

WHITE PAPER

The Path to Lasting Weight Loss Over 24 Months

The Impact of GLP-1 Adoption

Long-term weight loss results across Teladoc Health members being supported for prediabetes or obesity

PREPARED BY

Teladoc Health Research Institute

Teladoc® HEALTH



Summary

GLP-1 medications have transformed obesity care, helping more people achieve significant weight loss than ever before. As use of these therapies grows, so do concerns about weight regain when treatment changes or stops. For plan sponsors, the question is what helps sustain positive results over the long term.

This white paper explores findings from a 24-month analysis[1] of nearly 23,000 participants enrolled in the Teladoc Health Weight Management or Diabetes Prevention Program,* which 22% of participants had at least one GLP-1 prescription record. GLP-1 refers to GLP-1 receptor agonist-based therapies, including the dual GIP/GLP-1 receptor agonist tirzepatide. Although medications were prescribed and managed by non-Teladoc Health providers, this paper examines how different treatment journeys, ongoing care and behavioral support can influence long-term outcomes.

The five findings explored here reveal that meaningful progress can continue into the second year of a weight loss journey. These findings offer new insights into the factors that may help people achieve lasting success and better health over time.

At 24 months:

47.7%
of members achieved clinically meaningful weight loss

1 in 5
members moved from obesity to overweight or healthy BMI categories

53%
of those who lost weight in year one continued to lose weight in year two

Examining long-term weight management over 24 months

For weight loss medications, results in everyday life can differ from those seen in clinical studies. Long-term success can be influenced by factors such as staying on medication, changing treatments, access to care and participation in programs that provide ongoing support. Looking at outcomes over 24 months helps shed light on what contributes to sustained weight loss and better overall results.

* Weight Management is an evidence-based program that helps members manage their weight by focusing on lifestyle behavior change. Diabetes Prevention lets members access an evidence-based curriculum, along with personalized coaching and support, to encourage lasting behavior change that helps prevent diabetes.

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01

Clinically meaningful weight loss increased through 24 months

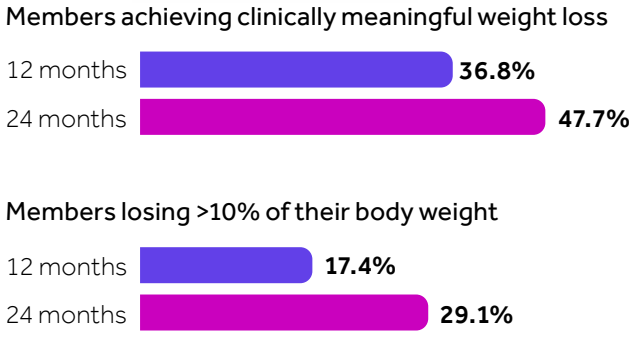
To better understand the impact of sustained engagement, researchers examined weight-loss outcomes over a 24-month period.

> **Weight-loss outcomes continued to improve during the second year of the program, with the percentage of members achieving clinically meaningful weight loss (5% weight loss from baseline) increasing from 36.8% at 12 months to 47.7% at 24 months. Among members who lost weight in the first year, more than half continued losing additional weight in year two.**

Members also reached higher weight-loss milestones over time, with nearly one-third achieving 10% or greater weight loss by 24 months.

Together, these findings suggest that sustained participation and long-term access to comprehensive lifestyle support can help members continue making meaningful progress rather than experiencing a plateau or regain after the first year.

22,962
members



15,552
members lost weight in the first year
More than half (53%) continued in the second year

Why 5% weight loss is clinically significant

A sustained modest reduction can improve blood sugar, blood pressure and cholesterol levels in people with obesity, supporting better long-term cardiometabolic health.[2]

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02

Health improvements extended beyond weight loss

Better health, lower healthcare costs

Applying published healthcare spending estimates,[3] observed weight-loss outcomes for our analysis of nearly 23,000 members translates to an estimated **$20.2M annual reduction in medical spending.**

This is based on a projection model and doesn't net out medication or program costs.

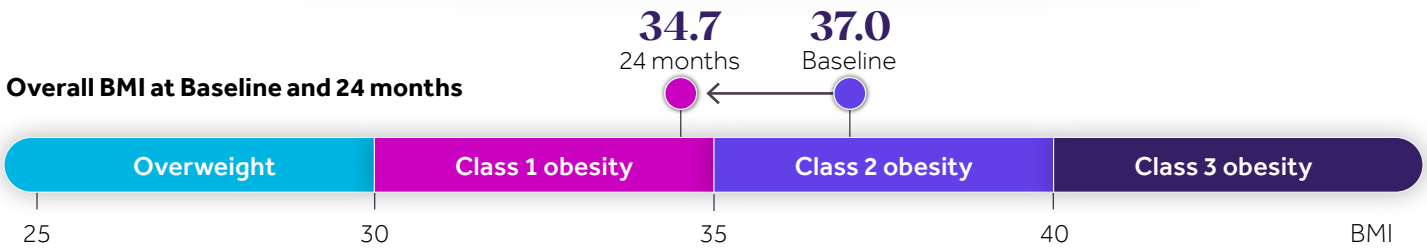
As members continued their weight-loss journey, many also made measurable progress toward healthier risk profiles related to body mass index (BMI) classification. As the degree of obesity increases, so does the risk of coexisting conditions.[4]

> **Many members achieved meaningful health progress over time, with average BMI improving from 37.0 at enrollment to 34.7 after 24 months. By the end of two years, one in five members had moved into either the overweight or healthy BMI category.**

Regardless of medication treatment, improvements in BMI classification were observed for Teladoc Health members, though transitions to lower-risk categories were more common among members receiving GLP-1 or other anti-obesity medications.

Together, these findings suggest that sustained participation can help members make clinically relevant progress that extends beyond pounds lost and BMI, supporting movement into healthier risk categories over time.

Overall BMI at Baseline and 24 months



BMI Classifications Transitions from Baseline to 24 Months

Baseline	Moved down a class	Same class	Moved up a class
Class 1	35%*	57%	8%
Class 2	46%	47%	7%
Class 3	39%	61%	—

* Moving down a class means reaching overweight or healthy BMI category.

BMI changes the value of weight loss

For plan sponsors, where in the BMI range weight loss occurs matters as much as the amount of weight lost. Healthcare spending rises with each obesity class and accelerates above a BMI of 35,[5,6] so moving a member out of Class 3 is associated with a larger projected reduction in medical spending than an equivalent BMI change in Class 1.

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03

GLP-1 use is not a one-size-fits-all journey

GLP-1 dose efficacy based on published clinical trial evidence

Low dose efficacy

Expected weight loss: 5-10%[7,8]

Moderate dose efficacy

Expected weight loss: 10-15%[9]

High dose efficacy

Expected weight loss: >15%[10,11]

Medication doses were categorized by clinical trial weight-loss results.

As members followed different treatment paths, weight-loss outcomes varied accordingly. Those who remained on GLP-1 therapy throughout the study achieved the greatest average weight loss.

> Members who started GLP-1s after 12 months or stopped treatment at 12 months also achieved clinically meaningful weight loss. Outcomes were strongest among those receiving higher-efficacy GLP-1 therapies, highlighting opportunities to optimize treatment and support long-term success with continued lifestyle support.

While weight-loss outcomes in real-world populations are often lower than those reported in clinical trials, the trends in this analysis closely aligned with published evidence. Higher-efficacy drugs and more time on the medication led to greater weight loss.

A key finding is that discontinuing a GLP-1 did not necessarily mean losing the progress achieved. Among members with no GLP-1 prescriptions on record after 12 months, average weight loss was 9.4% at 24 months, suggesting that sustained lifestyle and behavioral support may help members preserve meaningful outcomes over time.

Stopping a GLP-1 didn't mean starting over.

Two years in, the weight stayed off — on medication or after it

On GLP-1 for 2 years

2,638
members

11.3%
average weight loss at 24 months

On GLP-1 for 1 year

1,250
members

9.4%
average weight loss at 24 months

Started GLP-1 after 1 year

2,414
members

8.0%
average weight loss at 24 months

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04

Weight loss held up when lifestyle support and medication worked together

Members who experienced weight loss at 12 months and continued to lose weight in year two often had treatment plans that evolved over time.

> **The strongest results were seen among those whose GLP-1 treatment was tailored to their needs, and research shows that outcomes are strongest when medication is paired with behavioral support.**[12]

Continued or intensified GLP-1 use in year two helped sustain weight loss, and even members who stopped GLP-1 treatment after 12 months outperformed those who never used a GLP-1.

These findings suggest that continued weight loss may reflect the combined impact of GLP-1 treatment and ongoing engagement with Teladoc Health's Diabetes Prevention and Weight Management programs.

Percentage of members achieving continued weight loss at 24 months, by treatment journey

Intensified		Steady			Reduced		No GLP-1	
GLP-1 exposure increased in year 2		*GLP-1 dose efficacy stayed at the same level across all 24 months*			*GLP-1 exposure decreased in year 2*		*No GLP-1 use during the 24 months*	
77% Increased GLP-1 dose efficacy	**75%** Initiated GLP-1 after 12 months	**66%** High GLP-1 dose efficacy	**58%** Moderate GLP-1 dose efficacy	**56%** Low GLP–1 dose efficacy	**59%** Stopped GLP-1 after 12 months	**53%** Decreased GLP-1 dose efficacy	**48%** No anti-obesity medication/ GLP-1	**47%** Non-GLP-1 anti-obesity medication

What this means for benefit design

While coverage decisions may occur at a single point in time, weight management is a long-term journey. Ongoing lifestyle support helps members adapt to changing treatment needs, maintain engagement, and achieve lasting results, whether or not they remain on medication.

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05

Progress didn't stop when the prescription did

Members continued to achieve meaningful weight loss even when GLP-1 use changed over time.

> **While outcomes were strongest among those with continuous GLP-1 use, many members without a GLP-1 prescription on record also maintained or improved their weight loss through 24 months. These findings suggest that long-term success may depend on more than medication alone.**

Ongoing participation in a comprehensive digital lifestyle program, including behavioral support through the Teladoc Health Diabetes Prevention and Weight Management programs, may help members maintain progress and continue moving toward their goals, even when treatment changes or stops.

Many members maintained meaningful weight loss even when GLP-1 use stopped after the first year.

Continuous GLP-1 use		No GLP-1 prescription on record after 12 months	
69%	achieved clinically meaningful weight loss	**62%**	achieved clinically meaningful weight loss
60%	continued losing weight	**55%**	continued losing weight
11.3%	average weight loss	**9.4%**	average weight loss

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Conclusion

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Long-term weight management is often characterized by plateauing or regaining after early weight loss. As the findings in this study highlight, a comprehensive approach is the key to weight management. Members continued to achieve meaningful weight loss through 24 months, with strong outcomes among those using GLP-1s as well as progress among many who stopped using GLP-1s or no medication at all. By combining behavioral support, connected monitoring, clinical guidance and medication when appropriate, comprehensive weight care can help support lasting progress across a range of member journeys.

POPULATION SNAPSHOT:

60% women

Average age: **53**

Average BMI: **37.0**

68% reported hypertension

32% reported diabetes

Methodology at a glance

This longitudinal retrospective study included **22,962 adults with obesity** enrolled in a Teladoc Health Weight Management or Diabetes Prevention program for **24 months between January 2022 and December 2023.**

Members were **18 or older with a baseline BMI ≥30 kg/m²** and had prescription fill data and weight measurements available at baseline, 12 months and 24 months. GLP-1 use was identified through prescription records from external providers and pharmacies and was managed outside of Teladoc Health.

The study evaluated weight and percentage weight loss over 24 months. **Clinically meaningful weight loss** was defined as losing at least **5% of baseline weight,** while **continued weight loss** meant members achieved clinically meaningful weight loss by 12 months and continued to lose additional weight through 24 months.

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Endnotes

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