

A decorative graphic consisting of a thin yellow line that starts from the left edge of the frame, curves downwards, and then curves upwards to end at a larger, glowing yellow circle.

# **GLP-1s: Real-world insights from 10,000 users**

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February 25, 2025

## Speakers



**Ernesto Ramirez, PhD**  
Research Science  
Evidiation



**Abigail Levine, PhD**  
Product & Portfolio Strategy  
Evidiation



**GLP-1 and RWD landscape**



**Evidation's approach**



**Insights from GLP-1 users**

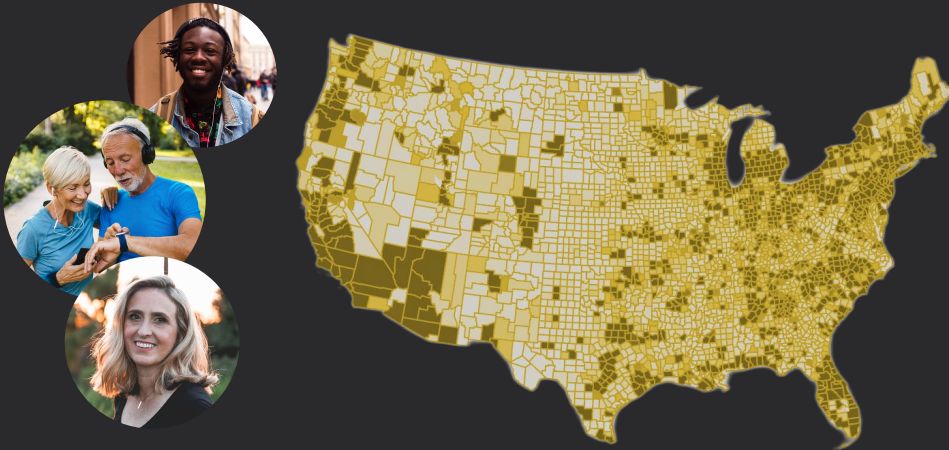


**What's next?**

## Introduction

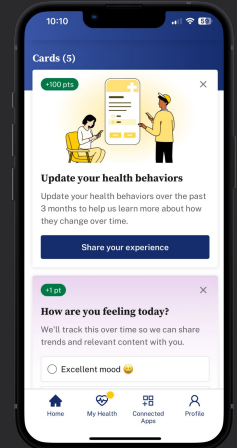
# The Evidation Community is a direct, ongoing connection to a diverse and engaged population.

A privacy-first, health tracking tool used by **5 million** people across **97% of zip codes** the United States.



## 1.3B+ data points collected daily

- Conditions and treatments
- Symptoms and quality of life
- Digital measures from wearables
- Demographics
- Social determinants of health
- Health behaviors and lifestyle



## Introduction

# GLP-1s by the numbers, since 2020:

- 2 blockbuster drugs approved for weight loss
- 400+ trials initiated
- 15+ indications being explored
- 1 in 8 adults in the US have taken a GLP-1



# Challenges facing industry:

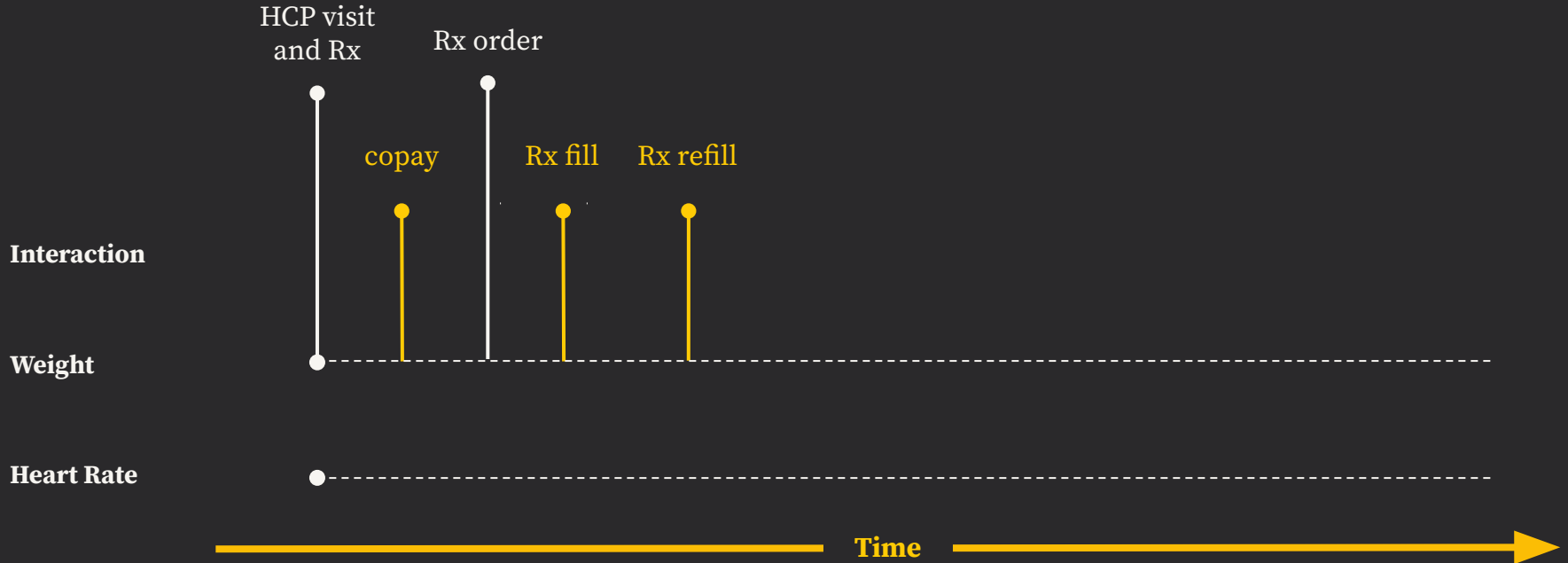
- 2 blockbuster drugs approved for weight loss
  - 400+ trials initiated
  - 15+ indications being explored
  - 1 in 8 adults in the US have taken a GLP-1
- 
- Data gaps
  - Data usability
  - Patient engagement



# Electronic Health Records tell us about clinical activities



# And claims tell us about reimbursable healthcare activities





**Traditional RWD only gives us a snapshot of health-related experiences captured by traditional systems of care.**

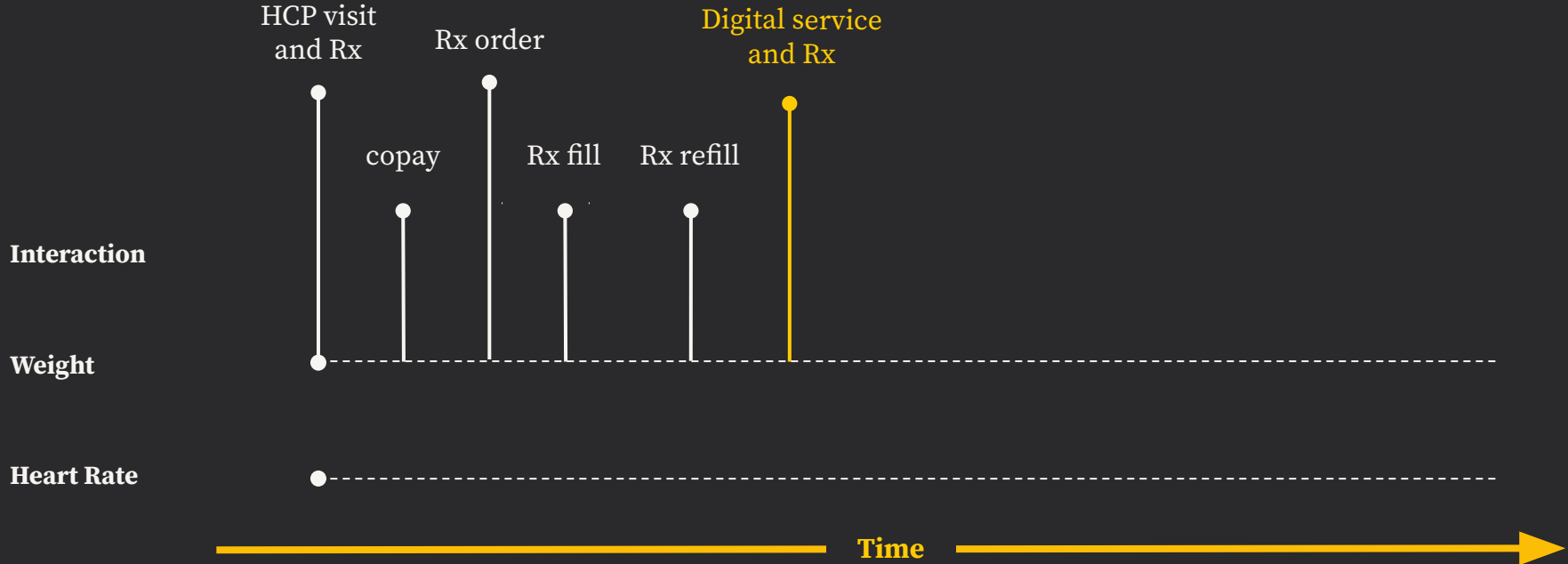
Interaction

Weight

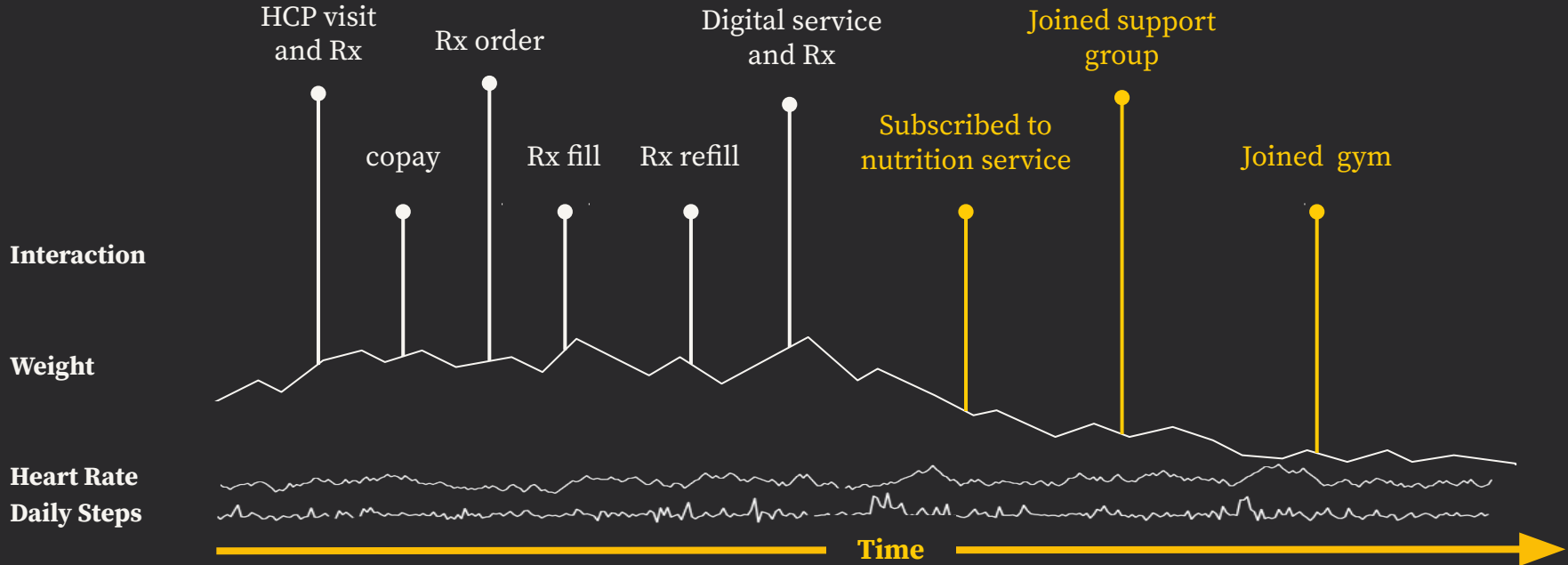
Heart Rate

Time

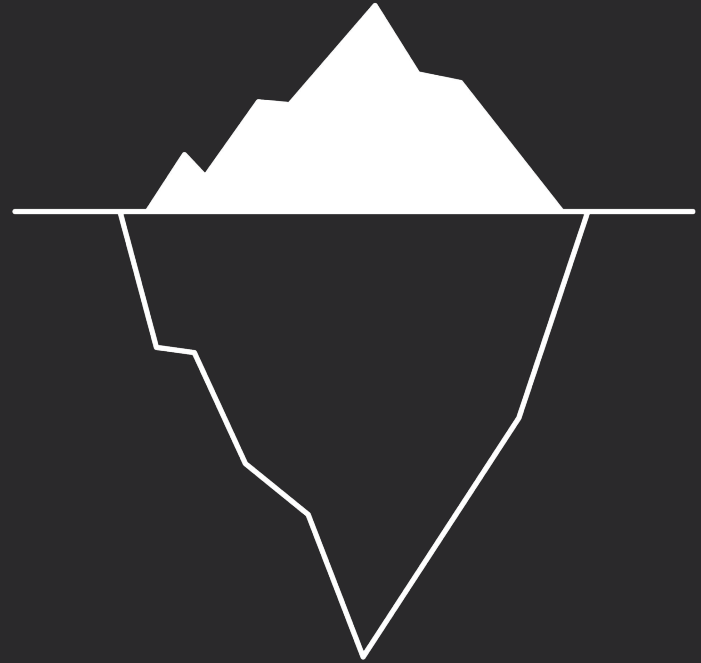
# But health doesn't happen in neat and tidy databases



# It happens in the real world where people are trying everything and anything to help them meet their needs



Today's real-world data  
doesn't reveal a patient's  
true journey because real-  
world data is **not**  
**patient-centered...**



**...to understand the  
full patient experience,  
we must go  
direct-to-patient**

# Patients are the best source of data and insights about their own health

**Patient reported outcomes (PROs) and surveys** to capture perceptions and experiences

**Digital measures** from wearable devices for passive data collection

**Social determinants of health (SDOH) and demographics** to understand health risks



## Example data types

PROs and contextual surveys

- Patient-reported outcomes
- Quality of life and well-being
- Symptom capture
- Treatment experience

Digital measures

- Resting heart rate
- Heart rate variability
- Sleep duration
- Daily step count

SDOH and demographics

- Race/ ethnicity
- Barriers to care
- HCP relationships
- Food insecurities

# And these data can be enriched through additional data sources to create a complete picture of health

**Patient reported outcomes (PROs) and surveys** to capture perceptions and experiences

**Digital measures** from wearable devices for passive data collection

**Social determinants of health (SDOH) and demographics** to understand health risks



Patient mediated or de-identified

**Electronic health records** to capture clinical encounters (vitals, labs, etc.)

**Healthcare claims** to characterize utilization of healthcare services

**Additional data types** including diagnostic tests, sequencing, and prescription

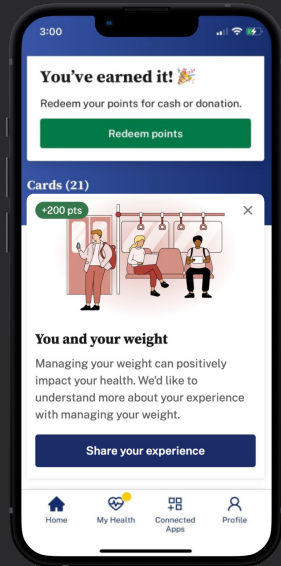
## Through a direct, connection, researchers can “interact” with patients to:

- **Ensure Data Completeness:** Address data quality and missingness by going to the source
- **Activate to Action:** Prime individuals for research or treatment
- **Enable Early Detection:** Use passive and active data collection for outreach ahead of disease onset





# Since July 2024, 140,000+ individuals have been sharing data with Evidation about weight management journeys



- Individuals consented to recurring, quarterly surveys and ongoing passive wearable data collection
- Enrollment is ongoing
- Population characteristics:
  - ◆ 10,000+ GLP-1 users
  - ◆ 32,000+ are non-white
  - ◆ 32% BMI 25-30
  - ◆ 34% BMI 31+

# Evidation's Weight Management Survey Experience

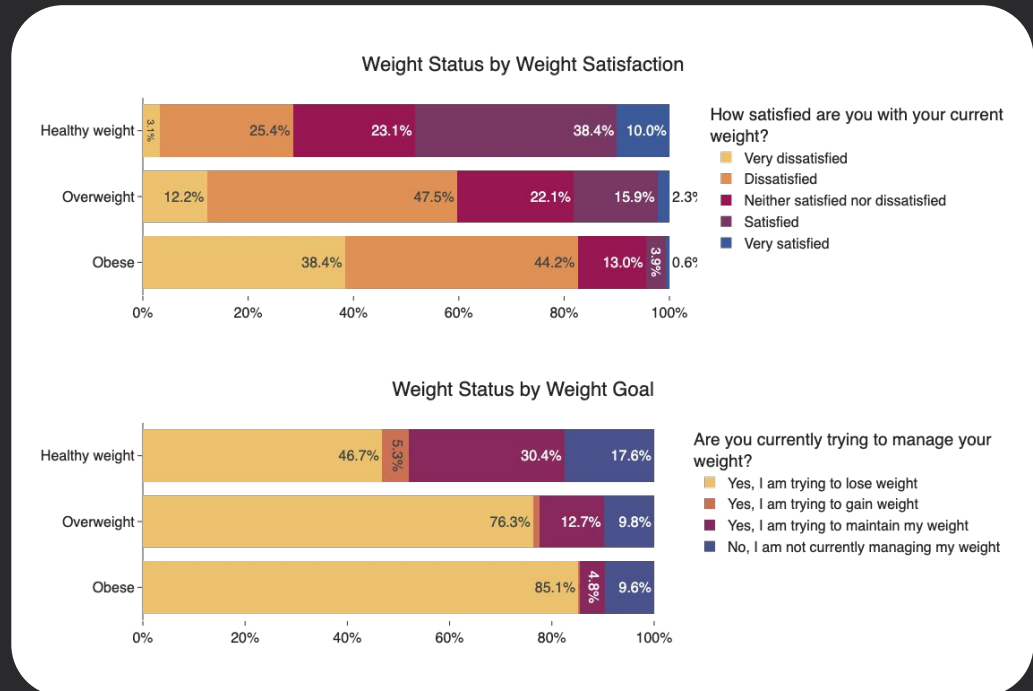
**140,000+ Members sharing weight management experiences**



# Weight Status, Satisfaction, and Goals

140,000+ Members sharing information about their weight experiences

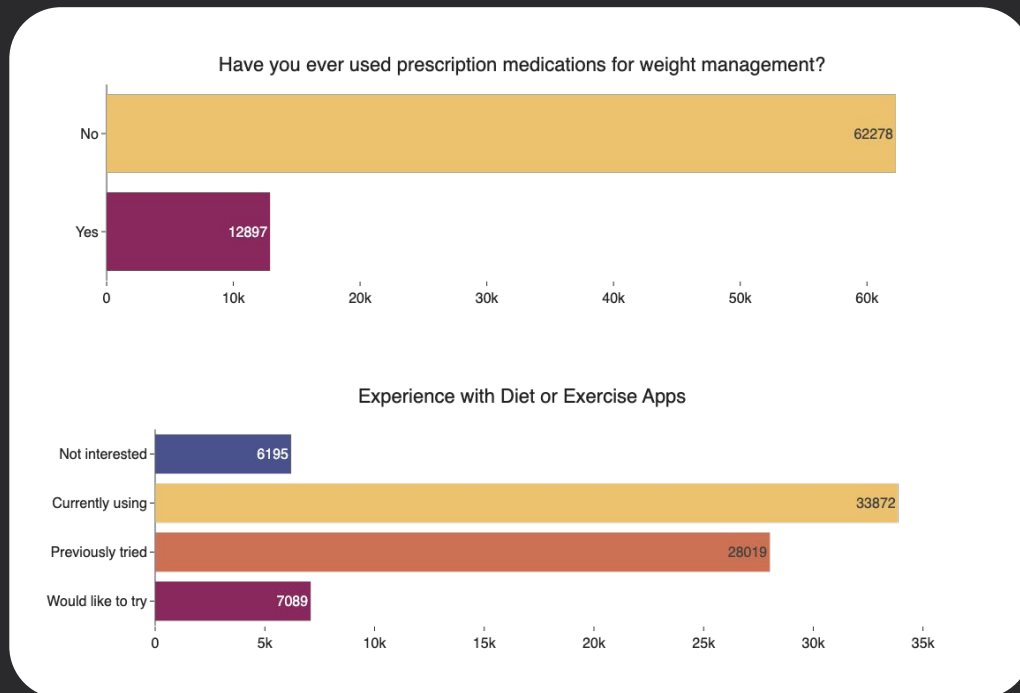
- Satisfaction with current weight has a clear relationship with weight status
  - 60% of those who are overweight are dissatisfied
  - 82% of those who are obese are dissatisfied
- Goals also have a clear relationship with weight status
  - 76% who are overweight are trying to lose weight
  - 85% who are obese are trying to lose weight



# Weight Loss Experiences

75,000+ Members who want to lose weight and are overweight or obese

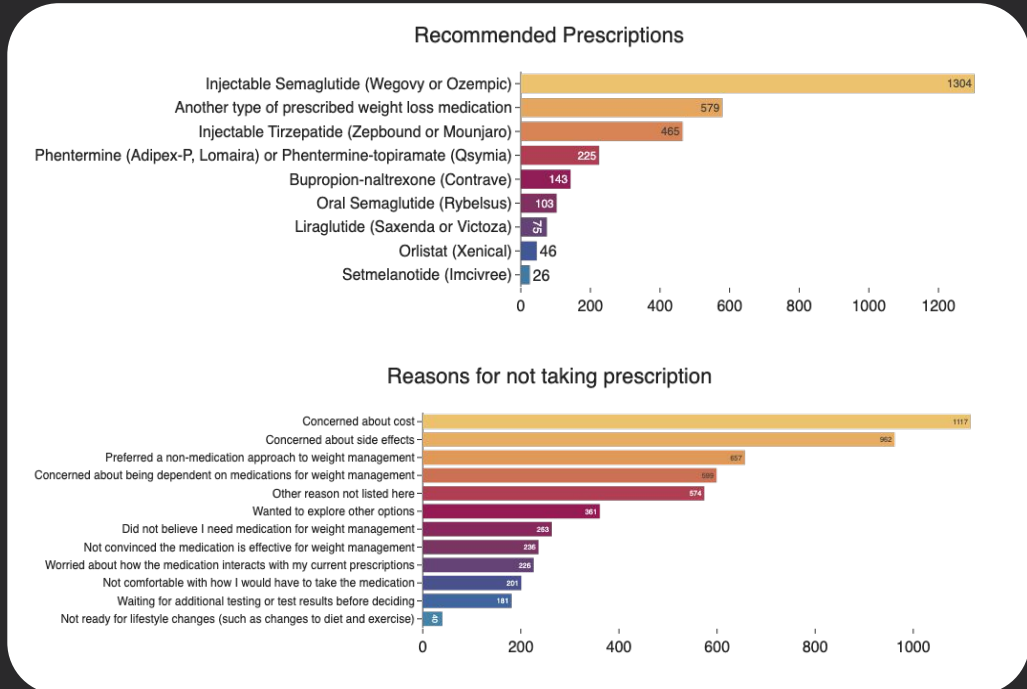
- 17% have used at least one type of Rx medication for weight management
- 45% are currently using diet or exercise apps



## No Rx Experience

62,000+ Members have no experience with an Rx, but 2,300+ were recommended one

- 56% of those recommended a Rx were recommended semaglutide
- Concerns related to costs (49%) and side effects (41%) were the most common reasons for not taking a recommended Rx

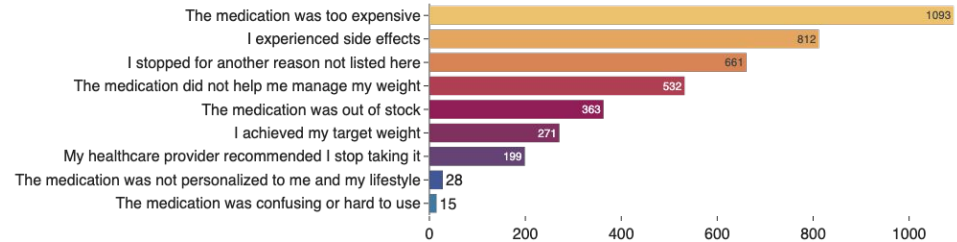


# Stopping GLP-1s

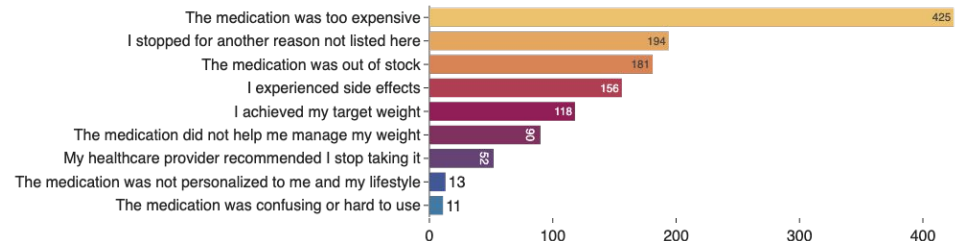
3,000+ Members have reported stopping semaglutide and/or tirzepatide

- Almost half of “stoppers” report that the Rx is too expensive
  - 47% semaglutide
  - 48% tirzepatide
- Side effects were an issue, not not an overwhelming reason to stop
  - 35% semaglutide
  - 18% tirzepatide

Reasons for stopping injectable semaglutide (Wegovy or Ozempic)



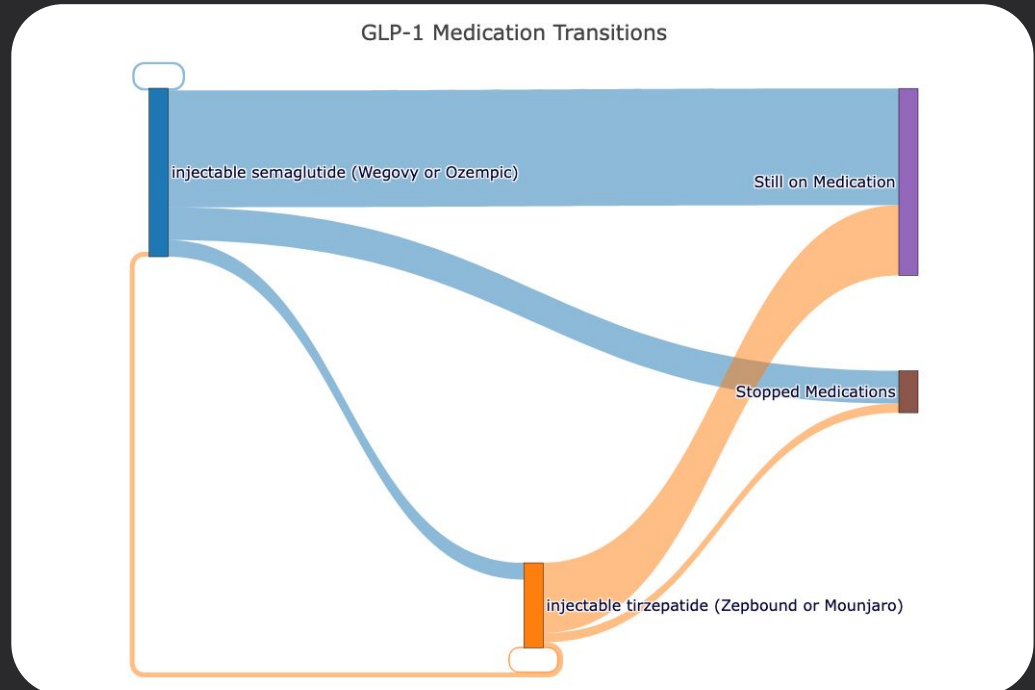
Reasons for stopping injectable tirzepatide (Zepbound or Mounjaro)



## GLP-1 Transitions

8,000+ Members have reported starting semaglutide and/or tirzepatide

- 80% are still on medication
  - 70% of semaglutide
  - 82% of tirzepatide
- Some switching does occur
  - 10% semaglutide → tirzepatide
  - 6% tirzepatide → semaglutide
- A small number of people switched off and on a single treatment

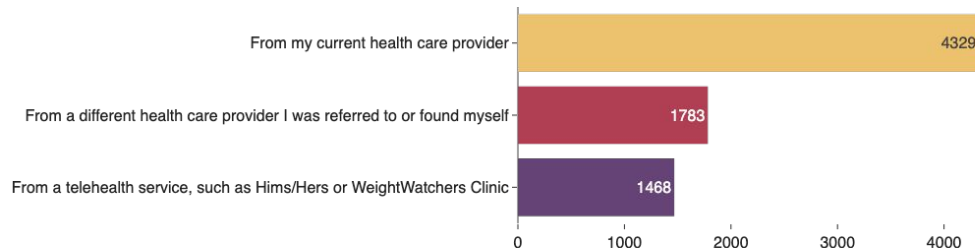


# GLP-1 Prescribing

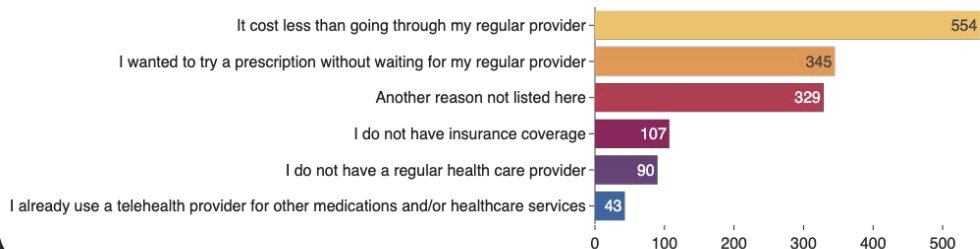
7,000+ Members provided additional information about their Rx experience

- 40%+ received an Rx from someone other than their main provider
  - 25% from another provider
  - 20% from a virtual provider
- Cost (38%) and time (24%) were the main reasons for trying a virtual provider

Where have you received a prescription for a GLP-1 medication?



What is the main reason you choose to use a virtual care provider?

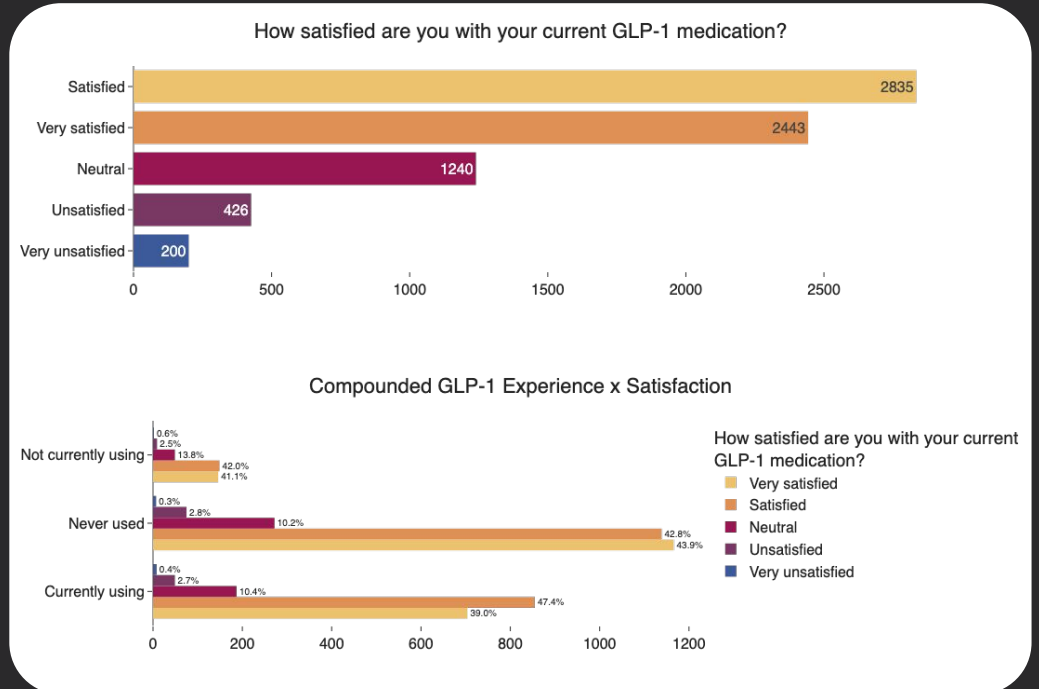




# GLP-1 Satisfaction

7,000+ Members provided additional information about their Rx experience

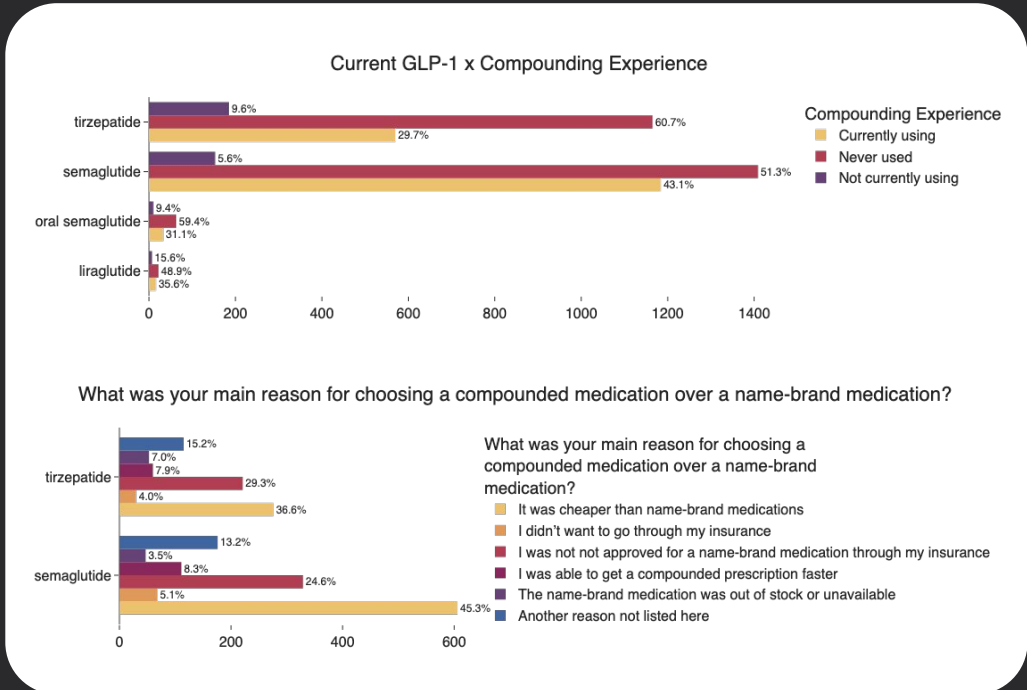
- Satisfaction is relatively high overall (74%)
- Satisfaction with medication does not differ by compounded version use
  - 86% currently using
  - 87% never used



# GLP-1 Compounding

2,900+ Members have experience with a compounded version of a GLP-1

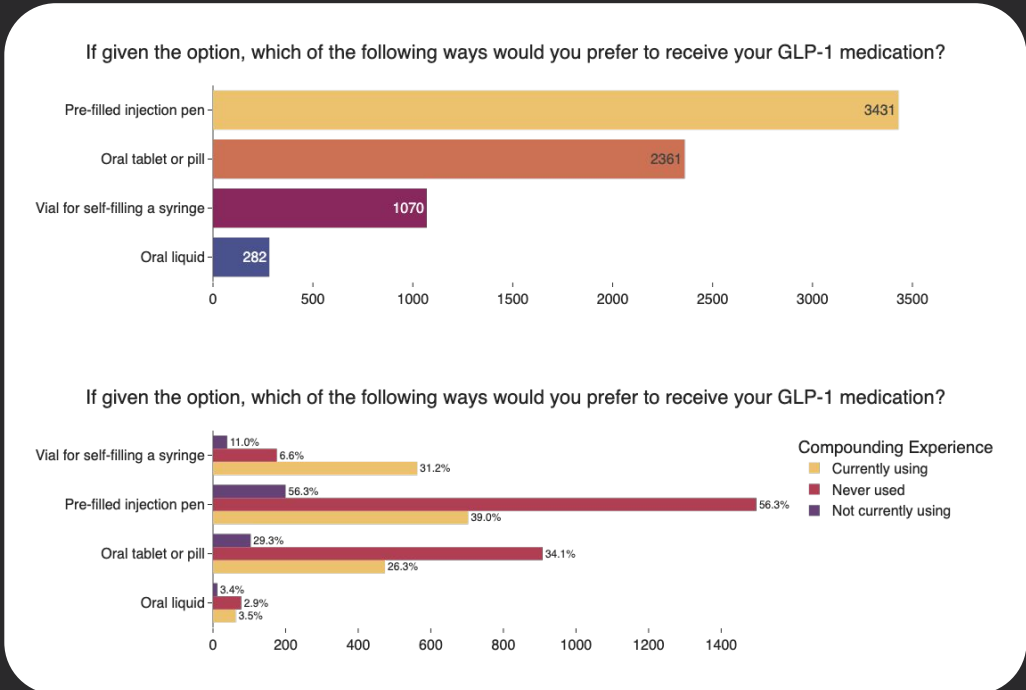
- 43% of current semaglutide users are using a compounded version
- 30% of current tirzepatide users are using a compounded version
- Cost (43%) and insurance denial (26%) were the most common reasons for seeking a compounded version



# GLP-1 Delivery

2,900+ Members have experience with a compounded version of a GLP-1

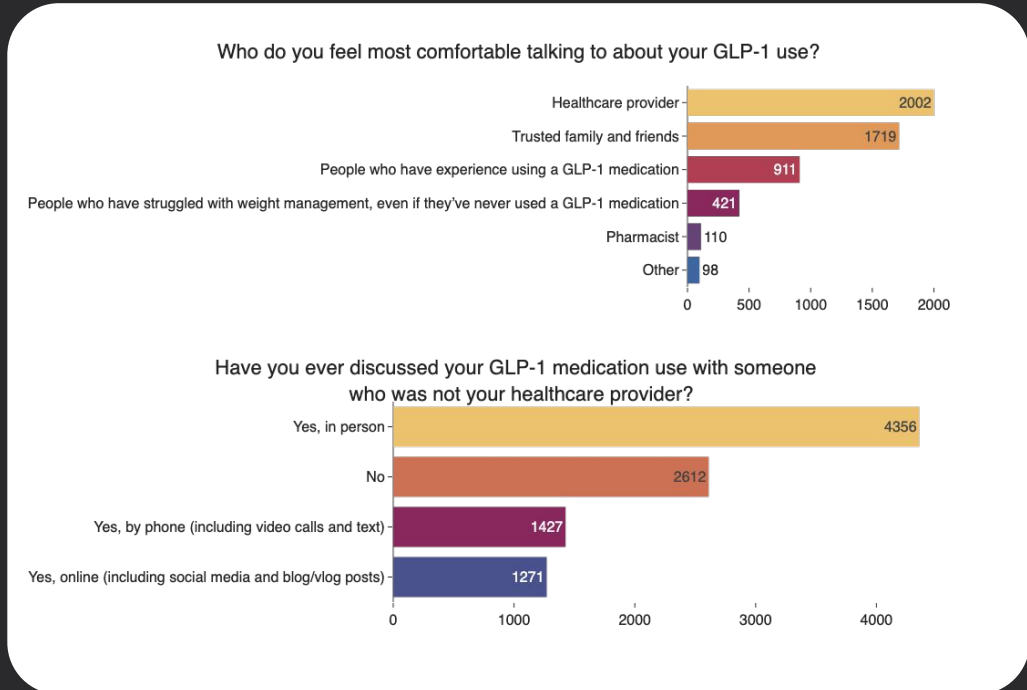
- 48% would prefer a pre-filled injection pen
- 15% would prefer self-filling a syringe
- Delivery preference does appear to differ by compounding experience
  - Those with compounding are more comfortable with self-filling



# GLP-1 Social Support & Stigma

7,500+ Members provided additional information about their social experience

- Most feel comfortable discussing GLP-1 use with their healthcare provider (25%) or friends and family (22%)
- 67% have shared their GLP-1 use with someone else
  - 55% in person
  - 16% online



# GLP-1 Rapid Qualitative Analysis

2,600+ Members currently using a GLP-1 who answered a short free-text survey

- Primary goals
- Satisfaction and improvements
- Concerns and side effects

Private LLM implementation within our secure infrastructure

## Instant Focus Group

Instantly investigate patient focus group data.

**Current Question:** Patient experiences with GLP-1s



I'm ready to help. What questions do you have about these data? Do you want me to identify common themes or patterns in the data?

Ask me a question about responses.



## GLP-1 Goals

**2,600+ Members currently using a GLP-1 who answered a short free-text survey**

### Goals

- The most common goal, was **weight loss**, with many participants specifying the amount of weight they aim to lose
- A significant number of participants aim to **improve their blood sugar** levels and manage diabetes or pre-diabetes
- Some participants have **broader health goals**, including reducing inflammation and managing other health conditions.
- A few participants specifically mention wanting to **reduce food noise** and appetite.
- Some participants aim to address **specific health conditions** like PCOS or binge eating disorder.

# GLP-1 Improvements

**2,600+ Members currently using a GLP-1 who answered a short free-text survey**

## Improvements

- **Weight Loss:** Many participants reported substantial weight loss.
- **Blood Sugar Management:** Improvements in A1C levels, indicating better blood sugar control
- **Reduced Food Noise and Cravings:** Reduction in food noise, making it easier to control eating habits
- **Increased Energy and Mobility:** Participants reported having more energy and feeling less fatigued
- **Improved Overall Health:** Reduced joint pain and inflammation
- **Improved Mental Health:** Feeling less anxious about food and weight
- **Reduced Binge Eating:** Ability to control eating habits better with reduced binge eating episodes
- **Improved Sleep:** Improvements in sleep quality
- **Reduced Inflammation:** Reduction in inflammation, contributing to overall health improvements
- **Improved Blood Pressure and Cholesterol:** Lower blood pressure and cholesterol levels

# GLP-1 Concerns & Side Effects

**2,600+ Members currently using a GLP-1 who answered a short free-text survey**

## Common Side Effects

- Nausea
- Constipation
- Diarrhea
- Fatigue/Tiredness
- Headaches
- Sulfur Burps/Gas
- Muscle Loss
- Hair Loss
- Stomach Pain/Cramps
- Heartburn/Acid Reflux

## Concerns

### Long-Term Use

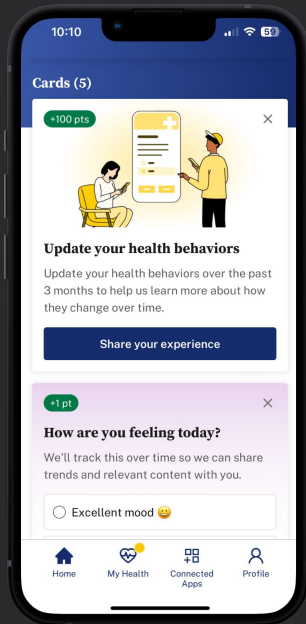
- Weight regain
- Long-term side effects
- Dependence
- Unknown future impacts
- Costs

### Stopping and/or Restarting

- Withdrawal symptoms
- Effectiveness
- Cost
- Maintaining lifestyle changes



# We are actively tracking the presence of relevant comorbidities across the population...

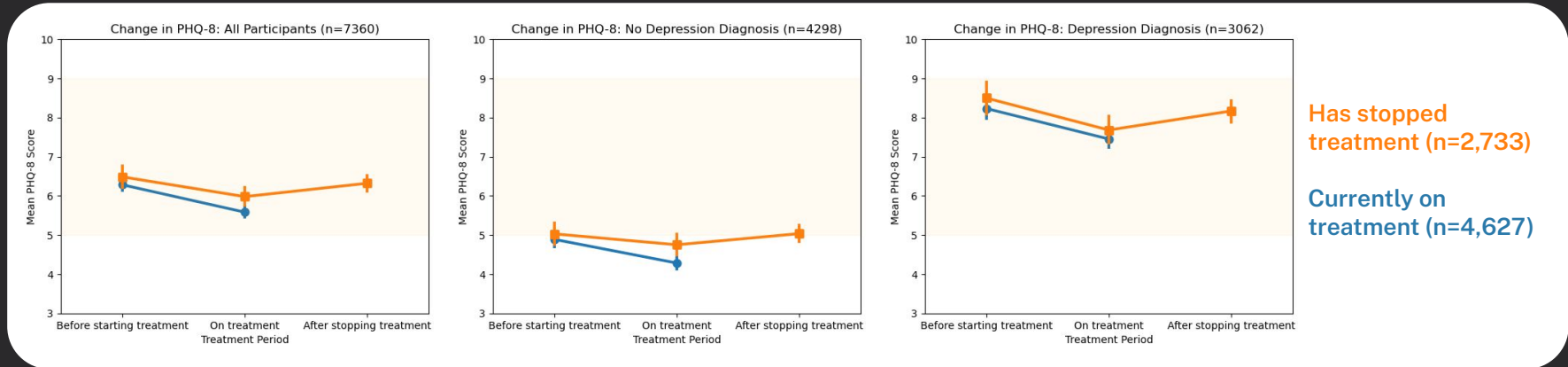


## Conditions

- Cardiovascular
- Migraine
- Type 2 Diabetes
- Obstructive Sleep Apnea
- Osteoarthritis
- Psoriasis
- Depression
- Inflammatory Bowel Disease
- Macular Degeneration
- Metabolic Dysfunction-Associated Steatohepatitis (MASH)
- Kidney Disease
- Plus other conditions

# ...and can overlay data relevant to medication use and condition state

- N=7,300+ participants who are on, or have stopped, a single injectable GLP-1 medication and have completed longitudinal surveys about their mental health
- **Observations:** On average across all participants, depression level, as measured by the PHQ-8, decreases from pre-treatment levels. However, there is a slight bounce back after treatment is stopped.



# Key takeaways



Capturing data **directly from individuals** is necessary to accurately capture the full health experience of individuals.

- 40%+ received an Rx from someone other than their main provider - these data may not be in EHRs or claims



A direct connection to individuals allows for **re-engagement** and the ability to capture longitudinal insights.

- Treatment switching occurs in small numbers, but those numbers could increase due to a variety of factors (e.g. insurance coverage, new products, etc.)



Longitudinal and direct engagement with individuals allows for **continual** and deeper learning.

- Follow-up around treatment switching (e.g. compounded → name brand), experience mapping outside of medical system (e.g. segmented by geography)

Where do we go from here?

# Unlocking insights from this population



## Ask Questions

- Ask individuals (in a one time, or recurring manner) questions about their weight management experiences including: healthcare utilization, goals, medication experiences and impact, and perceptions.



## Access Data

- Access real-world data including Patient Reported Outcomes (PROs), condition and treatment experiences, Social Determinants of Health (SDOH), digital measures, and more -all linkable with secondary data sources.



## Longitudinally Engage

- Establish a longitudinal connection with the population to: create multi-modal real-world datasets (EHR, molecular data, etc.), recruit into trials, conduct research, educate, and/ or activate individuals.

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