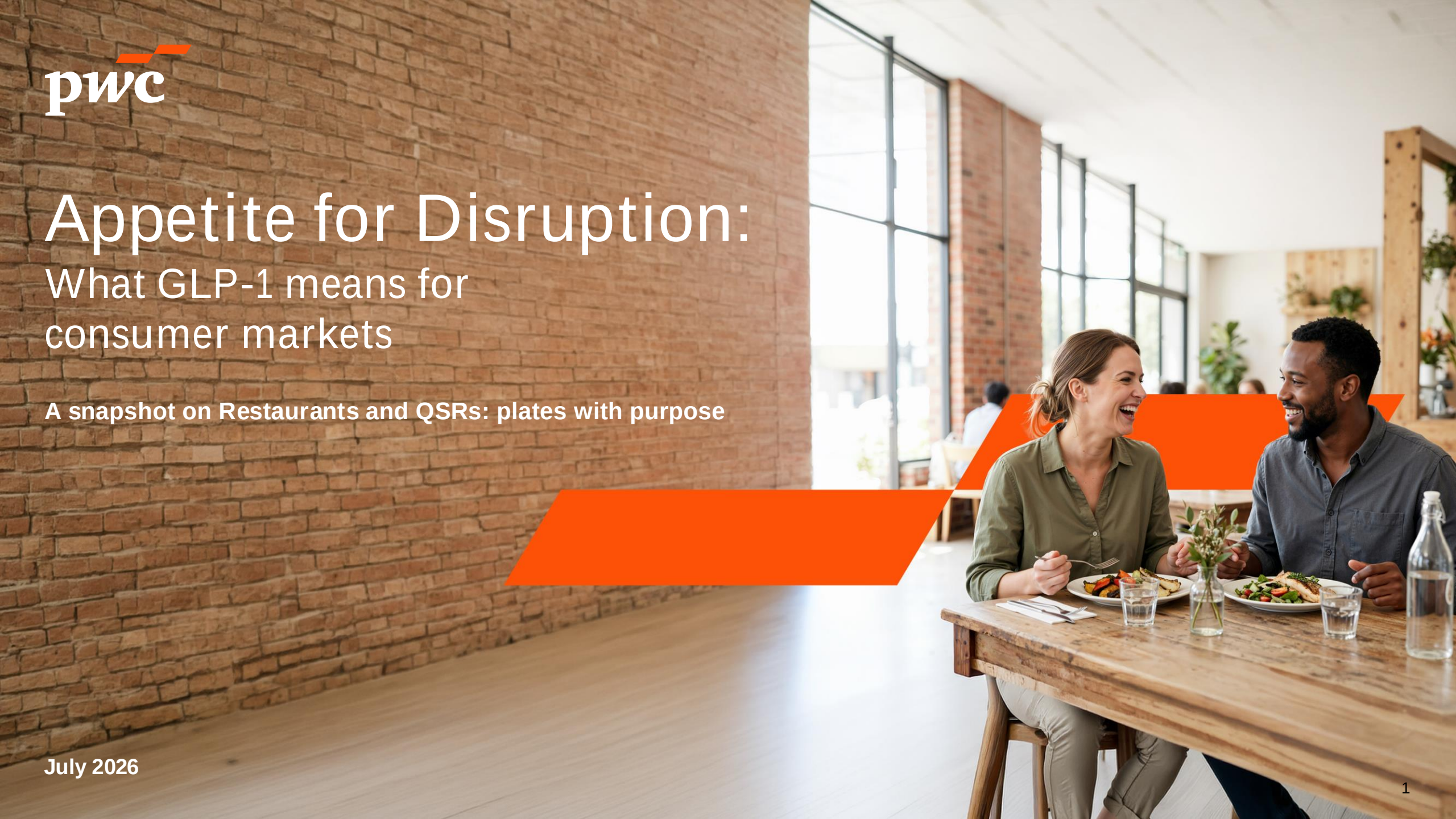
# Appetite for Disruption:
## What GLP-1 means for consumer markets

**A snapshot on Restaurants and QSRs: plates with purpose**



**July 2026**

# Impact of GLP-1 on restaurants: plates with purpose

### When appetite shrinks, eating out becomes more selective

GLP-1 medication is already changing how millions of people in the UK eat, drink, exercise and shop. We surveyed more than 2,300 UK adults to explore who is using GLP-1 and how it is changing their behaviour. The findings are important for any brand, retailer or service provider trying to win spend from GLP-1 users.

For **Restaurants and Quick Service Restaurants (QSRs)**, GLP-1 is reshaping eating out demand, with a shift away from routine refuelling and volume-led value towards more intentional occasions and smaller meals. Spend is moving away from appetite-led occasions such as impulse visits and large meals, and towards more flexible, health-conscious and experience-led dining moments. The question every restaurant and QSR operator now faces is how to stay relevant when demand is under pressure and behaviours are changing.

**Stickiness of GLP-1 spending behaviour: consumption changes during GLP-1 usage and after GLP-1 usage**


**Key:** ◌ Current Market Size (£1bn)
● Focus of this paper

Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact, Strategy& Analysis

# GLP-1 restaurant spend: fewer visits, smaller orders

## Selective occasions

As appetite reduces, eating out becomes less frequent, smaller and more selective. During GLP-1 use, 61% of users decrease restaurant spend, while only 9% increase it, resulting in -52ppt net spend intent. Among those reducing spend, 67% are eating out less often, 66% are ordering smaller portions or fewer courses, and 59% are ordering takeaways less often, with 73% citing reduced cravings or hunger as a driving factor. The opportunity is to make each visit feel more worthwhile - through offering social connection, healthier convenience and controlled indulgence that are harder to meet at home.

## Spend reallocation

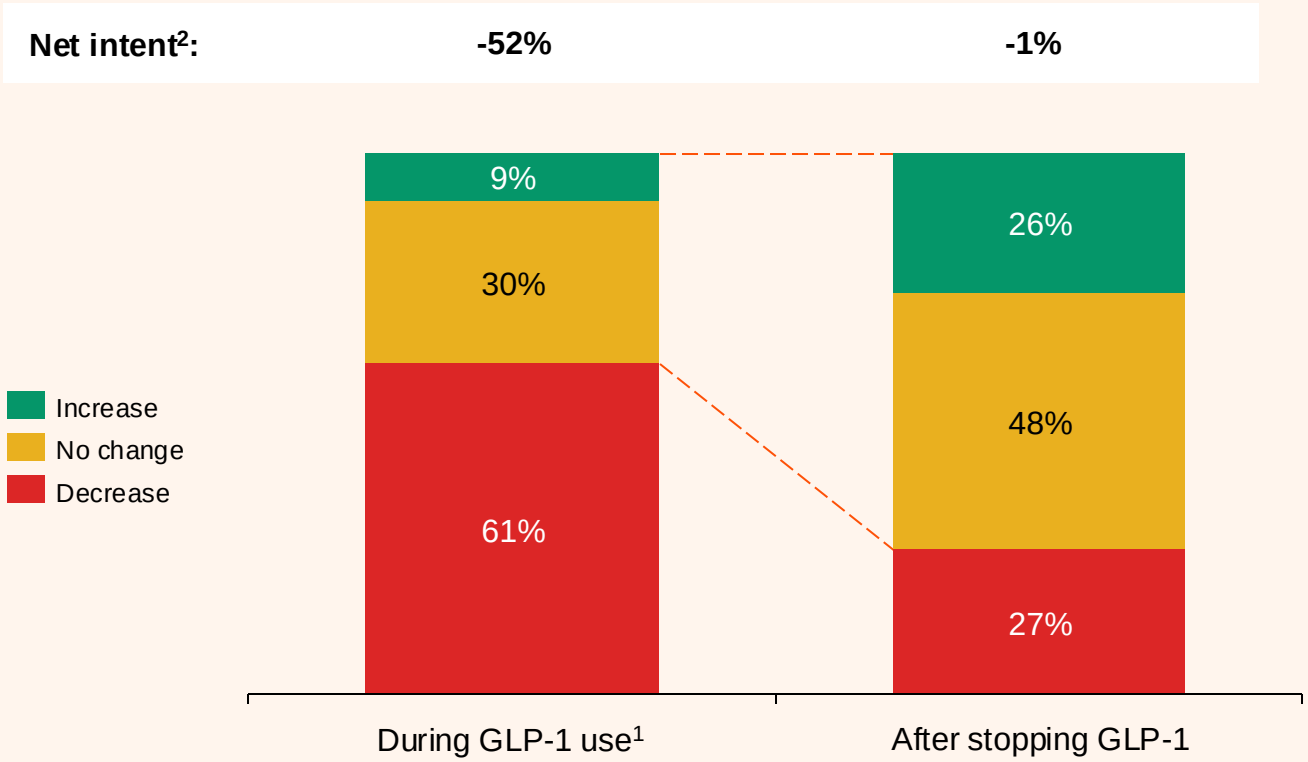
GLP-1 not just cutting spend in eating out but keeping it more controlled. Among those reducing restaurant spend, 28% are ordering less alcohol and 26% are ordering fewer desserts. Budget is also being redirected to other lifestyle aspects as part of their GLP-1 treatment journey: 32% say they prefer eating at home to control portions or ingredients, while 29% want to save money to fund GLP-1 treatment. This puts pressure on spend on high margin extras such as sides, desserts and drinks. To protect spend per head, restaurants should explore rebalancing menu architecture - from lighter options to protein-led or nutrient-dense meals, customisable meals and premium smaller serves.

## Demand recovery

Restaurant demand shows signs of recovery once treatment stops. After stopping GLP-1, net spend intent returns close to neutral at -1ppt, with 26% increasing spend compared with before GLP-1 usage. For restaurants and QSRs, the opportunity is to manage the treatment dip while building reactivation moments by tailoring loyalty mechanisms and providing social occasions, seasonal menus and formats that stay relevant as appetite returns.

**Restaurant spend decreases during GLP-1 use, with mixed behaviours once users stop GLP-1 treatment**

**Changes in restaurant spend intentions, compared to before GLP-1 usage**
% of respondents




Notes: 1) Current GLP-1 users and previous GLP-1 users who have not taken GLP-1s in the past 12 months; 2) Delta between proportion of respondents indicating positive and negative change in spend intention | Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact, Strategy& Analysis

# GLP-1 restaurant spend: choices with control

## Lower frequency and shrinking spend per head, especially among mid-life users

GLP-1 is reducing eating out spend across users, but the pattern differs by demographic group. Eating out less frequently is high for both men (66%) and women (68%), with the greatest decline among 45-54s (79%). Takeaway ordering also falls for 63% women and 53% men, with a peak of 71% among 35-44s. Spend per head when people do eat our is also shrinking across customer segments, with 69% of women and 62% men ordering smaller portions, rising to 73% among the 35-44 age group.

**The implication:** As frequency, portion size and convenience-led missions weaken, there need to be new reasons to visit.

## Increased health consciousness rather than reduced appetite alone

In addition to reduced appetite, GLP-1 also making more conscious dietary choices. Among those reducing restaurant spend, 57% say they want to make healthier food choices, with women more likely to cite this than men (60% versus 43%). The trend is especially pronounced among 35-44s, where 75% cite health motivations. This is translating into specific ordering trade-offs: 28% are ordering less alcohol, rising to 80% among 65+, while 26% are ordering fewer desserts. Control also matters, with 32% preferring to eat at home to manage portions or ingredients.

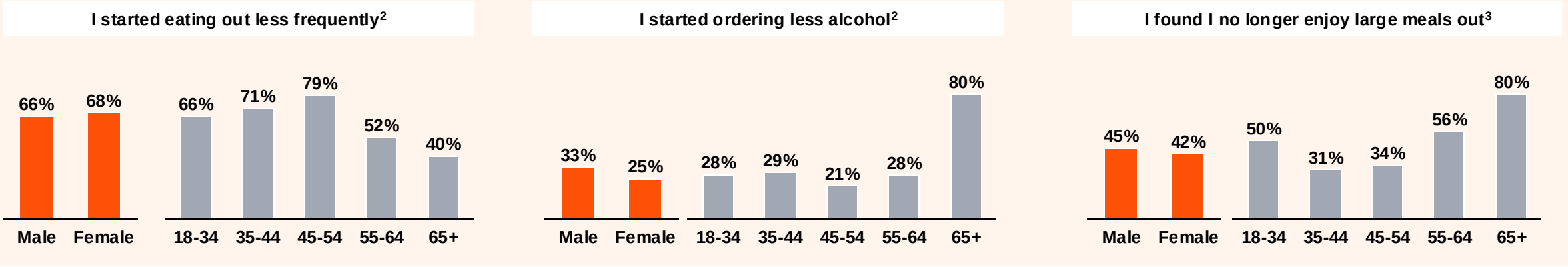
**The implication:** Operators should build trust and support healthier choices through ingredient quality, options and menu transparency.

## Less occasions but socialisation still a driver of spend

GLP-1 is making consumers more selective about which eating out occasions feel worth it. 33% are avoiding specific restaurant types such as fast food, rising to 42% among 25-34s and 43% among £75k-100k income consumers. Large-meal occasions are also losing appeal, with 45% of men and 42% of women saying they no longer enjoy large meals out. This rises among older users, reaching 56% among 55-64s and 80% among 65+. However, the social role of eating out remains relevant and 19% of those increasing spend say they feel more confident or social to go out more.

**The implication:** Occasions need to feel worthwhile, with social and experiential moments that are harder to replicate at home.

**Behaviour change by demographics**
% of respondents[1]




Notes: 1) The % represent what proportion of each age/gender/income group reported each behaviour. 2) What drove the decrease in spend on eating out after starting GLP-1? Please select all that apply. 3) And why did the amount you eat out decrease after starting GLP-1? Please select all that apply. | Source: Strategy& UK Consumer Survey June 2026: GLP-1 Adoption and Cross-Sector Spending Impact, Strategy& Analysis

# Winning the GLP-1 restaurant user: the new eating out equation

## Reshape what's at risk

GLP-1  not just eating out less; they are ordering less when out, reducing extras such as alcohol and desserts and cutting back on takeaways. The most exposed models are those built around volume, upsizing and impulse: fast food, high volume delivery, all-you-can-eat and casual dining propositions tied to frequent occasions.

- Redesign menus around smaller portions, sharing formats and protein or nutrient dense dishes
- Rethink at risk alcohol and desserts with formats such as low/no alcohol options, mini desserts and shared sweets
- Revisit QSR and delivery offerings where lower frequency, smaller tickets and weaker add-ons may put pressure on profitability

## Capitalise on health motivations

As appetite falls, consumers are becoming more deliberate about what they eat. They want greater control over portions, alongside clearer ingredient and nutritional information. Restaurants need to make better-for-you choices easier to see, order and trust if they are to compete with the control consumers get from eating at home.

- Shift from default refuelling missions to occasion-led propositions around social occasions, healthier convenience and "worth it" treats
- Create smaller premium serves, customisable options, sharing plates and controlled indulgence moments
- Use loyalty and CRM to identify treatment-stage behaviour and reactivate consumers as appetite and spend recover post-treatment

## Collaborate to support the journey

GLP-1 is changing the role that restaurants play within a broader health, lifestyle and weight-management journey. Restaurants and QSR operators do not need to become healthcare providers, but they can work with partners to make eating out feel easier, more relevant and more trusted for consumers managing appetite, nutrition and social occasions.

- Work with nutrition or wellness partners to create credible better-for-you offerings
- Use loyalty and CRM data to identify changing occasions, such as smaller lunch orders, lower alcohol attachment and healthier convenience needs
- Provide event-linked social occasions that are worth going out for and are harder to recreate at home

> GLP-1 is not ending eating out, it is changing what makes the occasion worth choosing and what people want from it. The winning operators will move beyond traditional offerings to build menus and experiences that give consumers more control, confidence and reasons to dine out.

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# Please get in touch to hear more


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## About the consumer survey methodology

In June 2026, Strategy& conducted a comprehensive survey of 2,315 UK consumers aged 18-65+ to understand who is using GLP-1 (current and past), why they are using it, how they are accessing it, and how they are changing their spending habits across grocery, alcohol, VMS, apparel, restaurant and fitness categories. The survey was run before the approval of the GLP-1 pill for weight loss in the UK.