Differential Efficacy of GLP-1 Based Treatment With or Without Wraparound Care Engagement

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BACKGROUND & OBJECTIVE

- GLP-1 based treatment produces significant weight loss in clinical trials, but real-world outcomes vary considerably.
- Adjunct behavioural support, including AI-delivered [AHC] and human health coaching [HHC], may amplify pharmacological effects by improving adherence, lifestyle behaviours, and self-efficacy.
- This study examines whether engagement with different coaching modalities differentiates weight loss outcomes in a real-world digital health population.

METHODS & DESIGN

In a retrospective analysis of real-world data from a UK digital medical weight management provider, adults prescribed GLP-1 based therapy were stratified by coaching engagement: uncoached, AHC only, HHC only, or both modalities AHC+HHC. Engagement was defined as at least one interaction with the relevant modality. Primary outcome was percentage weight loss at 3, 6, and 12 months.

Results

3 months:

Both modalities 10.5% (n=13,014) vs 9.4% uncoached (n=23,022) — 12% greater weight loss.
HHC only 10.0% (n=11,768, +6%);
AHC only 10.2% (n=12,158, +9%).

6 months:

Both modalities 15.7% (n=9,268) vs 13.4% uncoached (n=11,673) — 17% greater weight loss.
HHC only 14.5% (n=6,516, +8%);
AHC only 14.8% (n=7,983, +10%).

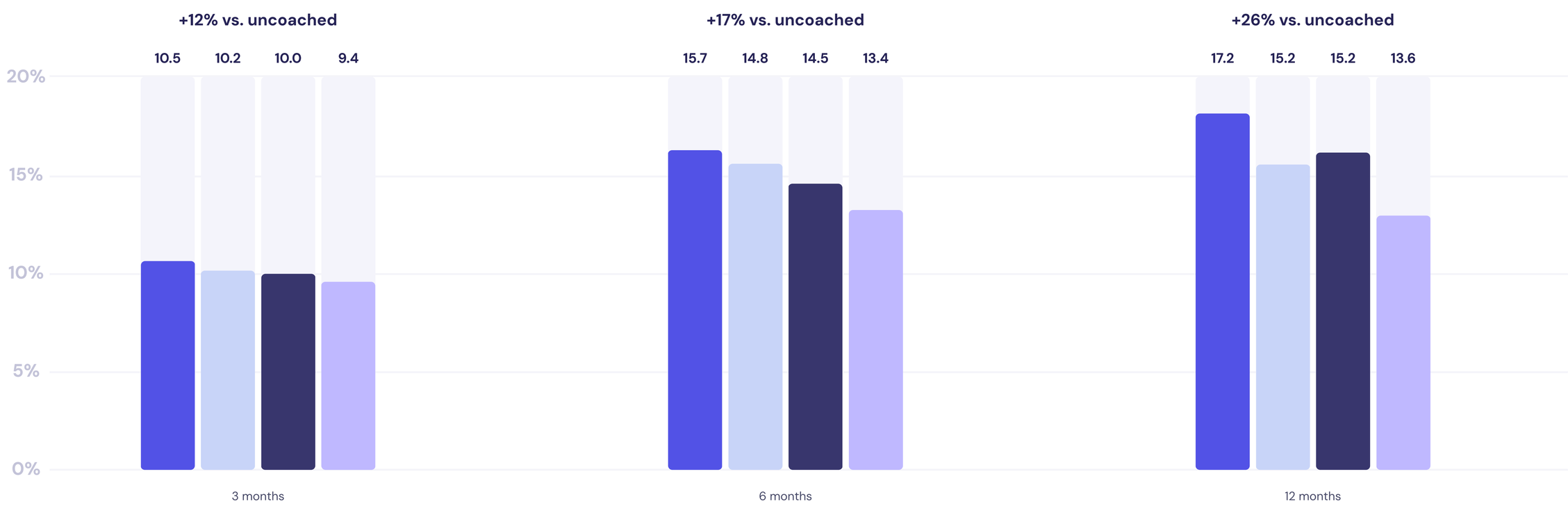
12 months:

Both modalities 17.2% (n=2,361) vs 13.6% uncoached (n=2,563) — 26% greater weight loss.
HHC only 15.2% (n=1,582, +12%);
AHC only 15.2% (n=1,563, +12%).

Differences were statistically significant at all timepoints (Wilcoxon rank-sum, all p<0.001), with effect sizes increasing over time (Cohen's D: 0.15 → 0.23 → 0.27) — indicating a cumulative benefit of coaching engagement.

WEIGHT LOSS BY COACHING ENGAGEMENT

Mean % weight loss vs. uncoached patients, at 3, 6, and 12 months



RELATIVE-DIFFERENCE LABELS SHOW COMBINED COACHING (BOTH MODALITIES) VS. UNCOACHED PATIENTS AT EACH TIMEPOINT.

MEAN % WEIGHT LOSS AND SAMPLE SIZE (N) BY TIMEPOINT AND COACHING GROUP

TIMEPOINT	BOTH	AI ONLY	HUMAN ONLY	NEITHER
3 months	10.5% (n=13,014)	10.2% (n=12,158)	10.0% (n=11,768)	9.4% (n=23,022)
6 months	15.7% (n=9,268)	14.8% (n=7,983)	14.5% (n=6,516)	13.4% (n=11,673)
12 months	17.2% (n=2,361)	15.2% (n=1,563)	15.2% (n=1,582)	13.6% (n=2,563)

IMPLICATIONS

- Engagement with adjunct behavioural support significantly enhanced GLP-1 based treatment outcomes in this real-world digital setting.
- A clear hierarchy of effect was observed across modalities, with combined AI and human coaching producing the strongest results — suggesting a synergistic effect beyond either approach alone.
- These findings support integration of structured coaching into digital GLP-1 based programmes and have implications for service design in scaled weight management care.

CONCLUSION

Coaching compounds: patients combining AI and human support lost 26% more weight than uncoached patients by 12 months.

Disclosure: Numan led the study conduct, including analyses and outputs, which was contracted and funded by Boehringer Ingelheim.