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Real-world effectiveness of remote lifestyle coaching with or without adjunctive liraglutide for weight management – insights from a Swiss cohort

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Background/Introduction:

Global rates of obesity are increasing at an alarming rate, including in Switzerland. Two recent developments, remote lifestyle coaching using digital health apps and GLP-1 based treatments, offer promising avenues for weight management. While previous studies explored the isolated effects of both strategies, the efficacy of the combination of pharmacotherapy plus remote lifestyle coaching has not yet been investigated. Using real-world data of a newly established interdisciplinary service model, we investigated the efficacy of the GLP-1 analogue liraglutide (Saxenda®), in combination with remote lifestyle coaching using the Oviva app for weight loss.

Methods:

Anonymized data of a Swiss patient cohort receiving 1:1 remote lifestyle coaching (tailored nutrition and physical activity advice by a dietitian) via the Oviva app with (Ov+Lira group) or without (Ov-Only group) adjunctive liraglutide. The Ov-Only comparison group was built by matching age, baseline weight, body mass index (BMI), number of remote coaching sessions and sex to the Ov+Lira group using a nearest neighbor algorithm. Documented weights were derived from in-clinic measurements (baseline) or remote scales (follow-up). Liraglutide was prescribed at the discretion of the treating physician and the injected dose was documented in the Oviva app.

Results:

Data of a total of 78 Ov+Lira and 77 Ov-Only patients were analysed (mean±SD age 44.8±11.6 years, baseline weight 107.0±21.4 kg and BMI 37.7±5.5 kg/m2, 72 % female). Mean±SD weight loss at 8M was 14.3± 5.5kg (12.6±6.3%, N=15) with Ov+Lira vs 7.2±7.7kg (6.7±6.7%, N=39) with Ov-Only. Greater weight loss with Ov+Lira was observed throughout the treatment period (all $p<0.01$): difference to Ov-Only -6.1kg [95% CI -4.8 to -0.8], -7.0kg [-7.6 to -2.8] and -7.1kg [-10.1 to -4.1] at 4, 6 and 8M, respectively. At 4M (1st reimbursement decision milestone), weight loss ≥5% was achieved in 80.8% of the Ov+Lir patients and in 53.2% of the OV-Only patients ($p<0.001$).

Conclusion:

Adjunctive pharmacotherapy with liraglutide significantly enhances the effectiveness of remote lifestyle coaching with a two-fold greater weight loss achieved at 8M of treatment, indicating increased effectiveness for the combination of pharmacological and digital treatments. Insights from this growing Swiss cohort will provide valuable insights for the design and delivery of personalized, scalable, and digitally enhanced weight management service models.