



WHITE PAPER

# The GLP-1 Journey:






New consumer data indicates that sustaining weight loss and overall well-being requires intervention beyond the GLP-1

# The Analysis

**Market research** projects that total GLP-1 users in the U.S. may reach 30 million by 2030, or around nine percent of the population. GLP-1s have become a part of national mainstream conversation, with **nearly one-third (32%)** of adults having heard "a lot" about these medications in 2024 alone. However, the GLP-1 patient journey remains complex, with existing comorbid conditions, behavioral health factors, and medication cost and access playing a direct role in consumers' experiences. Omada Health is committed to gaining a better understanding of the patient experience surrounding GLP-1 treatment for weight loss. To this end, we recently conducted an in-depth attitudinal study involving 1,000 respondents who were not Omada members and had not been diagnosed with diabetes. The purpose of this research was to identify their needs along their journey with a GLP-1. Learnings from this survey will be applied to our programs and we believe they will enhance our support for a growing number of Omada members on GLP-1 treatment. These enhancements aim to help our members achieve their weight loss goals and maintain their progress even after discontinuing GLP-1 treatment.

Unsurprisingly, cost and accessibility are key concerns and inhibitors. Interestingly, the highest stress levels occur when individuals discontinue the medication, fearing that without it, they'll lose the tools to maintain their celebrated weight loss. We believe our survey highlights a critical finding: **reaching and sustaining long-term health goals requires intervention beyond the prescribed GLP-1 medication.**

## Quotas were established to ensure sufficient sample across the following:

-  Gender: n=635 Female / n= 365 Male
-  On GLP-1 (any amount of time): n=771
-  Stopped GLP-1 use (after ≥3 months): n=229
-  Medicare Advantage Part C: n=89
-  Cash pay / no insurance coverage: n=213

## 1,000 participants Qualification Criteria:

Age 21-75

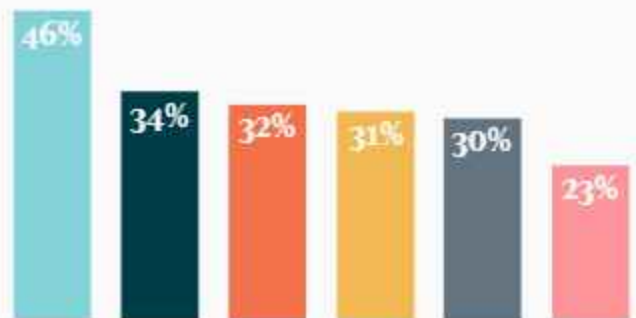
Never diagnosed with Diabetes

Overweight<sup>1</sup> or obese<sup>2</sup> when starting a GLP-1 and either:

- 27-30 BMI and diagnosed with one of the following conditions: cardiovascular disease, cerebrovascular disease, coronary heart disease, high cholesterol/dyslipidemia, and/or high blood pressure/hypertension OR
- >30 BMI

## Diagnosed Conditions

Those without diabetes and taking a GLP-1 mentioned high blood pressure/hypertension most often.



-  High Blood Pressure / Hypertension
-  Arthritis (Osteoarthritis & Rheumatoid)
-  High Cholesterol / Dyslipidemia
-  Sleep Apnea
-  Asthma
-  Pre-Diabetes

Research Survey Conducted in Partnership with Insights First Strategy Marketing - July 2024



# Weight Loss Medication Utilization Among Survey Respondents

GLP-1s are effective; that much is clear from [current research](#). However, our study showed that a combination of cost and coverage, access challenges and lifestyle factors create delays to treatment and limit medication adherence.

Over 60% had a delay or challenge when refilling their GLP-1 prescription which most often led to finding a different pharmacy, reducing medication or switching brands.

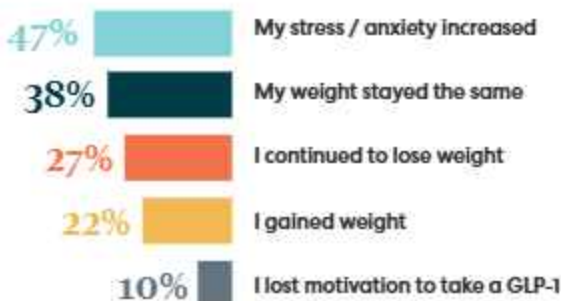
## Types of Delays/Challenges During Refill



## Actions Taken to Overcome Delays

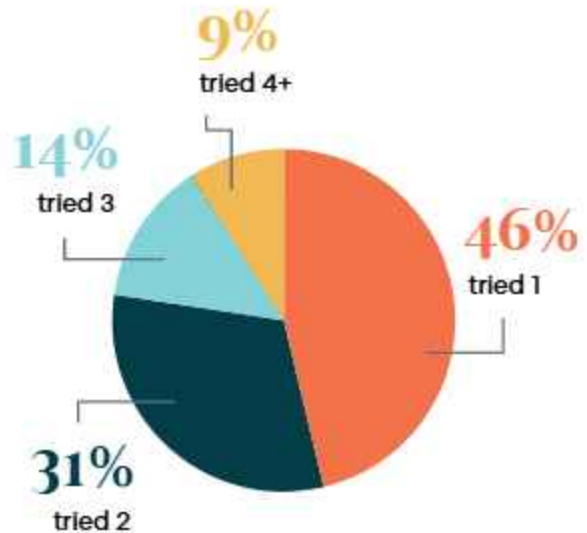


## Impact of Delay on Health



## Number of Weight Loss Medications Tried

(at least 30 days)



Seventy-seven percent of the individuals surveyed tried one to two weight loss medications for at least 30 days. Semaglutide remained the most popular of the GLP-1s amongst doctors and consumers– it was the most likely to be prescribed as the first or second-line therapy and 42% of respondents report currently using it.

Semaglutide was used the longest (~6+ months); the majority of respondents used the following GLP-1s for a shorter period of time of four months or less: dulaglutide (59%), exenatide (63%) and liraglutide (57%). This short-term persistence greatly contrasts with consumer expectations, as 49% of individuals reported that they expected to take GLP-1s for more than seven months and an additional 17% reported that they planned to continue until their health care provider (HCP) told them to stop. Short-term usage reinforces the underlying challenges that many consumers face in their GLP-1 journey and the need for support beyond the prescribed medication.



## Before GLP-1s: The Emotional Impact of Body Weight

Prior to taking a GLP-1, 82% of people surveyed reported their weight affected their emotional health, while more than a majority stated that their overall health was poor (55%), their weight made it difficult to do physical activities (76%), and it contributed to other health issues or diagnoses (73%). Consumers also had negative emotional perceptions of themselves or their weight before deciding to start a GLP-1, with 54% feeling depressed, 44% frustrated, and over 30% experiencing low self-esteem, self-consciousness and exhaustion.

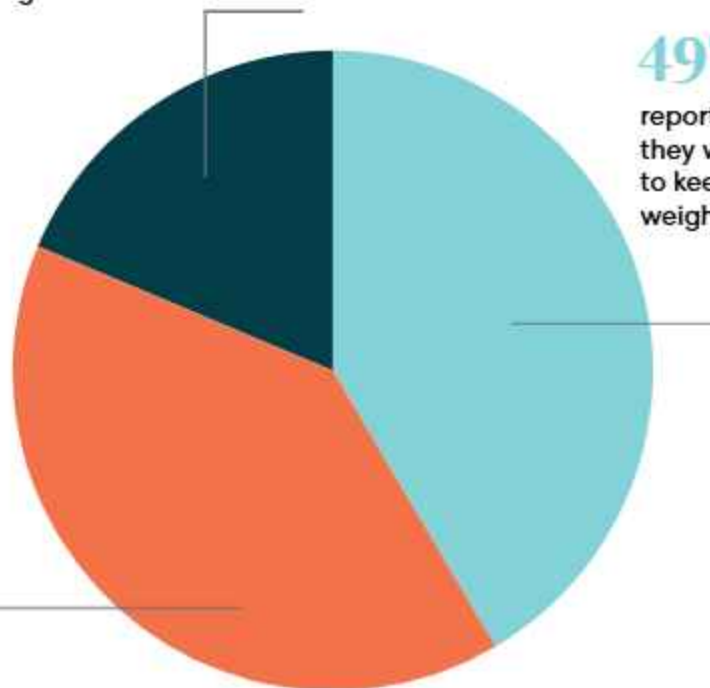
The most common approaches utilized by respondents to lose weight before GLP-1s included exercise, diet, and supplement use. Seventy-eight percent of consumers discussed lifestyle changes before receiving or when receiving a GLP-1 prescription by their prescriber. Changing eating habits and having the willpower to follow through were identified as the most prevalent challenges to losing weight prior to taking a GLP-1.

**82%**  
of people surveyed  
reported their weight  
affected their  
emotional health.

**22%**  
said that meal planning  
and tracking their food  
intake took too much time

**49%**  
reported that  
they were unable  
to keep the  
weight off

**47%**  
said it was difficult to  
change eating habits



# Early Emotional Impact of GLP-1s

Two prevailing factors influenced respondents to start using a GLP-1: wanting to be healthier and feel better, and a recommendation from a healthcare professional. Just deciding to start on a GLP-1 had an emotional impact:



said their decision to take a GLP-1 gave them hope



said it made them feel determined



said it motivated them

## When Were Lifestyle Changes Discussed?



- Before GLP-1 Rx
- Receiving GLP-1 Rx
- 1-3 Months After Rx
- Did Not Discuss

## When Did You Start Making Lifestyle Changes?



## Impact of GLP-1 Cost on Emotional Well-Being

The historic scarcity of many GLP-1s in pharmacies negatively impacted adherence and users' emotional state. More than 60% reported a delay or difficulty when refilling a prescription, and nearly half (47%) increased stress/anxiety from the delay in medication. Actions reported to address delays included going to a different pharmacy, reducing dosage, and switching brands.

Employer-provided benefits have helped mitigate the financial implications of the drug, but individuals still bear substantial costs, with 68% of respondents paying for all or some portion of the prescribed medication. For many, the economics of GLP-1s proved too great a barrier, with 35% of respondents reporting that the out-of-pocket costs caused them to stop taking the medication. The majority of respondents discontinued GLP-1s due to access barriers, and in fact, only 18% of those surveyed discontinued their GLP-1s because they achieved their weight loss goal. Our results indicate that consumers taking GLP-1s sought to lose significantly more than the approximately 12% of body weight that was achieved (on average) using the medications.

**Consumers lost weight on a GLP-1, but they were still looking to lose significantly more than the approximately 12% of body weight that was achieved (on average) using the medications.**



## Discontinuation Leads to Stress and Weight Gain Without the Proper Support

When discontinuation becomes a reality - whether due to availability, cost, or medical recommendation - users experience heightened levels of stress, anxiety, and depression. Those left to go it alone reported similar results to [additional research](#) which has shown that "weight loss that is lower than anticipated, or even weight gain, could trigger depressive symptoms in patients using GLP-1 receptor agonists."

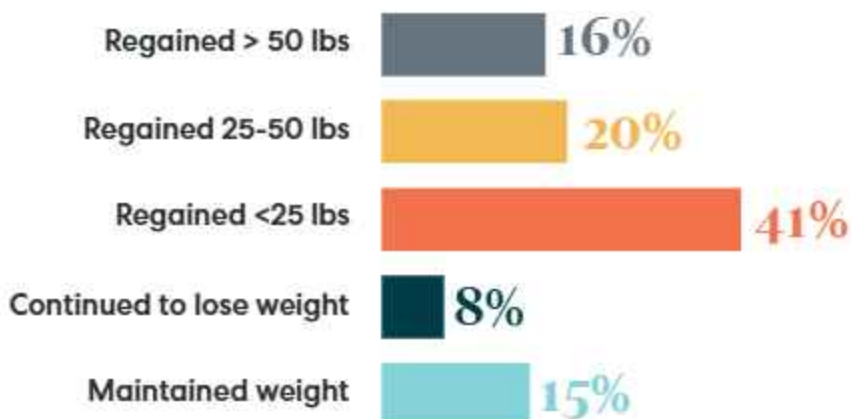
Sixty-six percent of people surveyed who stopped taking the drug regained a portion of their weight, while 23% maintained their weight loss and 11% continued to lose weight. After discontinuing taking a GLP-1, 65% reported feeling anxious, stressed and/or depressed, with a majority having regained much of the weight they lost.

This was consistent with a [separate survey](#) of 159 Omada Health members who recently discontinued GLP-1s, 75% of whom discontinued their GLP-1 use due to access issues. Eighty-seven percent of that group said they wanted to continue losing weight, despite stopping the medication.

**After discontinuing taking a GLP-1, 65% reported feeling anxious, stressed and/or depressed with a majority of those having regained much of the weight they lost.**

**In fact, "of those 65%, over 75% regained their weight once they came off a GLP-1.**

### Post-GLP-1 Weight Journey



## Improving the Value of GLP-1s

Consumers are calling for earlier supplemental resources that support them through each stage of their GLP-1 journey. More than 60% of the consumers that Omada surveyed indicated that features included in a free-app-based program, particularly as it related to tracking weight, physical activity and nutrition, would be helpful on their GLP journey. Additional Omada **qualitative research** with members and care teams found that adopting healthy habits and addressing mental well-being early on in a member's GLP-1 journey can help them cultivate a positive relationship with food and increase their motivation to make lifestyle changes.

The results of this study suggest that the current GLP-1 treatment approach isn't allowing individuals to fully benefit from the medication's impact or receive the emotional and behavioral support needed to sustain their long-term health goals. Sixty-six percent of those surveyed regained a portion of their weight, while 23% maintained and only 11% continued to lose weight after discontinuing taking a GLP-1. The short amount of time consumers are using the medications may be causing employers to overspend with limited results. With uncertain outcomes and emotional volatility due, in part, to the difficulty of long-term GLP-1 adherence, lifestyle companion programs can provide stabilizing personalized support for navigating GLP-1 access, building healthy lifestyle habits and attaining weight goals with or without medications, increasing self-efficacy and managing mood symptoms.

**Given this rate of short-lived medication persistence along with the potential for weight regain after discontinuing GLP-1s, one of the questions providers and payers should be asking is: How can we set patients up for success with weight management after discontinuing their medication?**

**Omada members that interact with their care team or the online support communities that we offer are**

**77%**

**more likely to achieve their target outcomes than members who do not.**

**For more GLP-1 insights, visit [omadahealth.com/glp1s](https://omadahealth.com/glp1s)**

