



EXECUTIVE INSIGHTS

The Evolution of Structured Weight Management Programs

Obesity continues to affect a disproportionately large number of people. With the prevalence of glucagon-like peptide-1 (GLP-1) drugs, more individuals are recognizing obesity for what it is: a chronic disease, rather than a condition caused by a lack of willpower. As GLP-1 uptake continues, weight management solutions, including structured weight management programs (SWMPs) like WeightWatchers (WW) and Noom, may still have a place in the shifting paradigm of obesity treatment. After all, although obesity medications initially disrupted SWMPs, growing evidence shows that patients should not neglect diet and exercise to achieve optimal, long-term results. SWMPs may also help address gaps in care that currently exist with overburdened primary care providers.

This *Executive Insights* discusses several trends in the SWMP market:

- Riding the GLP-1 trend away from “diet culture”
- The virtual way or the highway
- Partnership-fueled growth

At this pivotal time, SWMPs must evolve strategically from their traditional model, which some perceive as promoting diet culture, to stay in tune with changing consumer preferences. SWMPs need to demonstrate their complementarity to GLP-1s in earnest and navigate the weight management space aptly.

Obesity as a chronic condition

In 2013, the American Medical Association recognized obesity as a complex, chronic disease requiring medical attention. Although the public has been slow to accept obesity as a medical condition, often seeing it as a behavioral issue, this sentiment has been shifting with the increasing prevalence of GLP-1s. Unlike historically unsuccessful and damaging drugs such as rainbow diet pills and fen-phen, GLP-1s show considerable promise, underscoring that obesity can be treated pharmacologically and is, in fact, an illness. These new drugs are reshaping not only how obesity is treated but also how it is perceived — as a persistent medical condition stemming from biological factors, not merely a matter of self-discipline or resolve.

A body mass index (BMI) of 30 or more characterizes obesity in adults, whereas a BMI over 40 characterizes severe obesity. Obesity is widespread in the U.S., affecting 42.4% of adults (over 140 million Americans), with 9.2% classified as severely obese (over 30 million Americans).¹ According to national surveys conducted since the early 1960s, obesity rates in the U.S. have tripled over the past 60 years² and are expected to continue to rise. A study led by Harvard T.H. Chan School of Public Health predicts that by 2030, around 50% of the U.S. adult population will have obesity, with about a quarter experiencing severe obesity.³

The future of weight management and SWMPs

As obesity continues to prevail, even as GLP-1s grow in popularity, individuals will continue to seek various weight management and obesity treatment options, ranging from diet food and drinks to health clubs and medical interventions. Weight management products and services may be particularly attractive to patients using GLP-1s, as evidence increasingly shows that diet and exercise should not be neglected to achieve optimal, long-term results. Specifically, SWMPs like WW and Noom (see Figure 1), initially disrupted by GLP-1s, now emphasize their complementarity to these obesity drugs.

SWMPs are traditionally seen as “integrated solutions,” combining both products and services within a well-designed program. They typically serve individuals who have not seen desired results from other do-it-yourself approaches to weight loss, historically focusing on dieting. Many SWMPs have publicly acknowledged obesity as a disease that requires personalized treatment, have introduced GLP-1-related offerings, and have highlighted that they may be able to help fill care gaps in treating obesity with medications. After all, numerous primary care doctors, who often prescribe GLP-1s, may not be trained in obesity medicine or have the time to educate patients comprehensively.

Figure 1

Key players in the structured weight management landscape*



*Non-exhaustive

Source: Company websites; L.E.K. research and analysis

Riding the GLP-1 trend away from diet culture

Several SWMPs, such as WW, Noom, Medifast and Options Medical Weight Loss, have embraced the GLP-1 trend wholeheartedly, accepting the changing scientific understanding of obesity (see Tables 1a and 1b).

- **In March 2023**, WW purchased Sequence, a subscription telehealth platform specializing in medical weight management, to prescribe GLP-1s and launch an associated support program.
- **In May 2023**, Noom introduced its own telehealth medical weight management service company called Noom Med to prescribe GLP-1s and bolster its GLP-1-related offerings. This includes the GLP-1 Companion, which features Muscle Defense (a companion that helps drive healthy habits and adherence, while preventing muscle loss).
- **In December 2023**, Medifast partnered with LifeMD, an online primary care platform, to integrate GLP-1 management and prescribing features into its Optavia weight loss program.
- **Founded in 2014**, Options Medical Weight Loss provides a range of obesity-related services to patients, including GLP-1 management and prescription services through a prominent offering, the Premium Weight Loss Program.

Table 1a
Structured weight management programs

Platform*	WeightWatchers Clinic Powered by Sequence	NOOM MED	MEDIFAST +LifeMD	OPTIONS MEDICAL WEIGHT LOSS
Physicians involved	Board-certified physicians or physician-supervised nurse practitioners			
Frequency of touchpoints	Initial consultation, followed by recurring (e.g., monthly) check-ins after care plan is established			
Medications prescribed	<p>Medications currently approved for weight loss:</p> <ul style="list-style-type: none"> • Saxenda (liraglutide) and Wegovy (semaglutide), injectable GLP-1s • Zepbound (tirzepatide), a dual GLP-1/GIP • Contrave (bupropion/naltrexone), a diet pill <p>Off-label medications that may result in weight loss, such as:</p> <ul style="list-style-type: none"> • Metformin, an oral diabetes medication • Other GLP-1s: Ozempic, Victoza, Trulicity, Bydureon, Rybelsus • Mounjaro (tirzepatide), a GLP-1/GIP • Topamax (topiramate), a seizure/migraine medication 	Same as WW + compounded semaglutide		<ul style="list-style-type: none"> • GLP-1 medications • Appetite suppressants such as phentermine, Phentimate and ProNovis
Cost of GLP-1-related service(s)	<ul style="list-style-type: none"> • WW Medical Weight Loss Clinic (WW clinicians prescribe GLP-1s): initial consultation \$49, then starting at \$84 per month • GLP-1 support program (patient's doctor prescribes GLP-1s): \$23 per month 	Noom Med costs an additional \$49 per month on top of the Noom Weight subscription; Noom Weight subscriptions range from \$70 per month to \$209 per year; Noom GLP-1Rx starts at \$149 per month (incl. the compounded semaglutide)	Base Optavia + LifeMD membership costs \$129 per month (with multimonth discounts available)	Variable, given the nature of personalized plans and the nonuniform level of support needed for patients

*Medicated weight management programs are typically only available to adults 18 and older who are not currently pregnant. Telehealth laws in various states may also limit eligibility. Clinicians tend to follow the Food and Drug Administration's guidelines for prescribing obesity medications. In addition to not having a contraindication to the specific medication, you need to either have obesity (a BMI of 30 or more) or be overweight (a BMI of 27 or more) along with at least one weight-related condition, such as high blood pressure or diabetes.

Note: GLP=glucose-dependent insulinotropic polypeptide

Source: Company websites; L.E.K. research and analysis

Table 1b

Structured weight management programs (continued)

Platform*	WeightWatchers Clinic Powered by Sequence	NOOM MED	MEDIFAST +LifeMD	OPTIONS MEDICAL WEIGHT LOSS
Medications coverage	<ul style="list-style-type: none"> GLP-1 medications are not included in membership fee Non-GLP-1 medications are included in the cost of membership (via mail-order pharmacy partner Carepoint) 	GLP-1 medications and other obesity medications (e.g., Contrave) are not included in the membership fee, except for GLP-1Rx, which includes compounded semaglutide in the membership	GLP-1 medications and other obesity medications (e.g., Contrave) are not included in the membership fee	
Services included	Follow-up appointments, access to a dietitian, fitness coaching, a companion app, weight health lessons, an insurance coordinator and more	Personalized health evaluation, medical supervision, customized weight loss plans, behavioral/psychological support, personalized coaching and more	Ongoing clinician consultations, access to a care team (e.g., 24/7 messaging), baseline lab work, insurance verification assistance, resources through patient portal/app and more	Tailored weight loss programs, a proprietary Options Diet System™, in-person clinician visits and more
Geographic availability	Available in all 50 U.S. states	Available in 48 U.S. states (not Alabama or Virginia)	Available in all 50 U.S. states	Available for in-person visits in eight U.S. states, with telehealth capability

*Medicated weight management programs are typically only available to adults 18 and older who are not currently pregnant. Telehealth laws in various states may also limit eligibility. Clinicians tend to follow the Food and Drug Administration's guidelines for prescribing obesity medications. In addition to not having a contraindication to the specific medication, you need to either have obesity (a BMI of 30 or more) or be overweight (a BMI of 27 or more) along with at least one weight-related condition, such as high blood pressure or diabetes.

Note: GLP=glucose-dependent insulinotropic polypeptide

Source: Company websites; L.E.K. research and analysis

These weight loss companies continue to seek opportunities to expand their GLP-1 offerings. Noom recently announced the launch of a new program, Noom GLP-1Rx, which will offer compounded semaglutide with Noom GLP-1 Companion, which includes Muscle Defense.⁴ This offering comes in addition to Noom Med, which may prescribe branded GLP-1s to qualifying individuals. The Noom GLP-1Rx program also introduces the Taper-Off Guarantee, designed to support patients who choose to wean off GLP-1s while maintaining their weight loss.

WW and Noom are now seen as some of the best ways to obtain GLP-1s online, similar to other companies focused on prescribing GLP-1s, such as LillyDirect™ (Lilly's new digital healthcare experience for patients in the U.S. with obesity, migraines and diabetes), PlushCare (which offers online doctor visits for primary care, mental health and therapy), Hims & Hers (a telehealth company providing a range of health and wellness services), Henry Meds (a subscription healthcare service offering access to healthcare providers and predominantly compounded GLP-1s) and others.

As demand for weight loss and diabetes drugs spikes, more digital health companies are offering compounded GLP-1s as a cheaper alternative for consumers, intensifying competition in the market. SWMPs that now incorporate medications into their weight loss programs are expanding their competitor sets beyond simply weight management companies.

The virtual way or the highway

Historically, many SWMPs have provided high-touch support for individuals looking to lose weight, leveraging a network of weight loss centers (e.g., WW, Jenny Craig). This meant that these SWMPs have had to sustain a substantial brick-and-mortar footprint, resulting in large, fixed infrastructure costs.

Companies have realized that digital subscription-based offerings are more scalable, and people are looking for virtual solutions (one-on-one support through the computer or the phone), driving a shift away from physical locations. WW has significantly cut its in-person meeting locations, including many in urban areas like Chicago and Washington, D.C. After filing for Chapter 7 bankruptcy, Jenny Craig, which previously had approximately 500 company-owned and franchised locations in the U.S. and Canada,⁵ was revived as an ecommerce business by its new owner, Wellful Inc., a direct-to-consumer health and wellness platform that also owns Nutrisystem.

Partnership-fueled growth

Beyond offering medications, many SWMPs generally aim to offer a more holistic approach to wellness and capitalize on the post-COVID-19 self-care trend, seeking out partnerships with companies that have far-reaching and complementary offerings. Last year, WW partnered with Abbott, deploying a diabetes-tailored plan with the FreeStyle Libre 2 continuous glucose monitor.⁶ Noom recently partnered with FitOn, a leading fitness app, directly integrating the latter's extensive library of fitness programming into the Noom app.⁷

What's next for SWMPs?

The rise of GLP-1s has coincided with some challenges for SWMPs, with Jenny Craig filing for Chapter 7 bankruptcy and public companies like WW and Medifast seeing their stock prices plummet. The high demand for GLP-1s is unlikely to stop and is reducing interest in traditional weight loss programs. As a result, SWMPs must evolve strategically to remain relevant and clarify their role in the changing landscape of obesity treatment. Staying attuned to shifting consumer preferences will be critical to remain competitive in the weight management sector.

While GLP-1s are the biological catalysts for weight loss, SWMPs have the potential to act as supplementary tools that help achieve long-lasting results. Despite growing acknowledgment that GLP-1 users need support, SWMPs must demonstrate their complementarity in earnest. Some people question whether SWMPs are well positioned to meet these needs, given concerns that they have historically promoted diet culture. Oprah Winfrey's recent exit from WW and her statement that she herself was "a steadfast participant in this diet culture"⁸ have fueled these discussions.

Our view is that SWMPs can play a key role in the weight management space, but they must navigate it aptly, adjusting their business model and solutions to fit customer needs.

Please contact us at lek.com.

Endnotes

¹NIH.gov, "Disparities in Access and Quality of Obesity Care." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10198472/>

²USA Facts, "US obesity rates have tripled over the last 60 years." <https://usafacts.org/articles/obesity-rate-nearly-triples-united-states-over-last-50-years/>

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⁴Noom, "Noom Introduces Industry-First \$149 Compounded GLP-1 with a Taper-Off Guarantee, Offering a Sustainable Approach to Long-Term Weight Loss." <https://www.noom.com/in-the-news/glp-1rx/>

⁵ABC News, "Weight loss company Jenny Craig to shut down corporate offices." <https://abcnews.go.com/Business/weight-loss-company-jenny-craig-warns-employees-planned/story?id=98972494>

⁶Abbott, "Abbott and WeightWatchers connected app experience is now available for people living with diabetes." <https://abbott.mediaroom.com/2023-09-19-Abbott-and-WeightWatchers-Connected-App-Experience-is-Now-Available-for-People-Living-with-Diabetes>

⁷Noom, "Noom Adds Muscle Defense™ to Its GLP-1 Companion Program to Help Prevent Muscle-Mass Loss While Taking GLP-1s." <https://www.noom.com/in-the-news/noom-adds-muscle-defense-to-its-glp-1-companion-program-to-help-prevent-muscle-mass-loss-while-taking-glp-1s/>

⁸CNN, "Oprah Winfrey: I set an unrealistic standard for dieting." <https://www.cnn.com/2024/05/09/media/oprah-winfrey-weightwatchers-diet-culture-ozempic>

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