

DiCE REALM: Real-World Evidence for Analysis Lifestyle and Medication-based Weight Management through Digital Providers

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Declarations of Interest

SWF declares researcher-led grants from the National Institute for Health and Care Research and Novo Nordisk and support for attending academic conferences and events from Novo Nordisk, Eli Lilly, IQVIA, UK Parliament and Welsh Parliament.

This study...

- Nine UK private digital health providers from the DICE Network commissioned IQVIA to conduct the study.
- The funders provided data that corresponded with the inclusion criteria. The funders had no role in the conceptualisation of the study, its analyses and interpretation and had no influence over the design and content of this article.



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Contributing providers to DiCE REALM

Delivering structured, clinician-led weight management programmes



Juniper



eMed[®]

nman

SECOND
NATURE

voy

Öushk[®]
P H A R M A C Y

LloydsPharmacy



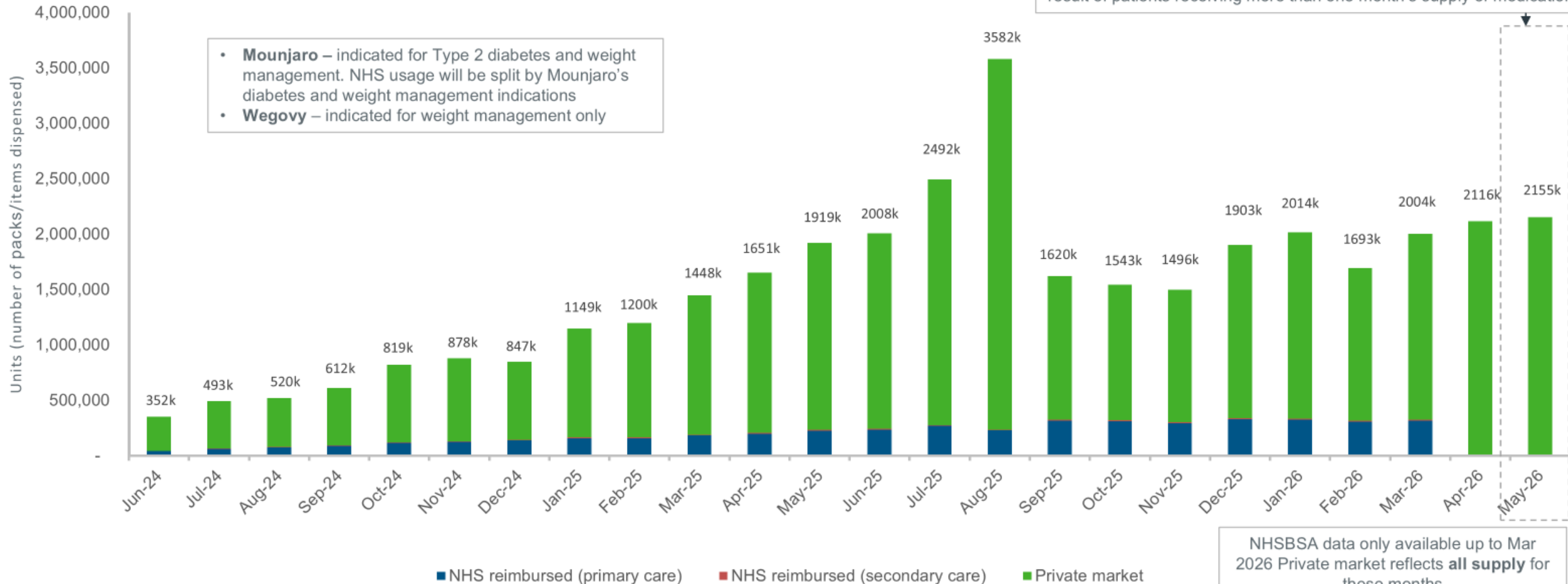
The UK weight management* market has seen an average monthly volume growth of 11.8% since Jul 2024



Growth driven by GLP1s being used to treat weight management

Public/private UK weight management uptake

2155k packs in May 2026, Mounjaro and Wegovy packs contain 1x Pre-filled syringe with 4 doses for once weekly administration (i.e. 1 pack per patient). **N.B.** Lilly announced a price rise to Mounjaro on 14th August (effective 1st September) resulting in increased purchasing as a result of patients receiving more than one month's supply of medication



* Weight Management defined as combined dispensing/purchasing of Mounjaro and Wegovy, does not include off-label use of Ozempic (licensed for diabetes) in the private market which may be for weight management.

Source: NHS reimbursed (primary care): NHSBSA data, Items dispensed, Mar 2026, NHS reimbursed (secondary care): IQVIA Hospital Pharmacy Audit (HPA), units, Apr 2026, Private market: IQVIA Supply Chain Manager (SCM), units, May 2026

The Need for Real World Evidence

DICE REALM

To evaluate the real-world effectiveness of UK private digital OMM programmes in people living with overweight or obesity who self-pay; >2.5M patients (~95%) accessing via private providers.

Primary aim: To examine the real-world effectiveness of UK private digital OMM programmes by assessing changes in body weight and BMI from baseline at 3-, 6- and 12 months post-treatment initiation.

Secondary aims were to examine:

- 1) change in weight and BMI by available patient demographics (age, sex, ethnicity, socioeconomic status, and existing comorbidity).
- 2) changes in health-related behaviours (physical activity, sleep, smoking, alcohol), and patient reported side effects.

1. IQVIA local expertise. Copyright © 2025 IQVIA. All rights reserved

2. Thomsen RW, Mailhac A, Løhde JB, Pottegård A. Real-world evidence on the utilization, clinical and comparative effectiveness, and adverse effects of newer GLP-1RA-based weight-loss therapies. *Diabetes, Obesity and Metabolism*. 2025 Apr;27:66-88.

Methods



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Sample

- **9 digital health providers**
- Shared data was used to create a **single, harmonized database** with a common structure for analysis
- In total, **558237 participants** accessed the 9 digital health platforms

Inclusion Criteria

- Aged ≥ 18 years
- At least one OMM prescription
- A minimum of 3 months of follow-up data
- Licensed MHRA indication BMI ≥ 30 kg/m² or ≥ 27 kg/m² with at least one comorbidity

Descriptives

558,237

Adults living with overweight or obesity ($\text{BMI} \geq 30 \text{ kg/m}^2$ or $\geq 27 \text{ kg/m}^2$ with at least one comorbidity)

76.3%

of patients aged 30–59 years, representing the core working-age demographic

91.4%

White ethnicity — highlighting the need for greater diversity in uptake

62.2%

report no comorbidities

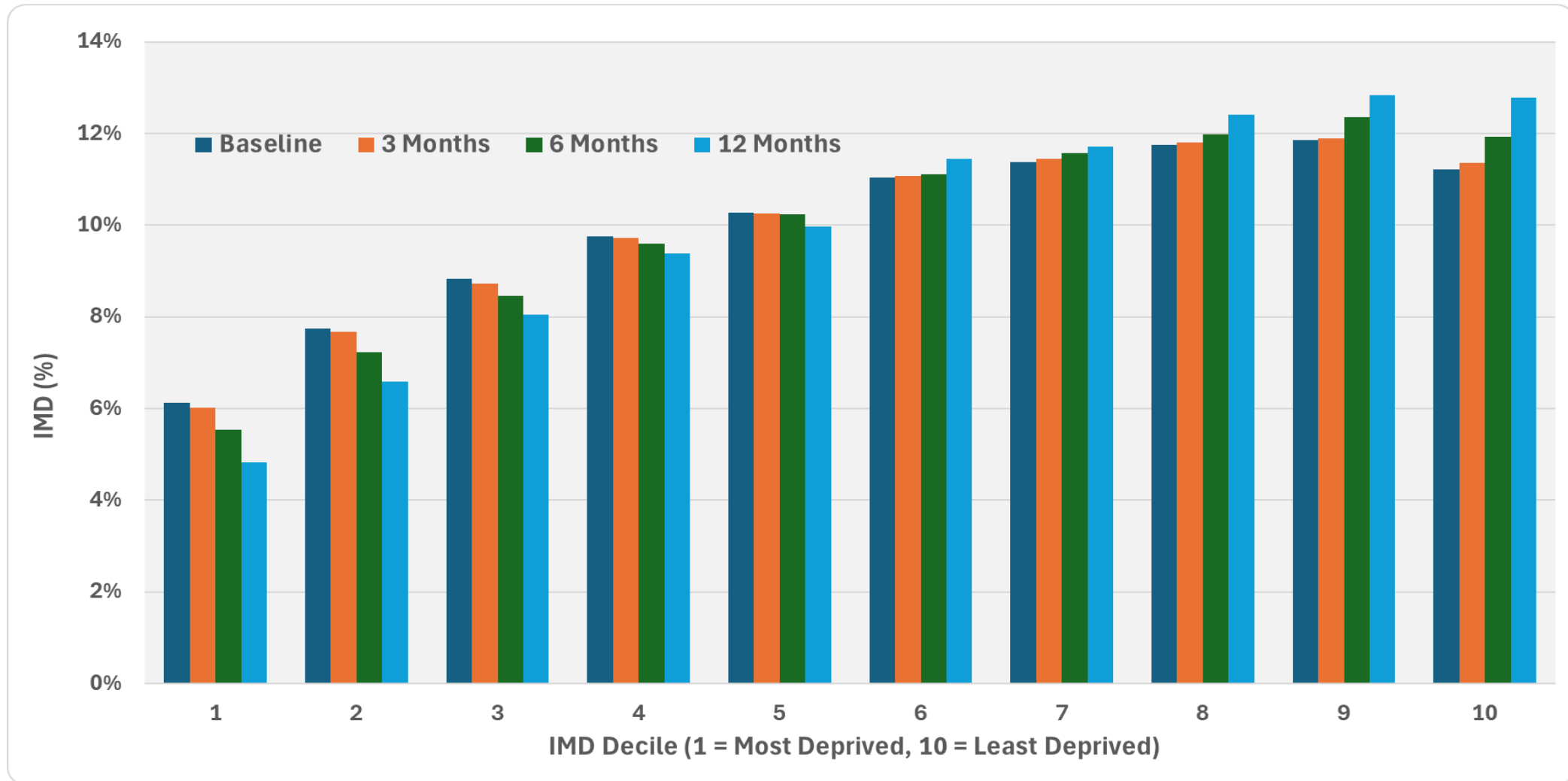
26% → 44%

Patients reporting no side effects rose from 25.9% at baseline to 44.4% at 6 months

17.1%

Nausea: most common AE at baseline, declining to 7.5% by 6 months

IMD Distribution by Timepoint

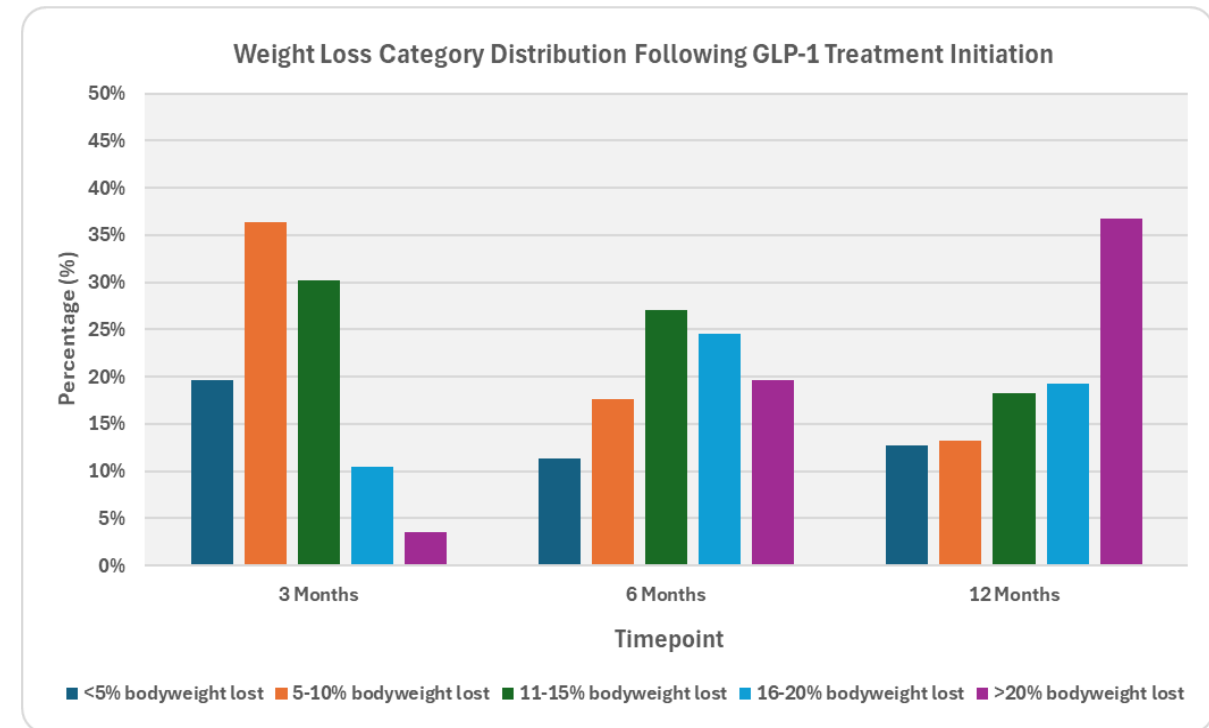




Weight Change From Baseline To 12-months

Timepoint	N	Mean (SD)	95%CI
Baseline	364254	100.49 (20.01)	100.42 - 100.55
3 Months	311722	91.38 (19.32)	91.32 - 91.45
6 Months	216614	87.08 (18.83)	87.01 - 87.16
12 Months	67146	84.21 (18.38)	84.07 - 84.35

% change	3 Months	6 Months	12 Months
<5%	19.6%	11.3%	12.7%
5-10%	36.4%	17.6%	13.2%
11-15%	30.2%	27.0%	18.2%
16-20%	10.5%	24.5%	19.2%
>20%	3.5%	19.6%	36.7%



-16.3kg

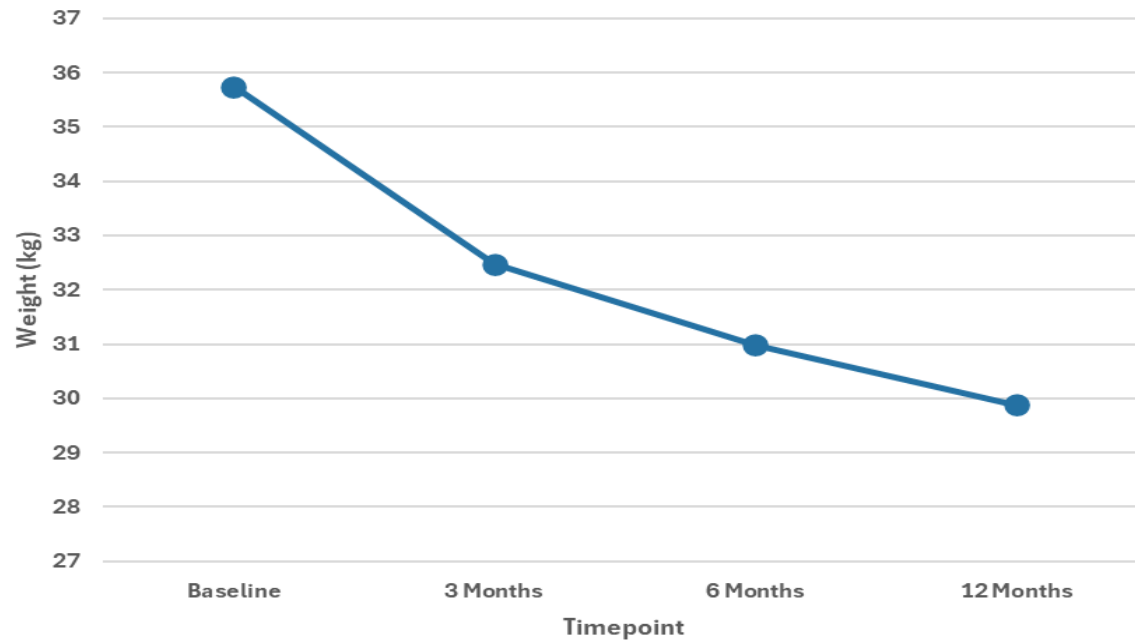
Mean weight reduced by 16.3kg over 12 months of treatment

At 12 months, 37% reported body weight reduction of >20%

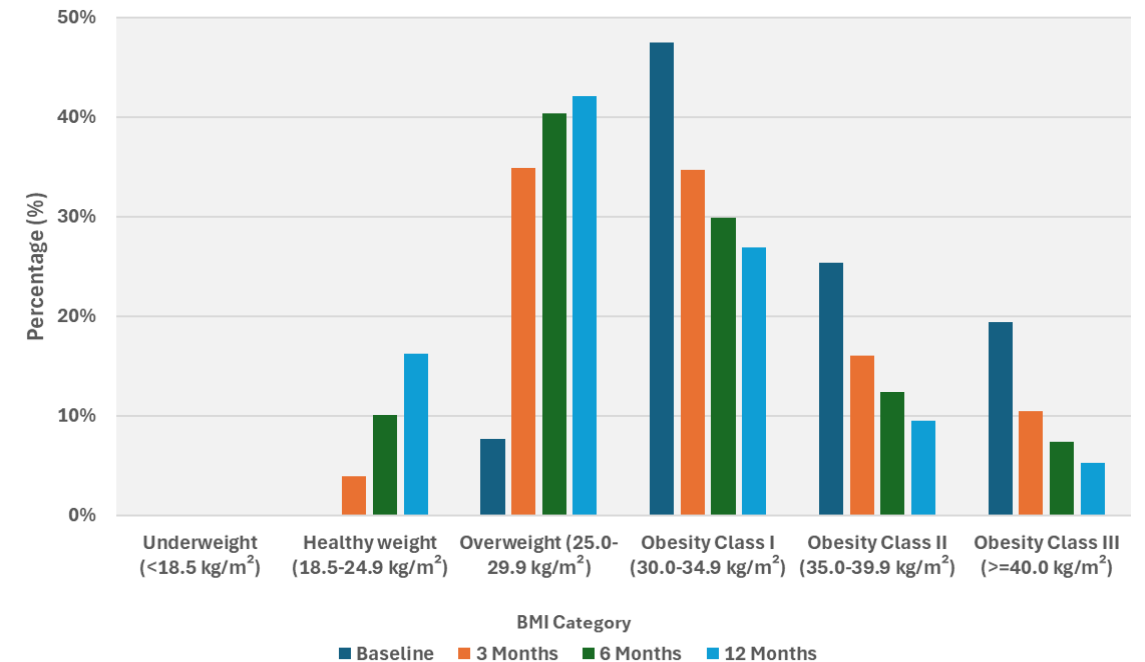


Temporal Trends in Mean BMI & BMI Category

Mean BMI Trends Following GLP-1 Treatment Initiation



Distribution of BMI Categories Following GLP-1 Treatment Initiation



-6 BMI pts

Mean BMI fell from ~35.7 to ~29.9 over 12 months of treatment

Below 30

At 12 months, mean BMI crossed into the overweight range from obesity

5x increase

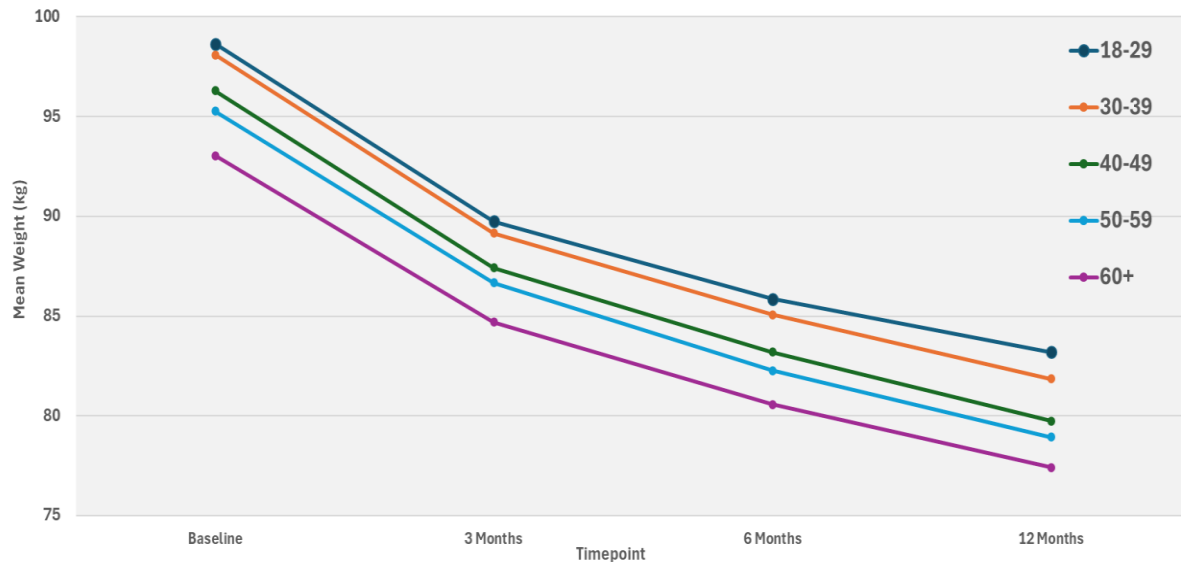
16.2% of patients were in healthy weight range at 12 months

-75%

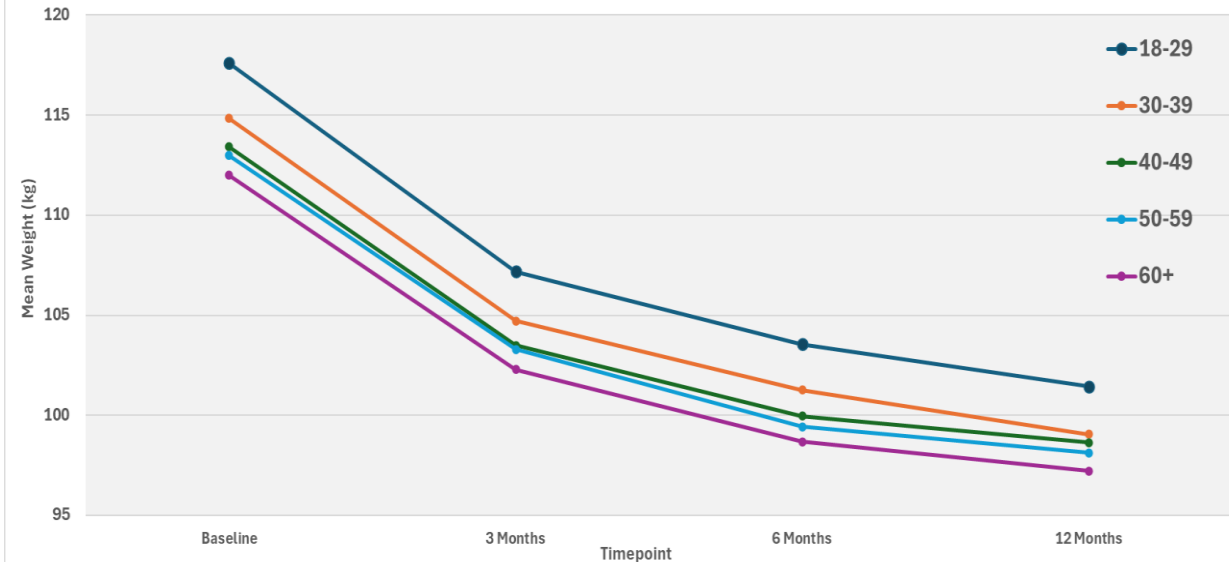
Obesity Class III prevalence dropped from 19.4% to 5.3% at 12 months

Body Weight by Sex & Age

Mean Weight (kg) by Age Over Time (Female)



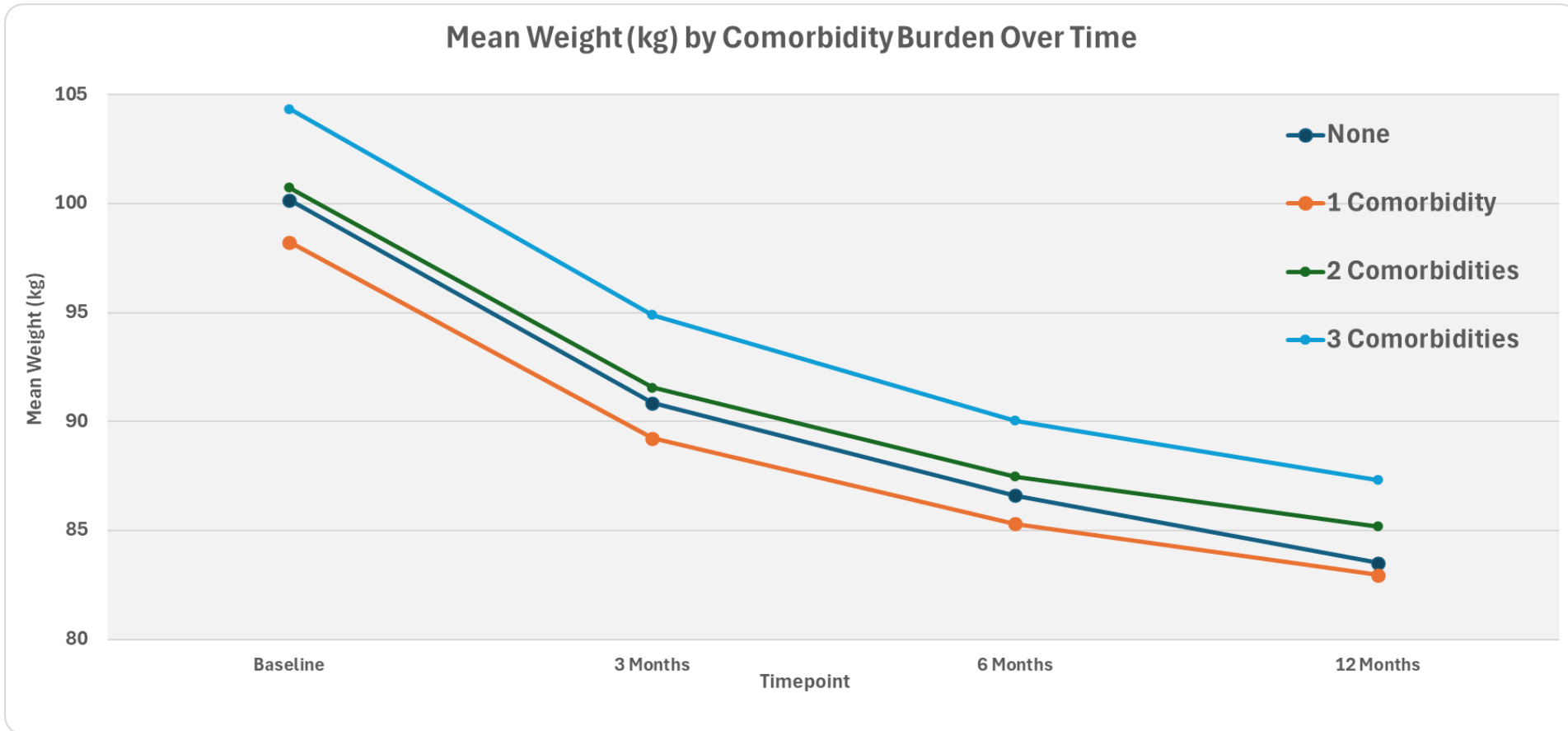
Mean Weight (kg) by Age Over Time (Male)



Female body weight reduced from 96.40 ± 18.13 at baseline to 80.06 ± 16.30 at 12-months ($p < 0.001$)

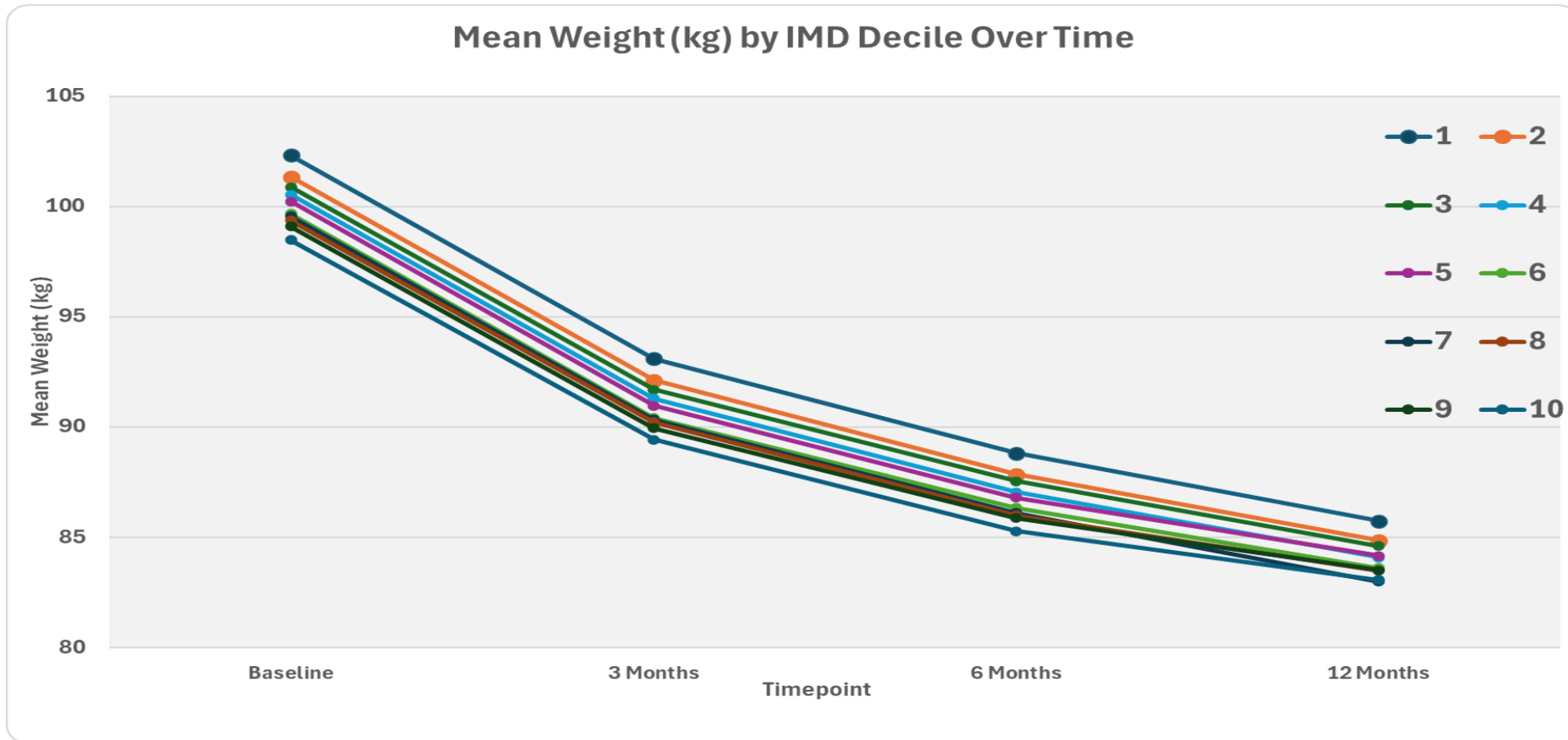
Male body weight reduced from 113.85 ± 20.05 at baseline to 98.59 ± 17.90 at 12-months ($p < 0.001$)

Body Weight by Comorbidity Status



Significant reductions in body weight (and BMI) for people without and with 1, 2 or 3 or more comorbidities from baseline to 12-months post-treatment initiation ($p < 0.001$).

Body Weight by Level of Deprivation



Significant reductions body weight (and BMI) for all IMD groups from baseline to 12-months post-treatment initiation ($p < 0.001$).

Key Findings

- This study demonstrates the real-world effectiveness of digital OMM programmes.
 - Consistent with traditional weight management services, more females accessing OMMs through the private, digital platform route compared to men
 - Approximately 75% of people accessing them are aged between 30-60 years
- Clinically significant reductions in body weight (>16%) are in line with those reported in clinical trials (15-23%)
- Clinically significant reductions in body weight (>16%) are reported for all demographic subgroups.
- People from the most deprived populations and minority ethnic groups are accessing digital OMM programmes.
- Nearly two-thirds of UK adults are accessing digital OMM programmes without comorbidity.

Discussion: Considerations

- The reduction in patient numbers from baseline to 12-months may be due to the competitive pricing of OMMs via the digital health providers.
- We did not examine participant engagement with the private, digital OMM programmes
- This study did not examine differences in weight and BMI outcomes based on GLP-1 dosages
- As expected for Real World Evidence studies, there is a proportion of missing data.

Implications & Conclusion

- This is the **world's largest real-world evidence study** of digital OMM programmes.
- **Policymakers** should consider how the private digital OMM programmes can support and be part of current approaches to obesity and associated long-term condition management (e.g., an integrated service?).
- **Digital providers** should more consistently record and track cardiometabolic health, management of existing comorbidities, health-related behaviours and side effects and side effects management.
- **Digital providers** should gather insights to understand the key factors influencing uptake, adherence and outcomes of digital OMM programmes.

Selected References

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