THE GLOBAL PULSE OF HEALTHCARE · PATIENT & CONSUMER INSIGHT REPORT

Non-Surgical Aesthetic Treatments: What People Want and What Holds Them Back

A detailed view of how people receiving or considering non-surgical aesthetic treatments balance natural-looking results, provider trust, treatment risk, downtime, cost, social-media influence, fear of regret, and future spending.

INTEREST → EXPECTATION → TRUST → TREATMENT CHOICE → MAINTENANCE

185 Survey records	**6** Countries represented	**67%** Completion rate

WHY THIS REPORT

Interest in aesthetic treatment is high, but confidence depends on much more than the promise of a visible result

Non-surgical aesthetic care is increasingly familiar. In U.S. market context, the American Society of Plastic Surgeons reported more than 28.5 million minimally invasive cosmetic procedures in 2024, led by neuromodulator injections, hyaluronic-acid fillers, and skin resurfacing. Yet familiarity does not remove uncertainty. Every treatment still asks a person to make judgments about how much change they want, what kind of provider they trust, how much downtime they will tolerate, how they will react to a price increase, and what they will do if the outcome feels wrong.

That tension is especially important because injectables and many device-based aesthetic procedures sit at the boundary between consumer desire and medical care. The FDA treats dermal fillers as medical devices and warns that complications can range from temporary swelling and bruising to rare but serious vascular events. The American Academy of Dermatology similarly emphasizes qualified medical care and appropriate treatment settings for fillers and botulinum toxin.

> **Methodology.** The MDForLives Aesthetic Insight Survey_Aug contains 185 survey records across the USA, UK, Canada, Italy, France, and Germany, with a 67% completion rate. Question-level bases vary across the substantive items and are shown in the implementation data used for QA. Administrative fields were excluded from editorial interpretation. Open-ended responses were analyzed qualitatively without assigning theme percentages.

EXECUTIVE SUMMARY

Six signals shaping the non-surgical aesthetic-treatment decision

INSIGHT 01

Natural-looking change leads

54.0% prefer gradual collagen regeneration over instant volume, a hybrid approach, or energy-device-only treatment.

INSIGHT 02

Identity is the central fear

32.6% most fear distorted facial geometry or no longer looking like themselves.

INSIGHT 03

Cost changes frequency first

43.3% would stretch the interval between appointments after a 25% price increase.

INSIGHT 04

Trust can be lost in the consultation

34.1% say high-pressure sales or upselling is the biggest clinic or practitioner red flag.

INSIGHT 05

Social media creates both curiosity and noise

34.1% report increased curiosity, while 27.0% describe information overload.

INSIGHT 06

Fear of regret suppresses action

37.6% have avoided a procedure because they fear they will not like the outcome.

01

TREATMENT JOURNEY

The audience is split between people with real treatment experience and people still deciding whether to begin

56.0% currently receive or have received a non-surgical aesthetic procedure, while 44.0% are actively considering a first treatment.

CONTEXT

Aesthetic-treatment decision-making is not one journey. Someone maintaining an ongoing injectable routine is asking a different question from someone who has never crossed the threshold into treatment.

WHAT THE DATA SHOWS

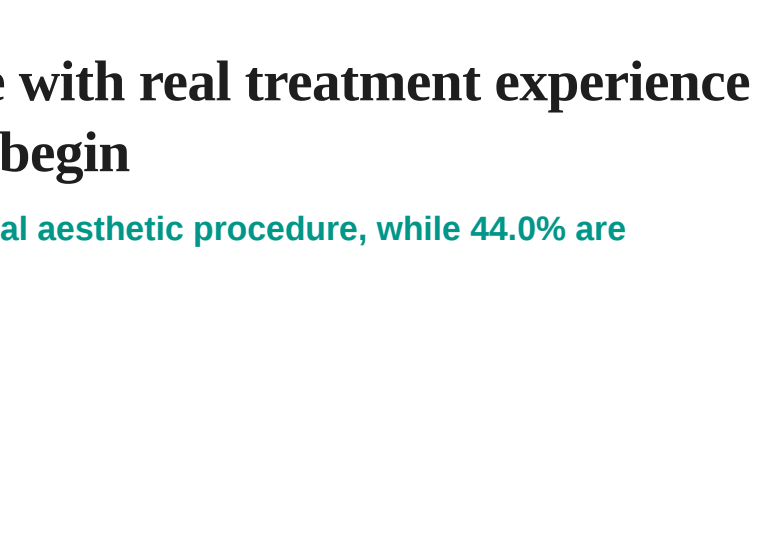
Among respondents to the experience-level question, 32.3% describe themselves as active consumers on a regular schedule, 33.8% as occasional consumers, and 33.8% as prospective consumers considering a first procedure.

THE INSIGHT

The almost even split between active, occasional, and prospective consumers means the same market contains three different confidence problems: maintaining results, deciding whether to repeat, and deciding whether to start.

WHY IT MATTERS

Education that assumes everyone already understands products, maintenance, and recovery can miss the prospective consumer, while generic "first treatment" messaging can feel irrelevant to experienced users. The useful starting point is the person's current relationship with aesthetic care, not the procedure alone.



02

OPENNESS AND SOCIAL NORMALIZATION

Most respondents are comfortable talking about aesthetic treatment, but a substantial group still chooses privacy

58.9% say they openly discuss treatments with anyone who asks; 35.7% are selective and 5.4% keep treatment entirely secret.

CONTEXT

Aesthetic treatment has moved into ordinary social conversation, but openness is not universal. Some people treat it like any other personal-care decision, while others prefer to control who knows.

WHAT THE DATA SHOWS

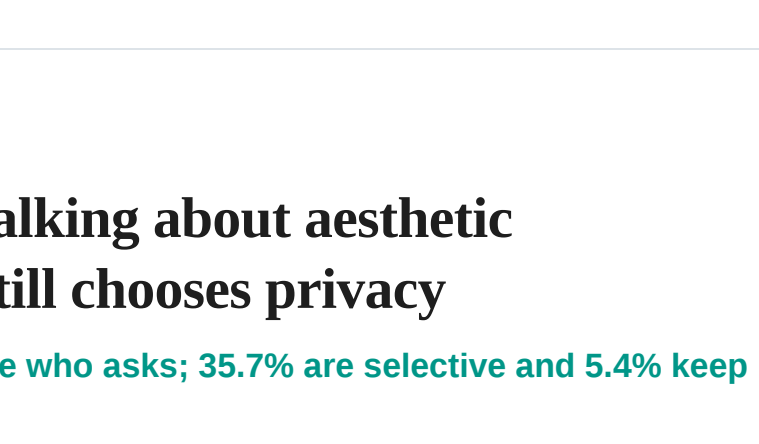
Nearly six in ten are fully open, more than one-third share only with close friends or partners, and a small minority keep it secret because they want people to assume they are naturally youthful or have good genes.

THE INSIGHT

The data suggests that stigma is no longer the whole story. Privacy can also be about identity, control, and how much of a person's appearance they want to explain to others.

WHY IT MATTERS

Clinicians and clinics should not assume that visible social normalization means everyone wants public disclosure, before-and-after photography, testimonials, or treatment discussion in shared settings. Consent around visibility remains part of respectful care.



03

FEAR OF AN UNNATURAL RESULT

The most feared outcomes are the ones that make a face feel unfamiliar

32.6% most fear distorted facial geometry or no longer looking like themselves.

CONTEXT

Aesthetic treatment often promises subtle enhancement, but the public examples people remember most strongly can be the ones that look overdone, asymmetrical, or expressionless. Those examples shape what "risk" means emotionally before a consultation even begins.

WHAT THE DATA SHOWS

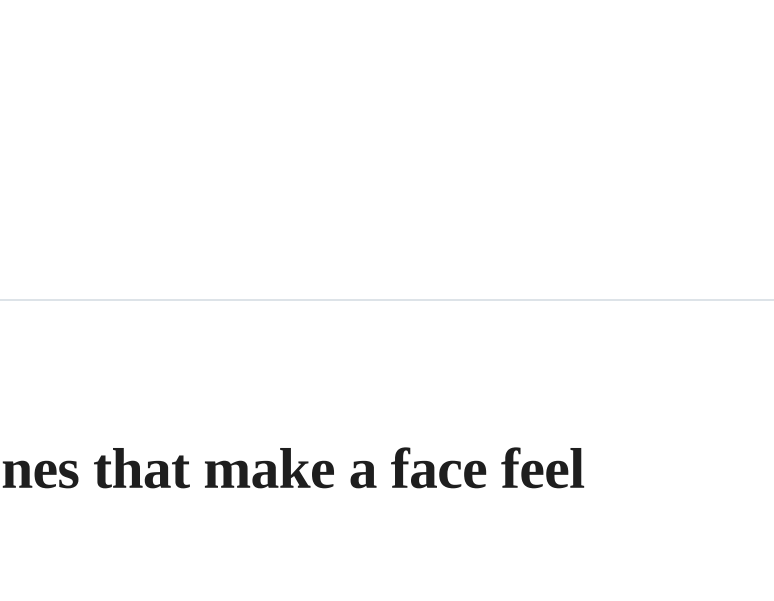
Distorted geometry leads at 32.6%, followed by frozen expressions at 27.1%, visible asymmetry at 24.8%, and pillow face or over-volumization at 15.5%.

THE INSIGHT

These fears are less about temporary swelling and more about identity. Respondents are worried about crossing a visual threshold where treatment is recognizable before they are.

WHY IT MATTERS

Expectation-setting should define the target in the patient's own language: what must remain natural, how much movement should be preserved, how the face should look at rest and in expression, and what degree of change would feel "too much."



04

DOWNTIME AND CONVENIENCE

A stronger result can justify visible recovery for many respondents

45.7% would accept 5-7 days of obvious recovery for more dramatic, longer-lasting skin-renewal results.

CONTEXT

Downtime is often presented as a barrier, especially for people with work, travel, family, or social commitments. The survey shows that downtime matters, but it is weighed against the perceived durability and magnitude of the result.

WHAT THE DATA SHOWS

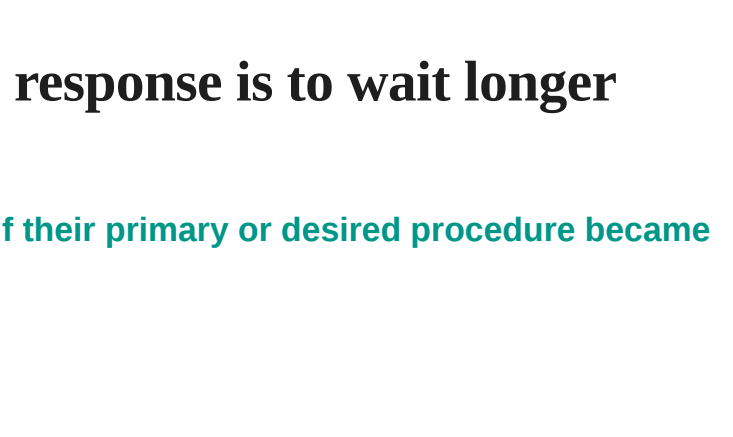
45.7% accept a short period of obvious recovery for longer-term results, 36.2% prefer subtle results with zero downtime, and 18.1% would pay a premium for a fast, pain-free treatment that leaves no marks.

THE INSIGHT

There is no universal preference for "no downtime." A large segment is willing to tolerate temporary visibility if the expected benefit feels substantial enough.

WHY IT MATTERS

Consultations should treat downtime as a preference to negotiate, not a fixed objection. People may choose different procedures once they understand what recovery looks like, how long it lasts, and what benefit they are trading for it.



05

COST AND TREATMENT CONTINUITY

When prices rise, the most common response is to wait longer between treatments

43.3% would stretch the time between appointments if their primary or desired procedure became 25% more expensive.

CONTEXT

Many non-surgical aesthetic treatments require maintenance. That makes affordability a recurring decision rather than a one-time purchase. Price pressure can therefore change treatment cadence even when interest remains.

WHAT THE DATA SHOWS

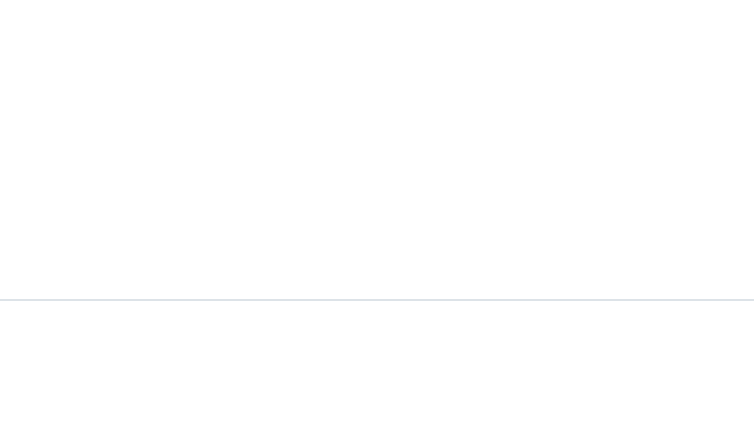
26.0% would pay the higher price without changing provider or routine, 43.3% would extend the interval, 17.3% would switch providers for better pricing, and 13.4% would postpone or stop treatment.

THE INSIGHT

Cost sensitivity shows up first as lower frequency. Respondents appear more willing to change timing than to immediately give up the goal or switch providers.

WHY IT MATTERS

Maintenance planning should be part of the initial treatment conversation. A person should understand the likely repeat schedule and long-term cost before the first procedure, not after they have become dependent on repeated appointments to maintain the result.



06

TREATMENT PHILOSOPHY

Gradual collagen regeneration aligns more strongly with respondent goals than immediate volume

54.0% choose gradual natural collagen growth over 2-3 months as the approach that best matches their primary goal.

CONTEXT

Aesthetic medicine offers different ways to create change: immediate volume, gradual collagen stimulation, combinations of both, or device-based approaches. Each strategy creates a different timeline and different expectations.

WHAT THE DATA SHOWS

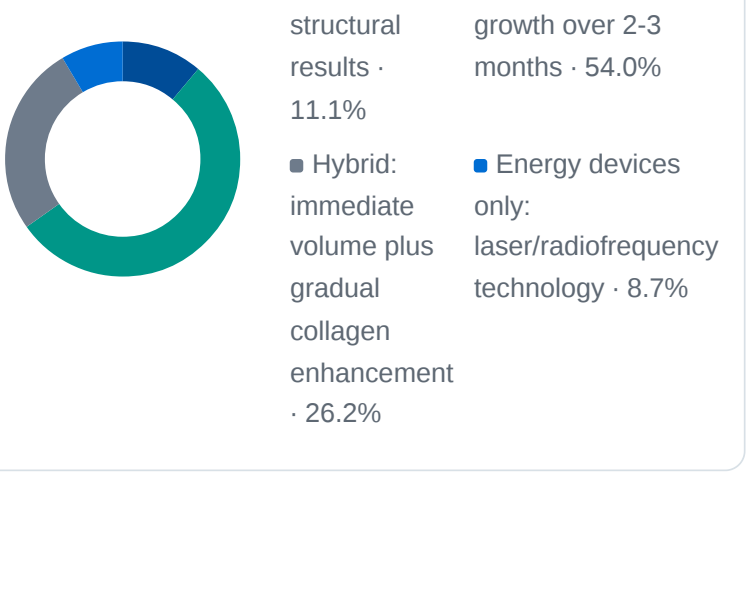
Gradual regeneration leads at 54.0%, followed by hybrid treatment at 26.2%, instant volume at 11.1%, and energy-device-only care at 8.7%.

THE INSIGHT

The preference is not simply "anti-filler." More than a quarter still prefer a hybrid approach. The stronger signal is that respondents want visible improvement to feel gradual and biologically integrated rather than abrupt.

WHY IT MATTERS

For shared decision-making, the first question may be "How do you want the change to appear over time?" rather than "Which product do you want?" That can help align procedure choice with the person's tolerance for immediacy, maintenance, and visibility.



07

WHERE PEOPLE WANT TO INVEST

Lifting and firmness outrank volume restoration by a wide margin

41.3% would put their budget first into lifting and firmness, especially the jawline, neck, and lower face.

CONTEXT

Aesthetic goals are often described as a broad desire to "look better," but budget allocation forces priorities into the open. The survey asks respondents to choose only one area.

WHAT THE DATA SHOWS

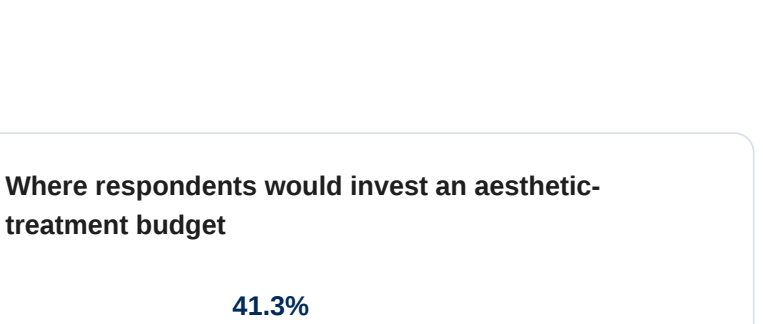
Lifting and firmness lead at 41.3%, skin quality and radiance follow at 33.3%, expression softening at 17.5%, and volume restoration at 7.9%.

THE INSIGHT

The top priorities are structural support and skin quality, not restoring fullness. This fits the broader preference for gradual regeneration and the concern about over-volumization.

WHY IT MATTERS

Clinicians may need to separate the problem the patient sees from the tool the patient initially requests. Someone asking for filler may actually be prioritizing laxity, skin quality, or contour and may benefit from a broader discussion of options and trade-offs.



08

SOCIAL MEDIA AND INFORMATION QUALITY

Online content makes aesthetic care more interesting and more confusing at the same time

34.1% say seeing real people document results increases curiosity, while 27.0% report information overload.

CONTEXT

Social media can educate, normalize, advertise, compare, and distort at the same time. A 2024 systematic review linked appearance-focused social-media exposure with body-image dissatisfaction and greater consideration of cosmetic procedures, while other research has found that photo editing, influencer following, and cosmetic-result accounts can shape treatment interest.

WHAT THE DATA SHOWS

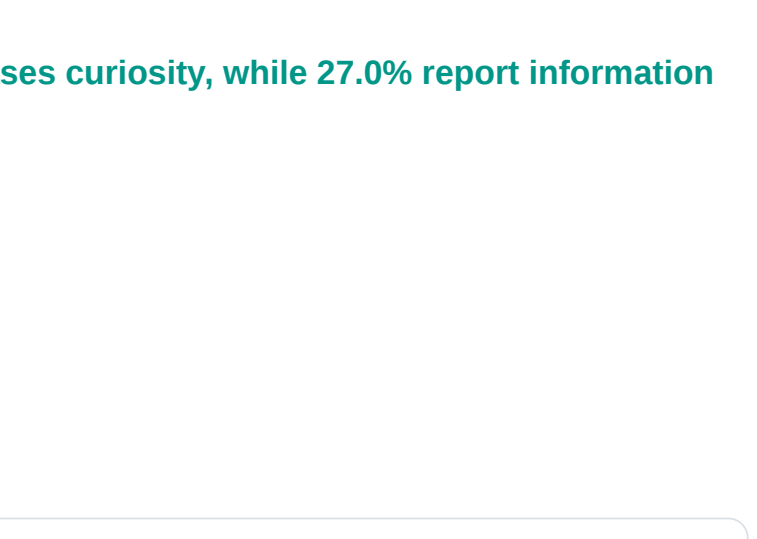
34.1% report increased curiosity, 27.0% information overload, 15.1% greater skepticism because of unrealistic or filtered photos, and 23.8% say social media has no effect because they rely on direct medical advice.

THE INSIGHT

The digital environment is not simply promotional. It creates competing interpretations of what is normal, safe, achievable, and worth paying for. Curiosity and confusion can therefore rise together.

WHY IT MATTERS

The most useful response is not to dismiss social media, but to help people interrogate it: Is the image edited? Is the result immediate or healed? What treatment was actually performed? What risks, downtime, and maintenance are omitted from the post?



09

TRUST, REGRET AND FUTURE SPENDING

The decision to proceed depends on confidence in both the provider and the outcome

34.1% choose high-pressure sales as the biggest provider red flag, while 37.6% have avoided a procedure because of fear of regret.

CONTEXT

The last step before treatment is not purely clinical. It is relational. The person must believe that the provider is competent, restrained, transparent about risks, and willing to recommend less treatment or no treatment when appropriate.

WHAT THE DATA SHOWS

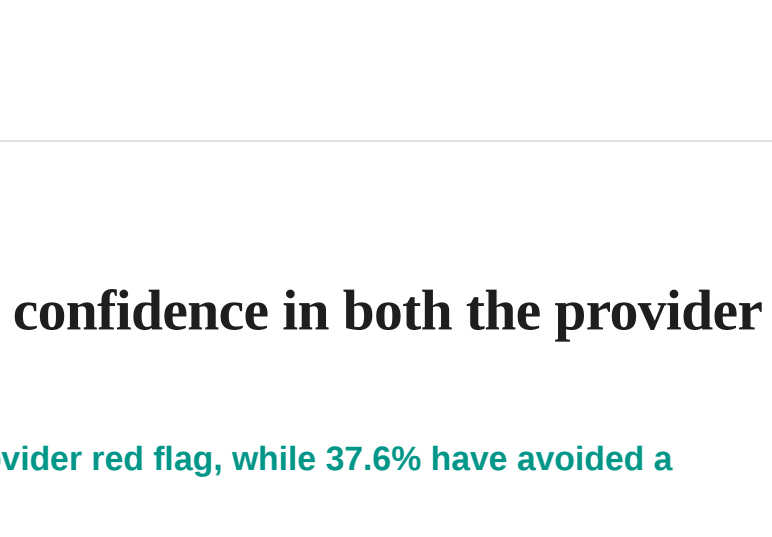
High-pressure selling leads provider red flags at 34.1%, followed closely by lack of board-certified medical credentials or non-medical operators at 33.3%. Separately, 37.6% say fear of regret has prevented a procedure, 27.2% report mild dissatisfaction with a past treatment, 6.4% report experienced regret requiring reversal or correction, and 28.8% report consistent satisfaction or confidence. Looking ahead, 47.2% plan to maintain spending, 22.4% plan a first-time spend, 19.2% expect to decrease, and 11.2% expect to increase.

THE INSIGHT

Interest is not collapsing, but it is conditional. Respondents appear willing to keep spending when trust and expectations are intact, while fear of a result that cannot be easily undone can stop treatment before it starts.

WHY IT MATTERS

The highest-value consultation may be the one that makes the downside as understandable as the upside. The FDA specifically recommends discussing product type, injection sites, risks, and what to do if complications occur. That kind of clarity supports informed choice rather than impulse.



OPEN-ENDED PERSPECTIVE

The myths people want challenged are about naturalness, safety, motives, and who should be trusted

The open-ended question asked respondents to identify the single biggest myth or misconception about aesthetic treatments that they wish more people understood. The written comments were multilingual and varied in depth. The most useful responses did not point to one dominant myth; instead, they revealed several recurring tensions that sit underneath the quantitative findings.

"Aesthetic" does not automatically mean unnatural

Several comments pushed back on the idea that all treatments produce uneven, overfilled, or expressionless results. This mirrors the survey's strong preference for gradual change and its fear of losing natural facial identity.

Motivation is not always vanity or social pressure

Some respondents described aesthetic treatment as self-care, confidence, or a personal choice rather than an attempt to conform. Others explicitly rejected the assumption that people who seek treatment are vain.

Safety depends on medical context and provider choice

Comments mentioned side effects, psychological considerations, and concern about non-medical practitioners. One detailed response emphasized indications, contraindications, treatment limits, and the importance of a clinician being able to say no.

Results have limits, costs, and questions about reversibility

Respondents raised cost, reversibility, and the misconception that treatment can completely "fix" appearance. These comments reinforce the need for realistic expectations before a procedure begins.

> **What the qualitative responses add:** The consumer is not only comparing procedures. They are also trying to decide what aesthetic care means about identity, safety, confidence, and control. The most credible treatment conversation is therefore one that can hold those questions without reducing them to a sales decision.

AESTHETIC TREATMENT DECISION LENS

What a more confident, less regret-prone treatment decision could look like

The survey does not define one "right" aesthetic treatment. It does, however, show where uncertainty concentrates. A practical decision pathway should make those uncertainties visible before a person commits.

Define the desired change in plain language

Start with what the person wants to look or feel like, and what they do not want to lose. Natural movement, familiar proportions, symmetry, skin quality, or firmness may matter more than the name of a product.

Verify who is treating you

Check licensing, relevant training, experience with the exact procedure, and the plan for managing complications. Credential systems differ by country, so use the appropriate local regulator or professional body.

Ask about product, risk, and reversibility

For injectables, understand what product is being used, where it is being placed, expected duration, common side effects, uncommon serious risks, and what can and cannot be reversed.

Plan for maintenance before the first treatment

Discuss how often repeat treatment may be needed, how results may change over time, and what happens if budget, priorities, or willingness to continue changes.

PEOPLE ALSO ASK

Frequently asked questions about non-surgical aesthetic treatments

What are non-surgical aesthetic treatments?

Non-surgical aesthetic treatments are procedures intended to change or refresh appearance without an operation. They can include botulinum toxin injections, dermal fillers, collagen-stimulating treatments, lasers, microneedling, and chemical peels. The benefits, risks, downtime, and durability differ by treatment.

How are dermal fillers different from botulinum toxin injections?

Dermal fillers add or restore volume in selected areas, while botulinum toxin products temporarily reduce muscle activity that contributes to certain facial lines. They are different products with different indications, risks, and expected results.

Are dermal fillers reversible?

Some hyaluronic-acid fillers can sometimes be reduced with an enzyme, but not every filler is readily reversible and removal can require additional procedures. The FDA advises discussing the exact product, treatment area, risks, and options for managing complications before treatment.

How can I choose a qualified practitioner for an aesthetic treatment?

Check the practitioner's medical training, licensing, relevant specialist credentials, experience with the specific procedure, and plan for managing complications. Qualification systems vary by country, so verify credentials with the appropriate local medical or professional regulator.

How long do non-surgical aesthetic treatments last?

Duration varies widely by treatment, product, treatment area, dose, skin characteristics, and individual response. Some effects last months, while others may last longer or build gradually. Ask the treating clinician what is realistic for the exact treatment being considered.

Are non-surgical aesthetic treatments safe?

They can be performed safely in appropriate patients, but they are not risk-free. Risks range from temporary swelling or bruising to uncommon but serious complications. A proper consultation should cover medical history, expected benefit, alternatives, product or device choice, aftercare, and what to do if a complication occurs.

CLOSING PERSPECTIVE

The future of aesthetic care may depend less on creating more demand and more on creating better decisions

The MDForLives data describes a market with substantial interest, broad social visibility, and a meaningful pipeline of both repeat and first-time consumers. But the deeper story is not simply growth. It is the conditions under which people feel comfortable proceeding.

Naturalness is the clearest through-line. More than half of respondents prefer gradual collagen regeneration, lifting and firmness outrank volume restoration, and the most feared outcome is looking structurally unlike oneself. Open-ended comments reinforce the same concern by pushing back on the idea that aesthetic treatment must look obvious, overfilled, or expressionless. This does not mean respondents reject visible change. It means they want change that remains compatible with identity.

Trust is the second through-line. High-pressure sales and weak medical credentials sit almost level as the leading clinic red flags. That matters because aesthetic care often involves repeat procedures, long maintenance horizons, and decisions made in an environment saturated with social-media content. The person may arrive with a treatment name already in mind, but the real clinical task is to determine whether that request matches the person's goals, anatomy, risk profile, budget, and tolerance for downtime.

Affordability adds a third layer. When price rises, the most common response is to extend the interval between visits rather than abandon treatment. That suggests continuity is elastic. Clinics may see the same consumer remain interested but attend less often, which can change how maintenance plans are discussed and how realistic long-term budgeting needs to be before treatment begins.

Finally, the regret data shows why expectation-setting is not a soft add-on. Fear of regret keeps more respondents from treatment than experienced regret is reported among those who have already undergone or considered procedures. Mild dissatisfaction is also more common than severe regret. The opportunity is therefore not only to prevent complications, but to reduce the much broader gap between what a person imagined and what the treatment realistically delivered.

The most durable aesthetic-care relationship is likely to be one that can answer five questions clearly: What are we trying to change? What should remain natural? What are the risks and limits? What will maintenance cost over time? And what happens if I do not like the result? When those questions are handled well, treatment becomes less about following a trend and more about making an informed choice.

1 · Start with the goal, not the product

Translate "I want filler" or "I want Botox" into the visual or functional change the person is actually seeking.

2 · Protect natural identity

Define acceptable change, movement, symmetry, and facial proportions before treatment so success is not judged only after the fact.

3 · Make provider credibility visible

Explain qualifications, treatment experience, product or device choice, and complication-management capability without relying on sales language.

4 · Discuss downside as clearly as upside

Cover downtime, common side effects, uncommon serious complications, reversibility limits, and what follow-up looks like if something is wrong.

5 · Budget for the maintenance horizon

Help people understand repeat intervals and long-term cost before they begin a treatment that may require ongoing appointments.

6 · Treat social media as a starting point, not the evidence

Use online content to understand expectations, then reset the discussion around healed results, realistic outcomes, individual anatomy, and clinical information.

Help future aesthetic-care insights reflect how treatment decisions are actually made.

Share your perspective with MDForLives and help build a clearer view of expectations, natural-looking results, provider trust, treatment risk, cost, social-media influence, and what makes people continue, delay, or begin aesthetic care.

Join the Panel

Sources used for this report

1. **MDForLives Aesthetic Insight Survey_Aug, SGID 8964254.** Source survey report: 185 survey records, 67% completion rate, six countries, and question-level values used exactly as reported. Administrative and validation fields were excluded. Open-ended themes were interpreted qualitatively without coding percentages.
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3. **U.S. Food and Drug Administration.** Dermal Filler Do's and Don'ts for Wrinkles, Lips and More. Recommends treatment by a licensed healthcare provider experienced in filler injection and explains that fillers and botulinum toxin products are different treatments. https://www.fda.gov/consumers/consumer-updates/dermal-filler-dos-and-donts-wrinkles-lips-and-more
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