



WHITE PAPER

# Weight Maintenance Is Possible After GLP-1s—With the Right Support

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## SUMMARY

**Though evidence shows that GLP-1s are highly effective for weight loss, maintaining outcomes after GLP-1 discontinuation can be a struggle. Clinical trials indicate that people often regain a considerable amount of weight after discontinuing their GLP-1, with some studies citing up to an average of 67% of weight regained within a year. Given the substantial cost of GLP-1 therapies, weight regain after discontinuation not only jeopardizes health outcomes, it also wastes valuable healthcare dollars.**

The question everyone seems to be asking is, “Is weight regain post GLP-1s inevitable?” Can virtual lifestyle programs like Omada help people keep the weight off after GLP-1 discontinuation? And what does the real-world evidence show?

The Omada Insights Lab took on these questions by analyzing weight change **up to one year after GLP-1 discontinuation**. The sample included 816 members without diabetes enrolled in the GLP-1 Care Track as part of Omada’s Prevention & Weight Health and Hypertension programs. The analysis found that:



**At 12 months, Omada members largely maintained their weight at GLP-1 discontinuation, with an average 0.8% weight change**



**At 12 months, 63.2% of members maintained or continued to lose weight**



**At 6 and 9 months, Omada members demonstrated 0.03% and 0.6% average weight change, respectively**

**These findings suggest that Omada can play an integral role in supporting members during important transitions in their GLP-1 journey, including helping members maintain their weight well after GLP-1 discontinuation.**

# Though GLP-1s Are Most Effective When Taken Long-Term, Discontinuation is a Common Reality

Clinical trials have shown that people who persist on **semaglutide** or **tirzepatide** for more than a year can lose 13 to 20% of their body weight on average. However, once people stop taking GLP-1s, their weight often rebounds—on average, people gained between 11-12% of their weight at discontinuation roughly one year later.<sup>1</sup> One **clinical trial** found that participants regained an average of two-thirds of the weight they lost while taking semaglutide, and that cardiometabolic benefits like decreases in blood pressure and HbA1c reverted back to baseline levels one year after stopping

the medication. While further research is needed, there's also concern around how this cycle affects body composition: rapid weight loss—which is often seen with GLP-1s—can lead to a larger **loss of lean body mass**, mass that may be more likely replaced with **fat mass** during a period of weight regain. These factors can make post-treatment weight gain feel like a major setback in a patient's weight management journey.

Though **real-world evidence** suggests that one-year GLP-1 persistence is increasing (63% in 2024, up from 34% in 2022), the fact remains that roughly one-third of people have been found to stop taking their GLP-1s within a year. **Omada market research**, along with **other reports**, cite lack of insurance coverage as a prime reason for GLP-1 discontinuation, which may continue to create an uncertain landscape for long-term GLP-1 use.



Learn more: [Omada market research](#)

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I don't see Wegovy and Omada as just another program. I see these as hand-in-hand tools to my "life management". Omada provides a place to track and see your progress and offers resources and weekly lessons that cover the aspects of healthy living that we all need reminders of. I also appreciate having a coach, and she is a "real" person who gets back with you, checks in on you, and just offers support.”

—

Becky,

Omada Member



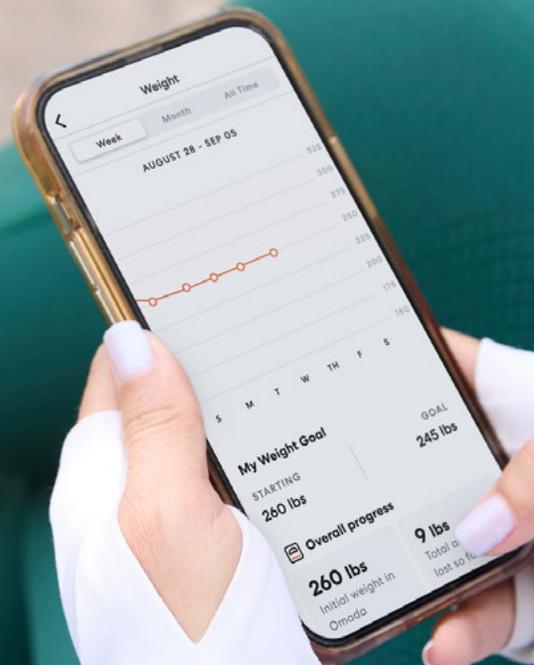
# GLP-1 Discontinuation Doesn't Have to Derail Health Outcomes and Waste Healthcare Dollars

At Omada, we believe that the duration of GLP-1 therapy should be a collaborative decision made by the member and their prescriber. Yet, our members and their experiences shared while on a GLP-1 indicate that discontinuation remains an important phase in the GLP-1 journey. Lifestyle support may be especially important during this phase—sustaining healthy dietary patterns, engaging in regular physical activity, and having a strong social network to rely on following GLP-1 therapy may help individuals maintain their weight loss progress even after discontinuation. With our long-standing focus on offering evidence-based virtual lifestyle change programs for weight management, Omada is uniquely positioned to support members in maintaining their weight after utilizing GLP-1 medications.

As part of the ANSWERS Initiative (ANalyzing Success of WEight medication with Real-world evidence and Stats), the Omada Insights Lab set out to learn more about the power of lifestyle support between doctors visits within the context of GLP-1 discontinuation. We explored weight change up to one year after GLP-1 discontinuation among adults without diabetes in the GLP-1 Care Track as part of Omada's Prevention & Weight Health and Hypertension programs, and came away with exciting insights for the future of weight health and obesity care.

## The ANSWERS Initiative by Omada Insights Lab

As an extension of the [Omada Insights Lab](#), the ANSWERS Initiative uses billions of de-identified health data points to evaluate the relationship between medication usage and lifestyle program participation, and how it impacts cardiometabolic health at a population level.

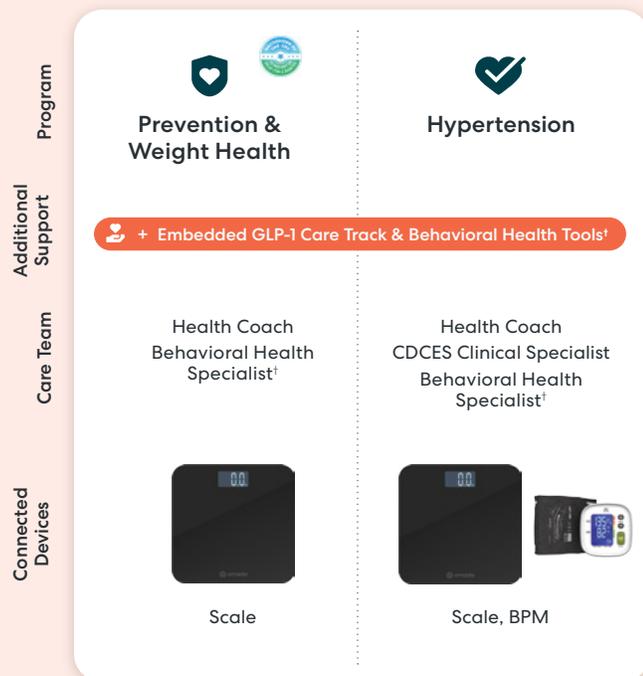


# GLP-1 Support at Omada

Omada's Prevention & Weight Health and Hypertension programs offer virtual care support designed to manage chronic conditions effectively between primary care visits. Members receive tailored support through a dedicated human care team combined with a mobile app and web portal, allowing members and their care team to track biometric data, set and track their health goals, engage in topic-based communities, and follow personal learning paths for self-education. Omada also provides members with connected devices such as body weight scales and blood pressure cuffs as an included part of its services to facilitate easy tracking and reporting of health metrics.

Over the past year (August 2024–July 2025), Omada has supported more than 100,000 members taking GLP-1 therapy in our Prevention & Weight Health and Hypertension programs through our GLP-1 Care Track, and GLP-1 users continue to comprise a growing percentage of our member population. **From working with these members**, we know that GLP-1 discontinuation can come with physical and emotional effects, such as increased appetite, the return of food noise, and feelings of stress and anxiety about regaining the weight they've lost. Each member's experience may be unique, so our programs aim to support members through a variety of modalities. These include:

- + Nutrition support, with a focus on mindful eating and self-monitoring
- + Physical activity support with the ability to connect tracking devices in app
- + Setting clear, specific goals with care team support
- + Behavioral health tools to form problem-solving and emotion regulation skills
- + Social support through member communities centered around weight loss medications
- + Informational resources on GLP-1s



- |                    |                               |                         |
|--------------------|-------------------------------|-------------------------|
| Feature Highlights | SMART goals                   | Biometrics tracking     |
|                    | Nutrition & activity coaching | Medication adherence    |
|                    | 1:1 Care planning             | Topic-based communities |
|                    | Peer groups                   |                         |

† Behavioral health specialists operate behind the scenes with other members of the care team and do not have a member-facing role



The GLP-1 landscape is ever-changing. Omada stays ahead of the curve by offering science-backed, specialized lifestyle support that helps members through all the ups and downs of their weight health journey.

For more original Omada GLP-1 research, visit [omadahealth.com/glp1s](https://omadahealth.com/glp1s).



# Exploring Weight Change After GLP-1 Discontinuation

The Omada Insights Lab utilized a rigorous, claims-based approach to examine GLP-1 discontinuation and subsequent weight change at 6, 9, and 12 months. This real-world, retrospective analysis

included 816 members without diabetes who were in the GLP-1 Care Track as part of the Omada for Prevention & Weight Health or Omada for Hypertension programs.

For this analysis, we examined prescription data from Omada members in the GLP-1 Care Track between 12/21/2023 and 5/21/2025. GLP-1 discontinuation was defined as the absence of a medication refill  $\geq 60$  days following their last prescription's supply as indicated by the prescription data, a common definition in the [scientific literature](#).

Eligibility criteria included:

- + Being on a GLP-1 medication for  $\geq 3$  months
- + Discontinuing a GLP-1 between 3/21/2024 and 10/21/2024
- + Remaining off of a GLP-1 for 6, 9 and/or 12 months, using the  $\geq 60$  day criteria as defined above
- + Providing weight data at GLP-1 discontinuation and at 6, 9 and/or 12 months after GLP-1 discontinuation
- + Meeting a minimum threshold for program engagement during discontinuation ( $\geq 3$  program engagements for  $\geq 3$  months)

Weight change data was collected by members using their Omada-provided body weight scale. Average percent weight change, as well as the proportion of members achieving continued weight loss ( $>2\%$  weight loss), weight maintenance ( $\leq 2\%$  weight loss to  $<2\%$  weight gain), or weight gain ( $\geq 2\%$  weight gain), were calculated at 6, 9, and 12 months post-discontinuation. As a conservative measure, we excluded weight change outliers greater than 3 standard deviations (SD) above and 1 SD below the mean.

## DEMOGRAPHICS

% white	64.0%
% female	80.6%
Average age	46.5 years
% with a household income $\geq \$100,000$	46.4%

## CLINICAL CHARACTERISTICS

Average weight at GLP-1 discontinuation	214.6 lbs
Type of GLP-1 used before discontinuation:	
Semaglutide	49.0%
Tirzepatide	41.2%
Other GLP-1s	2.6%
Multiple GLP-1s	7.2%
% taking an anti-obesity medication after discontinuing a GLP-1	4.9%



## Ensuring Accuracy in GLP-1 Data Analyses

The landscape of the GLP-1 market has changed dramatically over the past several years, with many GLP-1s appearing on and then being removed from the [FDA's shortage list](#), the general public learning about [compounding pharmacies](#), and payers abruptly [changing coverage](#) for the class of medications. Due to this volatility, we took a conservative scientific approach to analyzing GLP-1 usage and adopted the following measures to ensure our results were as accurate as possible:

- + For certain Omada members, including those on GLP-1s, Omada uses pharmacy data to help supply healthcare. We utilized these data—a combination of prescription claims and pharmacy electronic health record data—to obtain rigorous, objective information about members' medication fills, rather than relying on subjective self-report.
- + The analytic sample was strictly limited to only members who had at least 3 consecutive months of GLP-1 medication fills to approximate a [persistence period](#) long enough to lose a clinically meaningful (5%) amount of weight prior to discontinuation.
- + Given that supply shortages and changes in insurance coverage were common at the [time of the analysis](#), it is possible that a non-negligible percentage of members obtained their medications from compounding pharmacies or paid out-of-pocket—data which would not have been included in our claims database. To account for this potential unknown factor, we employed an extremely conservative approach by excluding weight outliers  $>1$  SD below the mean to ensure that our results were not unintentionally inflated by members who might have continued to use GLP-1s in such a way that would not be reflected in a claims database.



# Omada-Supported Weight Maintenance Outperforms Clinical Trial Estimates

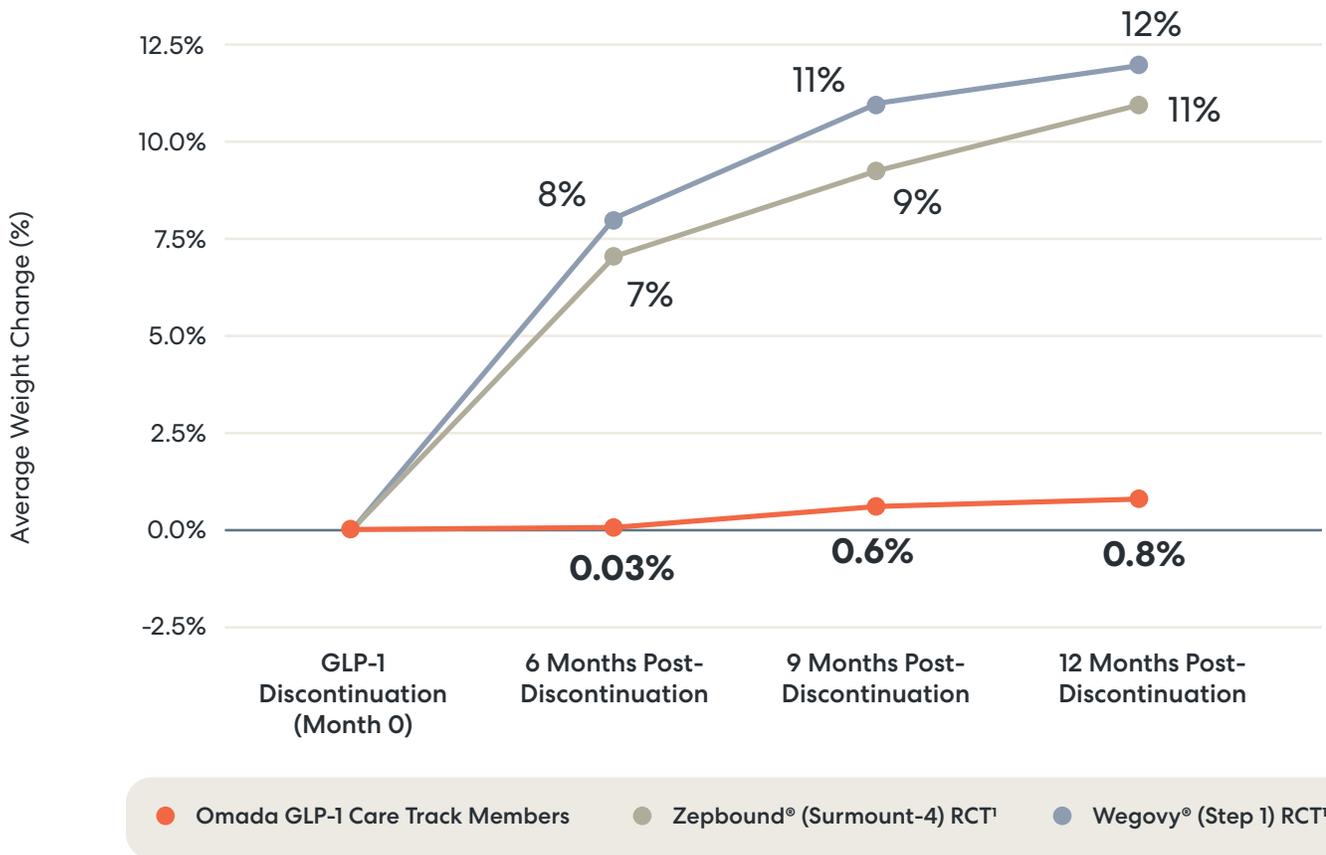
At 12 months after GLP-1-discontinuation, on average, Omada members largely demonstrated weight maintenance (0.8% average weight change). This lies in contrast to an estimated average of 11-12% weight gain seen in clinical trials,<sup>1</sup> where participants do not always have **ongoing lifestyle support** after they stop the medication. In

a similar pattern, Omada members demonstrated 0.03% and 0.6% average weight change at 6 months and 9 months, respectively.

These results indicate that, on average, Omada's GLP-1 Care Track members largely maintained their weight 6-12 months after stopping a GLP-1, without major fluctuations in average weight change across this time period.

When looking at a subsample of members who had been on a GLP-1 for a longer period of time (at least 6 months of use; n=222), **these members experienced -1.1% (SD = 5.7) average weight change** at 6 months after GLP-1 discontinuation, with the majority (73.4%) of members maintaining or continuing to lose weight.

**AVERAGE PERCENT WEIGHT CHANGE AT 6, 9, AND 12 MONTHS AFTER DISCONTINUING GLP-1S**



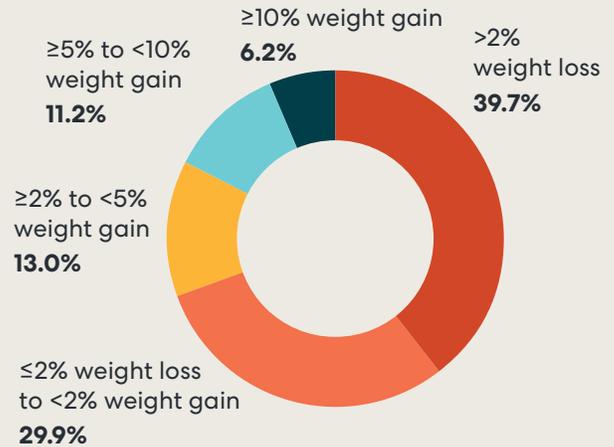
<sup>1</sup> Values shown for listed randomized control trials ("RCTs") reflect the approximate weight gain values depicted at the indicated times in graphs of weight change over time included in the third-party RCT manuscripts ([SURMOUNT-4; STEP 1](#)).

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## 6-MONTH OUTCOMES

Among members who had discontinued their GLP-1 for at least 6 months (n=793)<sup>2</sup>:

- + 0.03% (SD = 5.6) average weight change
- + 69.6% of members maintained or continued to lose weight

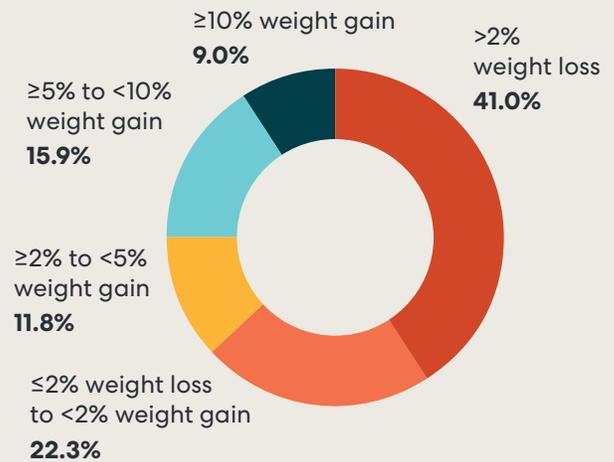


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## 9-MONTH OUTCOMES

Among members who had discontinued their GLP-1 for at least 9 months (n=346)<sup>3</sup>:

- + 0.6% (SD = 6.8) average weight change
- + 63.3% of members maintained or continued to lose weight

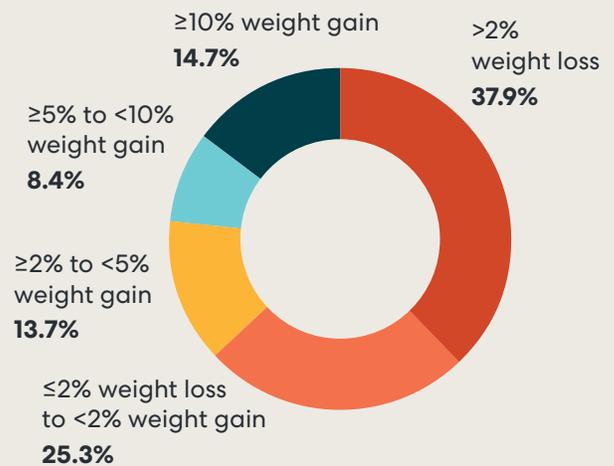


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## 12-MONTH OUTCOMES

Among members who had discontinued their GLP-1 for at least 12 months (n=95)<sup>4</sup>:

- + 0.8% (SD = 7.4) average weight change
- + 63.2% of members maintained or continued to lose weight



2 Out of our total analytic sample (N=816), 2.8% did not record a follow-up weight at 6 months.

3 Out of our total analytic sample (N=816), 14.0% did not record a follow-up weight at 9 months, and 43.6% had not yet reached 9 months post-discontinuation by 5/21/25.

4 Out of our total analytic sample (N=816), 6.5% did not record a follow-up weight at 12 months, and 81.9% had not yet reached 12 months post-discontinuation by 5/21/25.



# Every GLP-1 Journey Deserves Tailored Support for Optimal Health

As a between-visit virtual care provider, Omada doesn't dictate when someone starts GLP-1 therapy, nor when they'll stop. Instead, we focus on supporting our members wherever they are in their GLP-1 journey especially during times of transition, like discontinuing a medication.

The ANSWERS Initiative [previously published](#) data examining weight change post-discontinuation over 16 weeks, which showed that Omada members, on average, largely maintained their weight shortly after stopping GLP-1 therapy. As an extension of our GLP-1 discontinuation research, the findings in this paper leverage a more robust approach using objective pharmacy claims data, a larger sample size, and a longer time horizon post-discontinuation. The results suggest that members who engage in a virtual lifestyle program largely maintain their weight 6–12 months after discontinuing GLP-1 treatment, offering a promising strategy for supporting members on their GLP-1 weight management journey in a real-world setting.



In all honesty, I was initially worried about being required to participate with the Omada app as a condition of receiving the Zepbound medication. Now, I can't rave about it enough.

**Omada really cares and does everything they can (groups, health coaching, personal help, learning resources, electronic scale and so much more) to help someone succeed in achieving their goal. Kudos to Omada and THANK YOU for being there for me.”**

—

**Anonymous, Omada Member**



Ready to mitigate post-GLP-1 weight gain? Explore how Omada is uniquely positioned to offer personalized lifestyle support that helps members keep the weight off long-term. For more original Omada GLP-1 research, visit [omadahealth.com/glp1s](https://omadahealth.com/glp1s).