WITHINGS HEALTH SOLUTIONS × Calibrate

REAL-WORLD EVIDENCE REPORT · 2026

Beyond the Prescription

What an Integrated Obesity Care Program Adds to GLP-1 Treatment.

A two-year real-world study from Withings and Calibrate compared outcomes for 4,961 people starting GLP-1 treatment. At 24 months, members who started treatment in the Calibrate program had lost an average of **17.3% of their starting weight, compared with 10.7% in the GLP-1 alone adjusted group**. Withings connected scales captured weight over two years and, for a subset of participants, body composition over 18 months.

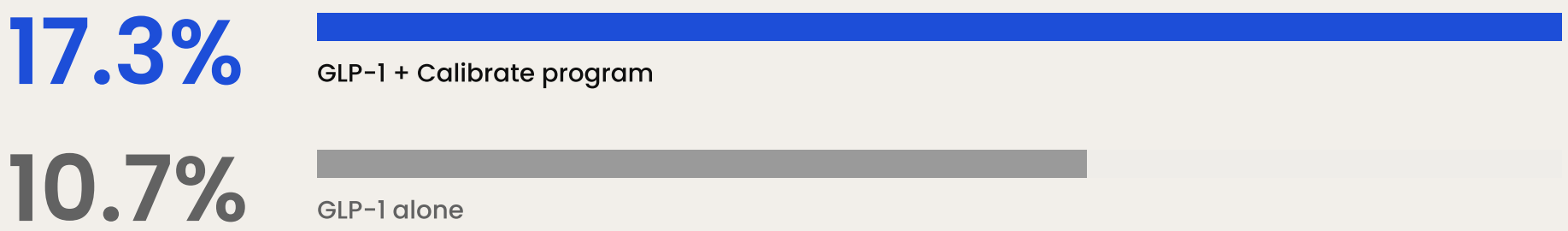


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EXECUTIVE SUMMARY

Greater GLP-1 Two-Year Weight Loss With an Integrated Obesity Care Program.

WEIGHT LOST AT 24 MONTHS



Comparable patients on GLP-1 medications: Calibrate members lost over 60% more weight.

Even after some weight returns, at the peak of regain, Calibrate members stay below the best point reached with GLP-1 alone

-16.6%
GLP-1 + Calibrate program at the peak of regain

-12.6%
GLP-1 alone, at its lowest point

Calibrate members reach a better muscle-to-fat balance

+49.3%
GLP-1 + Calibrate program, rise in muscle-to-fat ratio at 18 months

+39.9%
GLP-1 alone, rise in muscle-to-fat ratio at 18 months

Three Key Takeaways

1 Over 60% more weight loss at two years.

Members in the Calibrate program lost on average 17.3% of starting weight at 24 months, compared with 10.7% in the GLP-1 alone adjusted group. Most of the gap emerged in the first year, when weight loss was 16.5% and 9.0%, respectively.

2 Greater weight loss even after partial regain.

Members in the Calibrate program remained 16.6% below starting weight after partial regain, vs. 9.2% in the GLP-1 alone adjusted group.

3 A greater increase in the muscle-to-fat ratio.

At 18 months, the ratio increased by 49.3% among members in the Calibrate program, compared with 39.9% in the GLP-1 alone adjusted group.

Context Before You Read

This study uses real-world evidence: two years of daily weigh-ins from Withings connected scales, analyzed with causal-inference methods. Because Calibrate members chose to join the program, the two groups differed at the start. Before comparing, a statistical adjustment made them comparable on age, sex, race, BMI, health conditions and GLP-1 treatment. Some users in the GLP-1 alone adjusted group may have received other care. If so, the study would underestimate the effect of Calibrate's care program, not overstate it.

Weight was followed over 24 months in 3,422 Calibrate members and 1,539 Withings users. Body composition was followed over 18 months in 520 Calibrate members and 454 Withings users.

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STUDY DESIGN

Comparing GLP-1 Outcomes With and Without an Integrated Obesity Care Program.

GLP-1 medications have changed weight care. For employers and payers, the question is no longer only which drug to prescribe, but what surrounds it. This study compares two groups of people who had just started GLP-1, all weighed on Withings connected scales, using real-world evidence built from their daily weigh-ins.

GLP-1 + CALIBRATE PROGRAM

3,422

in the 2-year weight study, and 520 in the 18-month body composition study

The Calibrate program combines GLP-1 treatment with clinician-led care, one-on-one coaching, and a structured curriculum focused on nutrition, activity, sleep, and emotional health. Members were enrolled in the program around the time they started GLP-1 treatment.

GLP-1 ALONE

1,539

in the 2-year weight study, and 454 in the 18-month body composition study

These subjects were Withings users who started GLP-1 treatment outside the Calibrate program. The study identified GLP-1 starts using U.S. health insurance claims linked to participants' Withings accounts.

Only people just starting a GLP-1, with a few weigh-ins at key moments, were included in the study. In the Calibrate group, integrated care support also had to start at about the same time.

Making the Groups Comparable

The analysis adjusted for measured differences between the groups, including demographics, baseline health, and GLP-1 treatment characteristics. The comparison evaluates participation in the Calibrate program as a whole. The contribution of individual program components was outside the scope of the study.

Before comparing, the study adjusted for the characteristics recorded in both data sources that influence who joins Calibrate as well as how much weight people lose on a GLP-1.

DEMOGRAPHICS

Age, sex, race

HEALTH STATUS

Starting BMI, type 2 diabetes, high blood pressure, sleep apnea, underactive thyroid

TREATMENT

GLP-1 brand, GLP-1 start date (year and season)

How the Comparison Works

1

One curve per person

Daily weigh-ins become one smooth curve that keeps the real trend.

2

Re-balancing the groups

Before comparing outcomes, we adjusted the two groups to make them comparable on their profiles. This adjustment is designed so that a difference in outcomes between the two groups reflects the effect of the Calibrate program, rather than differences between the people in each group.

3

Two views of the results

Average results[1]**:** how much more weight Calibrate members lose, week after week.

Typical journey[2]**:** how deep the low point goes, when it comes, and how much weight returns.

4

Results tested for stability

The full analysis is repeated on 500 resamples of the same participants. The shaded bands on the charts show how consistent the results are.

SO WHAT: A FAIR, LIKE-FOR-LIKE COMPARISON

The gap in results is measured between people with comparable profiles, not between two different populations. Without adjusting for these differences, factors such as type 2 diabetes, BMI or sex would have biased the results. Both views of the results point to the same conclusion on weight.

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TWO YEAR WEIGHT LOSS

Calibrate Members Lost Over 60% More Weight at Two Years.

SHARE OF STARTING WEIGHT LOST

AT 12 MONTHS

16.5% GLP-1 + Calibrate program

9.0% GLP-1 alone

AT 24 MONTHS

17.3% GLP-1 + Calibrate program

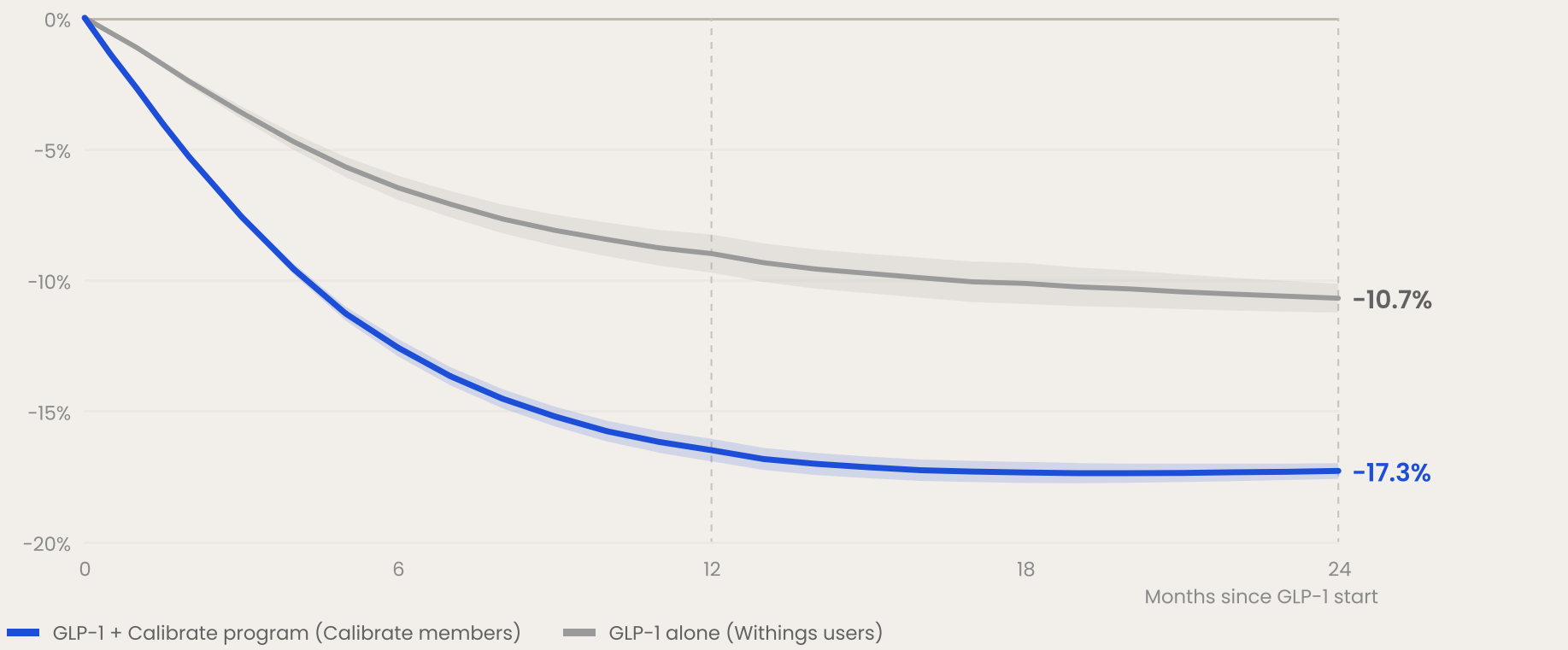
10.7% GLP-1 alone

Comparable patients on GLP-1 medications: most of the gap opens in the first year, and the advantage holds at 24 months.

At 24 months, members in the Calibrate program had lost an average of 17.3% of their starting weight, compared with 10.7% in the GLP-1 alone adjusted comparison group. Most of the gap emerged in the first year and persisted through year two.

Average weight change since GLP-1 start [1]

% of starting weight, comparable groups. Each shaded band covers 90% of the results obtained when the full analysis is re-run 500 times on different samples of participants.



SO WHAT: THE PROGRAM IS PART OF THE TREATMENT

For employers and payers evaluating GLP-1 programs, the two-year results show how weight-loss trajectories compared when treatment began within an integrated obesity care program.

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WEIGHT REGAIN

Calibrate Members Retained Greater Weight Loss Even After Partial Regain.

On the study's modeled typical trajectories, members in the Calibrate program reached a low point of 19.9% below starting weight and remained 16.6% below starting weight after partial regain. The GLP-1 alone adjusted comparison group rebounded to 9.2% below starting weight.

Even after some weight returns, Calibrate members stay below the best point reached without care support

-19.9%
GLP-1 + Calibrate, at the lowest point

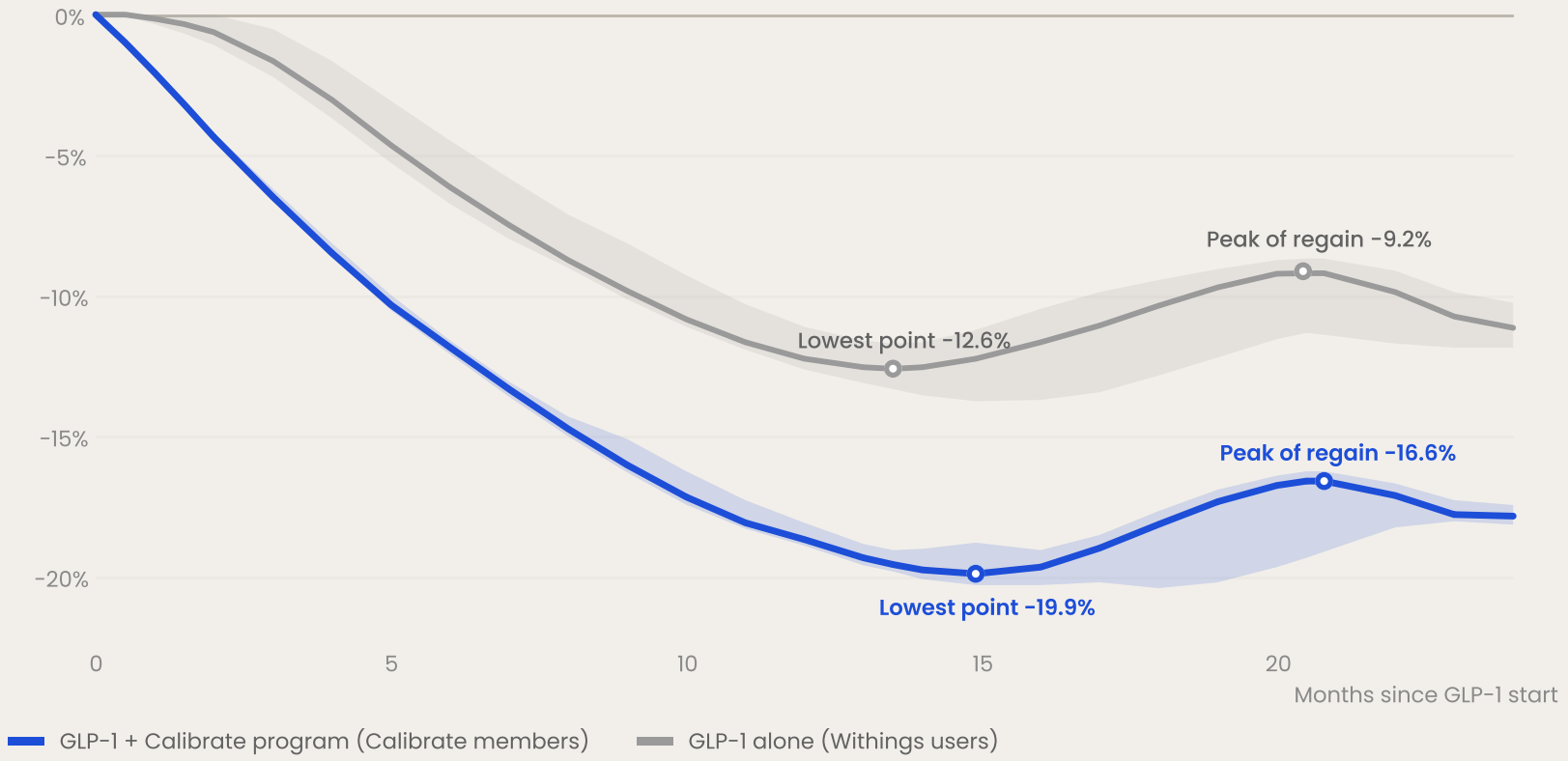
-16.6%
GLP-1 + Calibrate, at the peak of regain

-12.6%
GLP-1 alone, at its lowest point

-9.2%
GLP-1 alone, at the peak of regain

Typical weight journey since GLP-1 start [2]

% of starting weight, comparable groups. Each shaded band covers 90% of the results obtained when the full analysis is re-run 500 times on different samples of participants.



With the Calibrate program, people keep losing weight for longer and reach a much deeper lowest point. After that point, some weight returns in both groups, by a similar amount. Because Calibrate members start from a much lower point, they **keep the advantage built during the first year**: even after some weight returns, they stay below the lowest point typically reached on GLP-1 alone.

SO WHAT: REGAIN FROM A STRONGER POSITION

Both groups regained some weight. Even after partial regain, members in the Calibrate program retained more weight loss than the GLP-1 alone group.

BODY COMPOSITION

Calibrate Members Saw a Greater Increase in Muscle-to-Fat Ratio at 18 Months.

In the body-composition subset, the muscle-to-fat ratio increased by 49.3% among members in the Calibrate program, compared with 39.9% in the GLP-1 alone adjusted group. As expected, with greater overall weight loss, Calibrate members lost more fat and more muscle in absolute terms. However, their muscle-to-fat ratio increased because they lost proportionally more fat.

Coached members reach a better muscle-to-fat balance

+49.3%

GLP-1 + Calibrate program, rise in muscle-to-fat ratio at 18 months

+39.9%

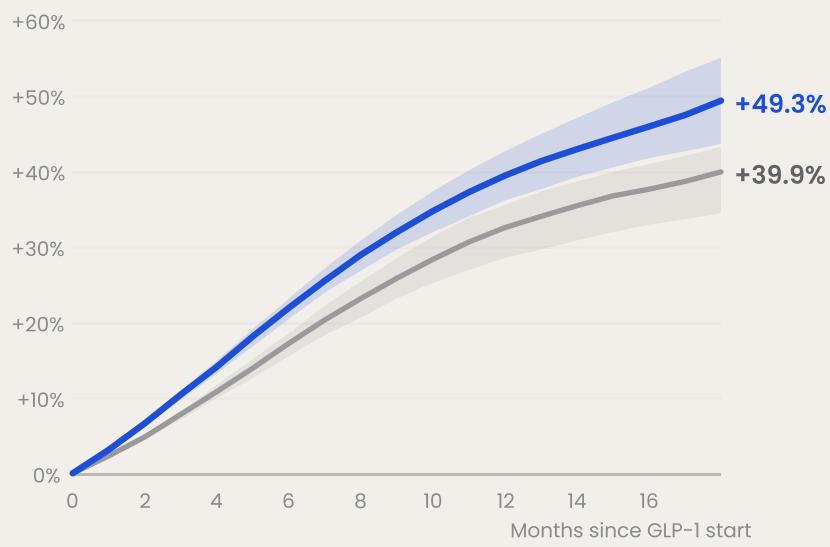
GLP-1 alone, rise in muscle-to-fat ratio at 18 months

Calibrate members lose more weight overall, so they lose more of both muscle and fat, with fat still making up most of the weight lost in both groups. Their muscle-to-fat ratio also rises more: +49.3% versus +39.9% at 18 months, up from +39.4% versus +32.5% at 12 months.

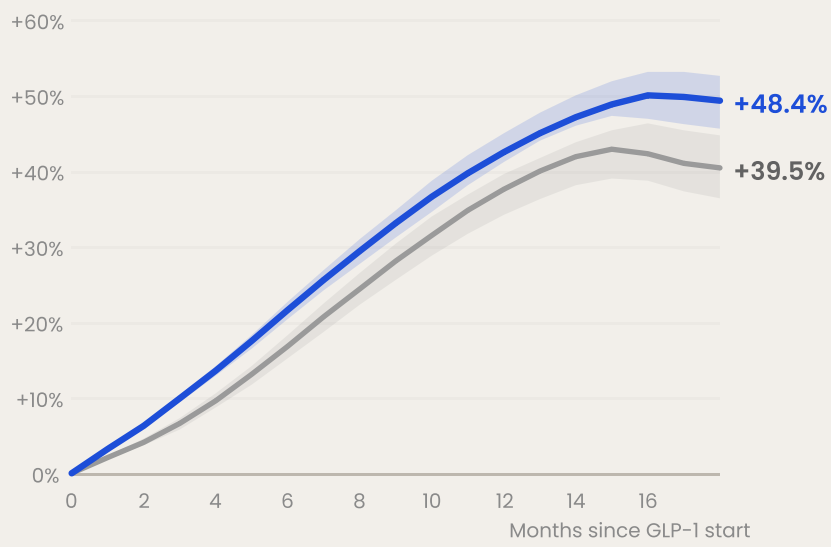
Change in muscle-to-fat ratio since GLP-1 start

% of the starting ratio, comparable groups. Each shaded band covers 90% of the results obtained when the full analysis is re-run 500 times on different samples of participants.

Average results [1]



Typical journey [2]



GLP-1 + Calibrate program (Calibrate members) GLP-1 alone (Withings users)

BODY COMPOSITION

One Patient, Two Scenarios

Take an illustrative patient starting at 100 kg: 60 kg of muscle, 35 kg of fat and 5 kg of bone, for a muscle-to-fat ratio of 1.7.

AT 18 MONTHS	GLP-1 ALONE	GLP-1 + CALIBRATE PROGRAM	DIFFERENCE
Muscle lost	-3 kg	-5.5 kg	-2.5 kg
Fat lost	-11 kg	-13.5 kg	-2.5 kg
Final weight	86 kg	81 kg	-5 kg
Muscle / fat left	57 / 24 kg	54.5 / 21.5 kg	
Muscle-to-fat ratio	2.4 (+38%)	2.5 (+48%)	

With the Calibrate program, this patient loses 5 kg more: 2.5 kg of muscle and 2.5 kg of fat. Yet 2.5 kg is 7% of their starting fat but only 4% of their starting muscle, so the ratio rises: the better balance comes from losing proportionally more fat.

SO WHAT: MUSCLE IS THE NEXT LEVER

Withings body-composition measurements showed how much of the weight lost came from fat and muscle. That detail can help programs identify where to focus muscle support during treatment.

IMPLICATIONS AND PARTNER QUOTES

What This Means for GLP-1 Support Program Design

Withings connected scales tracked how weight and body composition changed after people started GLP-1 treatment. Those measurements showed how outcomes evolved over time in the Calibrate group and the GLP-1 alone adjusted comparison group.

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1 **Closely monitor progress in the first year.**

Most of the observed weight-loss gap emerged in the first 12 months, making this the highest potential risk timeframe for excess lean mass loss.

2 **Measure body composition alongside weight.**

The muscle-to-fat ratio added context to the weight-loss results in both groups.

3 **Build muscle support into care.**

As expected, both groups lost muscle mass, highlighting the importance of tracking muscle health during weight loss, and patient education.

4 **Plan for maintenance.**

Both groups experienced some regain, as is typical due to metabolic adaptation. Continued participation in a comprehensive program may therefore attenuate weight regain in maintenance.

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Effective GLP-1 care takes three things: the drug, a comprehensive care program and data. Our study with Calibrate shows what happens when you have all three: over 60% more weight loss at two years, and an advantage that holds even as some weight returns. As the industry moves toward paying for outcomes, this is the standard of evidence every GLP-1 program should be held to.

ANTOINE PIVRON

VP Health Solutions, Withings

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The Calibrate program brings GLP-1 treatment, clinical care, and coaching together to help members build habits they can use day to day. Our members also end up with a better balance between muscle and fat, the foundation for metabolic improvements. That's an important difference the Calibrate program makes when integrated with a GLP-1 prescription.

DR. LINDA ANEGAWA

Calibrate



1. Testa L., Boschi T., Chiaromonte F., Kennedy E. H., Reimherr M. Doubly-robust functional average treatment effect estimation. Journal of Causal Inference, 2026; 14(1): 20250045.
2. Chabassier A., Olivier J., Josse J., Scornet E. Shape-Preserving Treatment Effects for Functional Outcomes. Preprint, 2026. HAL : hal-05838408 ; arXiv : 2610.35180.

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