GUIDEPOINT QSIGHT

QSIGHT REPORT

GENERATIONAL NEUROTOXIN USE ACROSS THE UNITED STATES

EXECUTIVE SUMMARY

Neurotoxins such as Botox, Dysport, and Xeomin remain the anchor of non-surgical aesthetics. In 2024, U.S. patients spent an estimated **$6.4B** on neurotoxin treatments, representing **31 percent** of total non-surgical aesthetic spending, an **8 percent** increase over 2023, according to Guidepoint Qsight data.

Over the last 12 months (ending August 2025), usage patterns show a stable growth category overall with meaningful shifts in **generational mix** and **regional composition**, which have implications for practice growth, pricing, and cross-selling strategy at medical aesthetic practices.

KEY FINDINGS

- **Generational balance is changing.** Gen X remains the largest single cohort receiving neurotoxin injections nationally, while **Millennials have rapidly closed the gap; Gen Z** is still single digit overall but shows **localized early adoption** in select states. (Unique-patient view: 12M ending Aug 2025.)
- **Regional composition diverges.** Western states skew older (higher Boomer/Gen X shares), while Midwestern markets trend younger (higher Millennial/Gen Z shares). Florida and Hawaii exhibit higher proportions of older-generation patients, reflecting underlying demographics and possible income and tax factors.
- **Category dynamics favor neurotoxins.** Neurotoxins continue to command the largest share of non-surgical spend and have inched higher from 2023 to 2025 year to date; dermal fillers and energy-based devices show modest share declines, while **weight-loss treatments (GLP-1)** have risen to claim a meaningful share of wallet.
- **Cross-purchasing behavior is asymmetric.** About **half of dermal filler visits include a neurotoxin procedure,** but only **about 13 percent of neurotoxin visits include filler,** down from around 21 percent in 2017—confirming neurotoxins as a primary entry point and highlighting opportunities to attach skincare and other services during toxin visits.

WHY IT MATTERS

- Practices can align **offer design and messaging** by generational cohort: preventative pathways for emerging Gen Z users; predictability and physician credibility for older patients; and maintenance and efficiency for Millennials and Gen X.
- Rising **GLP-1 adoption** in aesthetic settings expands the funnel with new patients and alters spending mixes; a sequenced care model (for example, from metabolic care to skincare/skin-tightening to injectables) can protect and grow neurotoxin demand over time.

NATIONAL GENERATIONAL MIX

Scope: This analysis reflects the **12 months ending August 2025**, counting **unique patients** receiving neurotoxin procedures at **cash-pay med spas and medical aesthetic physician practices**. Patients are attributed by **clinic location**. State-level results apply a **≥1,000-patient threshold** (Hawaii near-threshold; ten low-volume states excluded). Included products: **Botox, Dysport, Xeomin, Jeuveau, Daxxify, and Letybo**.

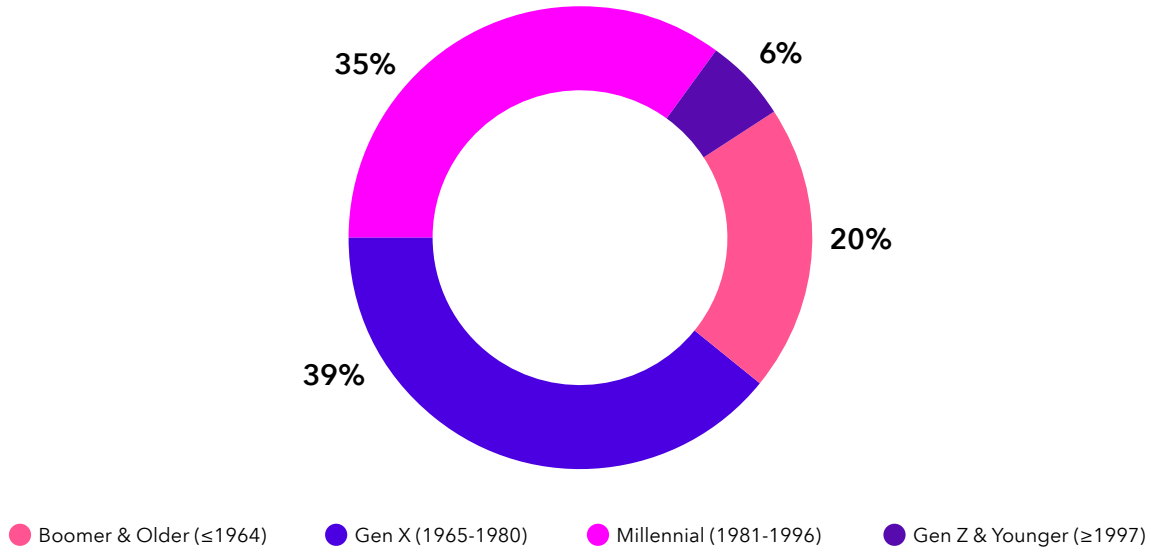
National composition. Based on Qsight's national estimate for the period, the generational split of neurotoxin patients is approximately:

- **Boomer & Older (≤1964): ~20%**
- **Gen X (1965–1980): ~39%**
- **Millennial (1981–1996): ~35%**
- **Gen Z & Younger (≥1997): ~6%**

National Analysis

- **Gen X remains the single largest cohort**, but **Millennials have reached near-parity**, signaling continued broadening of the core user base toward younger middle aged patients.
- **Gen Z participation is single-digit nationally**, however, concentrated early-adopter pockets will matter for near-term growth (further detailed in the Regional section).
- The evolving generational mix supports **stable category demand** while reshaping **offer design** (e.g., maintenance and efficiency for Gen X/Millennials; prevention and dosing education for Gen Z/younger Millennials).

US NEUROTOXIN PATIENTS BY GENERATION
(12 months ending Aug 2025)



REGIONAL & STATE PATTERNS

Scope. Findings reflect unique neurotoxin patients treated at cash-pay medspas and aesthetic physician practices, attributed by **clinic location**. States with <1,000 patients were excluded (Hawaii near-threshold). Included brands: Botox, Dysport, Xeomin, Jeuveau, Daxxify, and Letybo.

Regional Overview

- **West:** Patient mix skews older, with higher representation of **Boomer and Gen X** cohorts.
- **Midwest:** Patient mix trends younger, with higher representation of **Millennial and Gen Z** cohorts.

These patterns are consistent across the 12 months ending August 2025 and align with analysis from Qsight's data science team.

State Highlights

- **Older-leaning states: Florida** and **Hawaii** show higher proportions of older-generation patients, reflecting baseline population age and potentially higher discretionary income and supportive tax environments.

  Example: **Hawaii** exhibits a large combined Boomer/Gen X share; **Florida** similarly concentrates in older cohorts.

- **Younger-leaning states: Minnesota** demonstrates a comparatively lower Boomer share and higher Millennial/Gen X mix.

- **Gen Z early-adopter pockets: South Carolina, Pennsylvania, and Utah** show **≥9 percent** Gen Z representation, indicating earlier adoption among younger consumers in these markets. In contrast, **Idaho, Colorado, and Hawaii** show **<3 percent** Gen Z representation.

Interpretation

- **Demographics set the floor, market factors shape the ceiling.** Baseline state age pyramids help explain older versus younger tilts, while **discretionary income, practice density,** and **local aesthetics norms** likely modulate participation by cohort.

- **Implications for growth:**
  - In **older-skewing states,** emphasize reliability, physician oversight, and maintenance cadence for Gen X/Boomer patients.
  - In **younger-skewing states** and **Gen Z pockets**, focus on education around preventive use, dosing intervals, and on-ramp offers appropriate to first-time users.

- **Caveats**: State comparisons exclude ten low-volume states; Hawaii is near the threshold. All shares reflect **unique patients**; repeat procedures do not inflate cohort counts.

NEUROTOXIN PATIENT REGIONAL BREAKDOWN BY GENERATION
(12 months ending August 2025)

U.S. CENSUS REGION	GEN Z & YOUNGER (>=1997)	MILLENNIAL (1981-1996)	GEN X (1965-1980)	BOOMER & OLDER (<=1964)
Midwest	6%	38%	38%	18%
Northeast	7%	34%	37%	22%
South	6%	36%	39%	19%
West	5%	34%	39%	23%

CATEGORY DYNAMICS & WALLET COMPETITION

Role of neurotoxins in the mix. Neurotoxins remain the largest non-surgical aesthetics category and have edged higher as a share of spending since 2023, while dermal fillers and energy-based devices (EBD) have softened modestly. The 2024 benchmark places neurotoxins at roughly one-third of non-surgical spend nationally, and 2025 numbers to date reflect a continuation of the upward curve.

Basket behavior. Patient co-purchase patterns reinforce neurotoxins as an entry point: approximately half of dermal filler visits also include a neurotoxin procedure, while only about 13 percent of neurotoxin visits include fillers—down from around 21 percent in 2017. **This asymmetry suggests toxin visits are the optimal moment to attach skincare, resurfacing, or other services rather than relying on filler add-ons to grow toxin volume.**

Filler market shift. Within fillers, hyaluronic acid (HA) volumes have decelerated from post-pandemic peaks, while **biostimulatory injectables** have continued to expand, indicating a gradual mix shift toward regenerative outcomes. Practices should expect filler stabilization driven more by composition (greater biostimulatory share) than by total category recovery in the near term.

TOTAL ANNUAL PATIENT SPEND ON DERMAL FILLERS AT U.S. MEDICAL AESTHETICS PRACTICES (IN MILLIONS)

YEAR	HYALURONIC ACID FILLERS	BIOSTIMULATORY INJECTABLES	TOTAL DERMAL FILLERS
2020	$1,970	$329	$2,298
2021	$2,884	$498	$3,382
2022	$3,331	$651	$3,982
2023	$3,164	$758	$3,922
2024	$3,029	$787	$3,816
2025 (Aug YTD)	$2,034	$621	$2,655

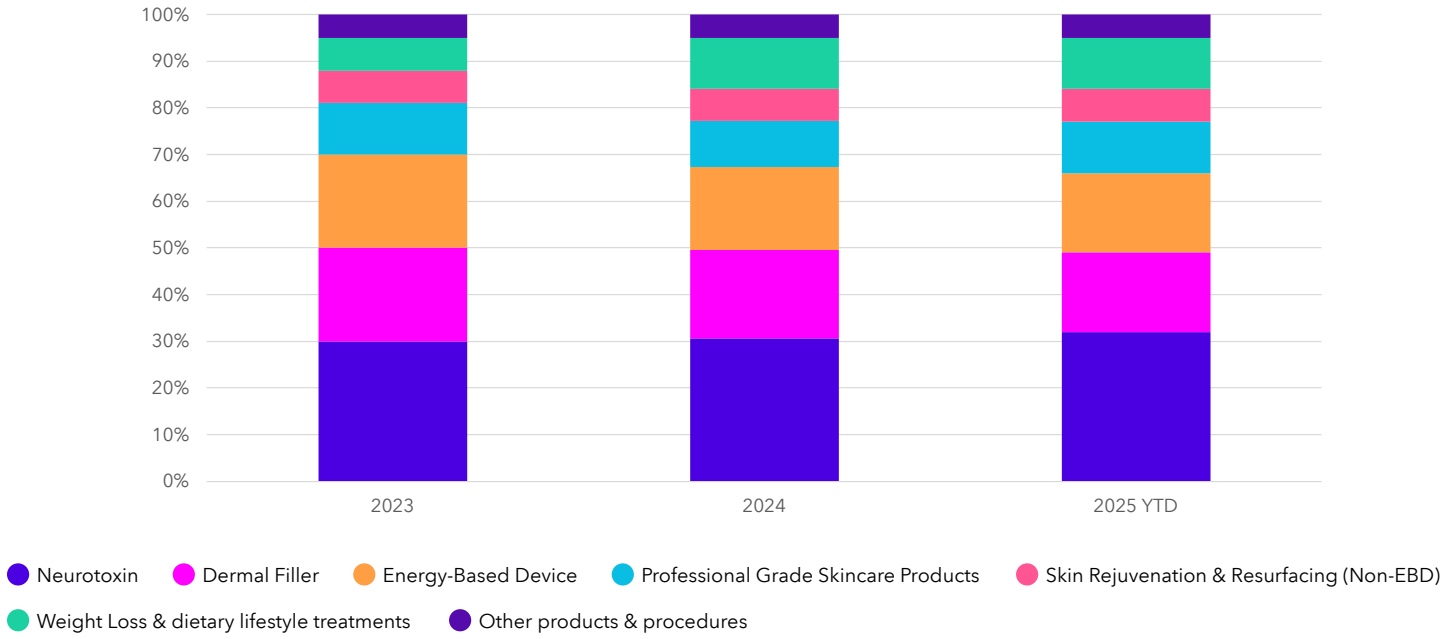
GLP-1 as competitor and feeder. GLP-1 therapies have become a durable line of business in aesthetic settings, with **54 percent of med spas** and **32 percent of plastic-surgery clinics** offering them as of August 2025. In that month, GLP-1 spending exceeded **$100M**, and **61 percent** of people starting GLP-1 treatment in 2025 were **new to the practice**, with a portion converting into injectables, device-based treatments, or skincare within 12 months. For practices, GLP-1 functions both as a share-of-wallet contender and a **top-of-funnel acquisition engine** that can be sequenced into neurotoxins and adjunct services.

Implications for offer design.

- Anchor routine cadence around neurotoxin visits; use those quarterly appointments to introduce skincare and non-EBD rejuvenation pathways.
- Position fillers with clearer indications and expectations, leaning into biostimulatory options where appropriate.
- Treat monthly GLP-1 programs as structured on-ramps: pair metabolic care with staged skin-quality and tone interventions that naturally lead to neurotoxins (and selectively, fillers).

CATEGORY	2023	2024	2025 YTD
Neurotoxin	30%	31%	32%
Dermal Filler	20%	19%	17%
Energy-Based Device	20%	18%	17%
Professional Grade Skincare Products	11%	10%	11%
Skin Rejuvenation & Resurfacing (Non-EBD)	7%	7%	7%
Weight Loss & dietary lifestyle treatments	7%	11%	11%
Other products & procedures	5%	5%	5%

NON SURGICAL CATEGORY MIX - SHARE OF PATIENT
(2023, 2024, 2025 YTD)



COMPETITIVE LANDSCAPE

Market structure. The neurotoxin category remains concentrated on the leaders, with increasing fragmentation. **Botox** continues to hold a **majority share of patient spending** nationally, while **Dysport** is the **second-largest brand**. Newer entrants **(Daxxify, Jeuveau, Letybo)** have contributed to incremental share dispersion since the late 2010s. We anticipate the landscape to shift again in 2026 with new neurotoxin offerings from Galderma **(Relfydess)** and Allergan **(TrenibotE)**.

Trend signals. Share movements reflect a mix of **product attributes** (onset, duration), **programs** (loyalty, rebates), and **practice economics** (inventory, training, promo calendars). Fragmentation has primarily come **at the expense of the category leader**, while the #2 brand's position has **strengthened** over time.

Operational implications.

- **Assortment:** Maintain a two-brand minimum where feasible to accommodate patient preference and supply flexibility.
- **Scheduling & cadence:** Use duration/onset differences to optimize chair utilization and recall intervals by cohort.
- **Programs:** Align loyalty mechanics with cohort behavior (e.g., Gen X/Millennial maintenance cycles vs. Gen Z trial).
- **Messaging:** Emphasize predictability and outcome history for older cohorts; emphasize regimen design and efficiency for Millennials/Gen X; provide first-time education for Gen Z.

PRACTICE PLAYBOOK: ACTIONS BY COHORT

Objective. Align visit cadence, offer design, and use cross-sell pathways with observed purchasing behaviors and the evolving generational mix. (Unique-patient methodology; clinic-location attribution.)

Gen Z (emerging participation)

- **Positioning:** Preventative use and "light-dose" regimens; emphasize safety, dosing intervals, and expected timelines.
- **Acquisition:** Digital-first education; clear starter pathways with transparent pricing and aftercare.
- **Cross-sell at visit:** Skincare regimen onboarding; non-EBD rejuvenation as confidence-building steps before higher-ticket add-ons.
- **Operational note:** Use recall nudges aligned to shorter trial cycles; measure conversion from education to first toxin visit.

STATES WITH HIGH SHARE OF GEN Z & YOUNGER NEUROTOXIN PATIENTS

STATE	GEN Z & YOUNGER SHARE
South Carolina	11%
Pennsylvania	10%
Utah	9%

Millennials (near-parity with Gen X)

- **Positioning:** Efficiency, outcome reliability, and routine maintenance.
- **Cadence:** Standardized recall windows and membership structures to flatten promo dependency.
- **Cross-sell at visit:** Skincare upgrades and resurfacing bundles anchored to toxin appointments; selective introduction of fillers based on indication.

STATES WITH HIGH SHARE OF MILLENNIAL NEUROTOXIN PATIENTS

STATE	MILLENNIAL SHARE
Vermont	49%
North Dakota	45%
Illinois	45%

Gen X (current core)

- **Positioning:** Longevity and maintenance framing; emphasis on physician oversight and predictable outcomes.
- **Cadence:** Package design around multi-visit annual plans; leverage loyalty programs.
- **Cross-sell at visit:** Where indicated, pair neurotoxin with filler or skin-tightening, noting that filler-to-toxin pairing is common, while toxin-to-filler pairing is less frequent (optimize offers accordingly).

STATES WITH HIGH SHARE OF GEN X NEUROTOXIN PATIENTS

STATE	GEN X SHARE
Arkansas	44%
Maryland	43%
Idaho	43%

Boomer & Older

- **Positioning:** Safety, clinical credibility, and convenience (concierge scheduling).
- **Cadence:** Simplified treatment plans with clear expectations and post-visit followup.
- **Cross-sell at visit:** Outcome-oriented skincare, gentle resurfacing; minimize add-on complexity.

STATES WITH HIGH SHARE OF BOOMER & OLDER NEUROTOXIN PATIENTS

STATE	BOOMER & OLDER SHARE
Montana	29%
Idaho	27%
Massachusetts	27%

GLP-1 integration (competitor and feeder)

- **Role:** Though neurotoxin treatments have historically brought in the most people, weight loss is a new, durable line of business that introduces net-new patients to practices; portion converts into injectables, device-based treatments, or skincare within 12 months.
- **Pathway design:** Sequence GLP-1 to skincare/skin-tightening to neurotoxins (with or without fillers) as physique goals evolve; preserve toxin cadence by insulating from one-off promotions.

Implementation checklist

- Standardize toxin-visit scripts to attach skincare or resurfacing, reflecting the co-purchase asymmetry (filler visits often include toxin; toxin visits less often include filler).
- Track cohort-specific recall adherence and attach rates; iterate membership benefits by generation.
- Maintain dual-brand toxin inventory where feasible to match patient preference and scheduling needs (see Competitive Landscape).

OUTLOOK

Generational mix. Over the next 12 to 24 months, Millennials are likely to surpass Gen X as the largest share of neurotoxin patients in many states, given current near-parity and ongoing cohort maturation. Gen Z participation should expand from concentrated early-adopter pockets toward broader but still uneven state-level uptake.

Category trajectory. Neurotoxins are positioned to maintain the largest share of non-surgical aesthetics spending. Fillers are expected to stabilize through a continued **mix shift toward biostimulatory injectables**, while hyaluronic acid volumes remain below post-pandemic peaks. Practices that use toxin visits to attach skincare and non-EBD rejuvenation are likely to see steadier per-visit revenue even if filler add-ons remain structurally lower than in 2017.

Wallet competition and funnel effects. GLP-1 programs will continue to function as both **share-of-wallet competitors and patient acquisition engines**. With more than half of med spas and a material share of physician offices offering GLP-1, with a significant portion of GLP-1 starters being new to the practice, sequenced care models (metabolic to skincare/skin-tightening to injectables) are likely to persist.

Operational implication. Practices that (1) standardize toxin-visit scripts for cross-sell, (2) tune recall and membership mechanics by cohort, and (3) maintain brand flexibility within neurotoxins should be best positioned to capture incremental demand as the age mix tilts younger, while remaining anchored by Gen X engagement.

METHODS & DATA QUALITY NOTES

Data sources. Findings are derived from Guidepoint Qsight's transaction-based datasets covering thousands of **cash-pay medspas and medical aesthetic physician practices** across the United States. Analyses use Qsight Sales Measurement / Market View modules and reflect **billions of dollars in verified transactions**.

Timeframe. Unless otherwise specified, analyses reference the **12 months ending August 2025**.

Unit of analysis (patients). Percentages reflect **unique patients** who received at least one neurotoxin procedure during the period; repeat procedures do not increase cohort counts. Patients are attributed to the **clinic location** where treatment occurred.

Product scope (neurotoxins). Neurotoxin procedures include **Botox, Dysport, Xeomin, Jeuveau, Daxxify, and Letybo**.

Category and basket analytics. Category-share and co-purchase insights (e.g., neurotoxin vs. filler mix; asymmetry of toxin-filler pairing; skincare attach rates) draw on Qsight's Basket Analysis and category mix reporting.

GLP-1 context. References to GLP-1 adoption, pricing dynamics, and funnel effects reflect Qsight's GLP-1 study and press materials (2025), cited here for market context only.

Generational composition is a **clinic-location** view and does not represent patient residence distributions.

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