Redefining care: Weight management as women's health

A life-course perspective informed by real-world experiences

CVSHealth®

Contents

Glucagon-like peptide-1 (GLP-1) use is rising as both obesity burden and severity continue to increase among women.

In the United States, 40–42% of adult women are classified as obese (body mass index (BMI) ≥ 30 kg/m²), and the percentage with severe obesity (BMI ≥ 40 kg/m²) is roughly double among women compared with men.*

While GLP-1 therapies have expanded what is possible for weight loss, women's outcomes are uniquely shaped by hormonal changes that can drive weight gain across the lifespan. Clinical evidence suggests that weight management may be best supported through an integrated, person-centered approach in which GLP-1 therapies, when appropriate, are considered alongside behavioral, nutritional and other supportive lifestyle interventions.*

One example of this integrated, person-centered approach is the CVS Weight Management™ program, a structured, virtual model that combines clinical, nutritional and behavioral support. Women represent most participants in the program, accounting for ~76% of enrollment.*

This paper provides a closer look into weight outcomes and survey insights from women participating in the program to inform how support can reflect what they experience, value and prioritize across their health journeys towards sustainable weight management.

Key findings

Women in the program who initiated GLP-1 therapy achieved clinically meaningful weight loss and moved toward lower BMI categories.*

8 in 10 women reported satisfaction with the program, improved health perceptions and quality of life*

Among women using semaglutide:

16.1%
average weight loss overall

Up to
18.2%
among ages 18–34

15%+
among ages 35 and older

Personalized support was widely valued, with interests varying by age and reproductive life stage:

Younger women

Digital engagement

Mental health and lifestyle support

Midlife

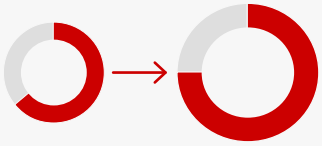
Hormonal and symptom support

Later in life

Mobility, bone health and physical function

Weight management support for women may benefit from greater attention to hormonal health:

64%
reported that hormonal changes affected their ability to manage weight



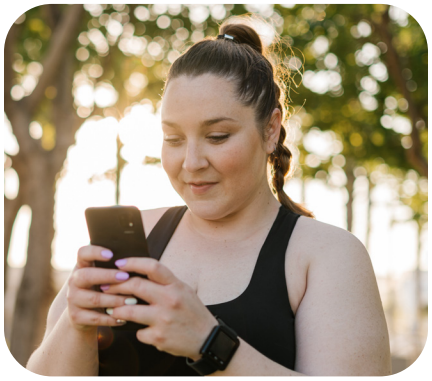
~76%
among those in perimenopause or menopause

Guided by these insights, CVS Health® is advancing opportunities to strengthen weight management and women's health initiatives in ways that can align with women's lived experiences and support long-term well-being.

Women's weight management needs a new framework

In the United States, obesity affects roughly four in ten adult women, with the highest burden and severity occurring in midlife.* Excess weight is associated with an increased risk of health challenges, including cardiometabolic disease, certain cancers such as breast and endometrial cancer, anovulatory disorders, infertility, adverse outcomes during pregnancy, reduced physical function and lower quality of life.

Women who pursue weight management are often motivated to improve their health. Yet, their experiences are shaped by a unique combination of hormonal changes, life-stage transitions, caregiving responsibilities, mental health considerations and social pressures that can influence how weight is gained, lost and maintained. Women experience higher prevalence of severe obesity and obesity-related cancers, along with increased emotional eating, anxiety and depression.* As a result, women's weight management journeys often differ from those of men, even when similar strategies are used.*



Supporting whole-person weight management

Treatment options are advancing rapidly, with GLP-1 therapies expanding possibilities for weight loss. The introduction of oral and higher-strength options into the market is anticipated to contribute to **~25% increase in GLP-1 use in 2026* and weight loss outcomes exceeding 20%** of total body weight for some individuals.*

Clinical guidance continues to emphasize lifestyle support alongside GLP-1 therapy to help address nutritional needs, behavior change and maintenance over time.* Weight loss often involves broader considerations, including nutritional intake, physical function and changes in body composition.

For example, lean mass may account for 25-30% of total weight loss achieved through caloric reduction*, which can contribute to sarcopenia, a muscle disease characterized by reduced muscle mass and strength. Although these concerns are not specific to women, they often become more complicated during menopause when hormonal changes are known to impact musculoskeletal health.* Nutrition and activity-related strategies are often beneficial to preserve muscle and bone health during weight loss.

Interest has grown towards care models that integrate medication with structured lifestyle guidance to help address these broader needs. Without integrated nutritional, behavioral and educational support, even highly effective therapies may fall short of delivering sustainable, long-term health improvement.

The CVS Weight Management™ program combines dietitian-led medical nutrition therapy, digital resources, educational content, behavioral health screening and medication navigation to support members in achieving weight-related goals.

Women represent about three-quarters of participants in this large-scale virtual program, consistent with broader engagement trends in structured weight management interventions.* Building on this opportunity, insights from women participants are informing ongoing efforts across CVS Health® to support women in their weight loss journeys.

What women's weight outcomes show

Women in the CVS Weight Management™ program achieved clinically meaningful weight loss, while outcomes varied by age and disease severity.

Weight change was evaluated among women who were new to semaglutide at enrollment and maintained continuous use of the medication for up to 12 months, with estimated adherence of at least 80% based on proportion of days covered.* At approximately one year (10-12 months), these women achieved an average weight loss of 16.1%. Weight loss was observed across age groups and baseline BMI categories, as shown in the table below. On average, younger women tend to lose a greater percentage of body weight while weight-loss outcomes varied by obesity severity, reinforcing the value of support that considers each person's broader health context.

Weight-loss outcomes by age and baseline BMI among women receiving semaglutide

Characteristic	% of total	% weight loss, 10–12 months
Age Group (years)		
18–34†	9%	18.2%
35-44	20%	16.4%
45–54	34%	15.9%
55+	37%	15.6%
Baseline BMI (kg/m²)		
Overweight (25–29)	11%	14.1%
Class I Obesity (30-34)†	35%	16.9%
Class II Obesity (35-39)†	26%	16.6%
Class III Obesity (40+)	28%	15.4%

16.1%

overall weight loss among women receiving semaglutide

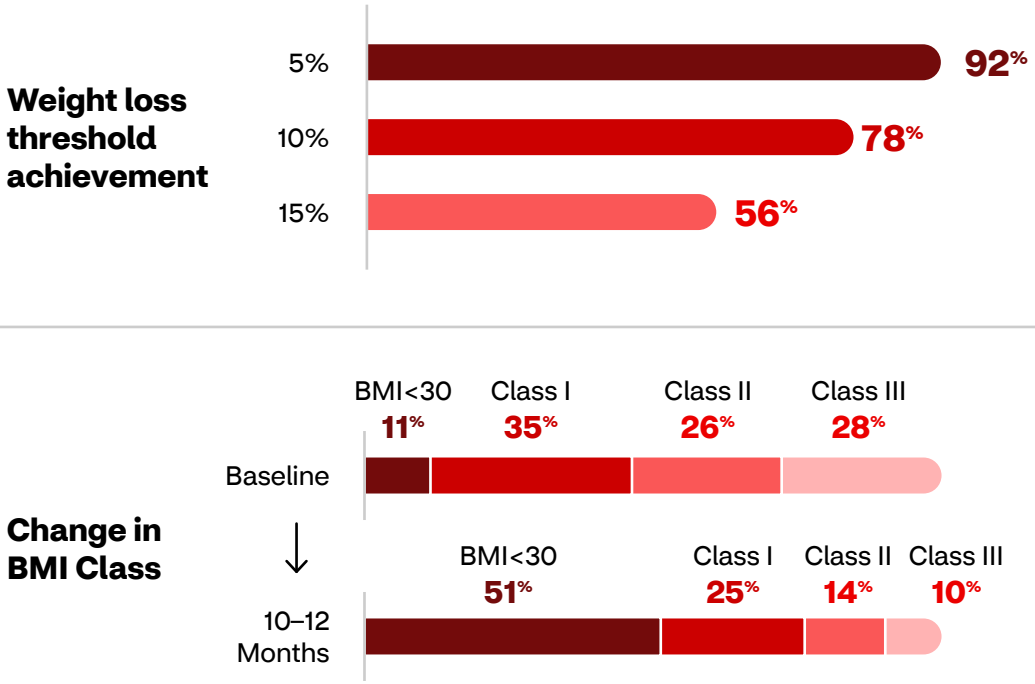
(10–12 months)

†One-way analysis of variance with Tukey post hoc testing showed higher mean percent total body weight loss in members aged 18–34 vs ≥55 years and in class I and class III obesity vs overweight ($P < 0.05$).

At least 5% total body weight loss was achieved by 92% of women, at least 10% by 78% and at least 15% by 56%, levels commonly consistent with real-world evidence and associated with health benefits.* Even smaller thresholds of weight loss are linked to improvements in cardiometabolic health, while larger reductions may promote broader metabolic and functional gains.*

Changes in BMI help put this progress into context. By about one year, 51% of women had moved below the obesity threshold, defined as a BMI under 30 kg/m^2, compared with just 11% at start. Over the same period, the proportion of women with class III, severe obesity, declined by 18%. Although evaluating health and weight-related success is strengthened by considering BMI alongside other measures, these changes suggest meaningful progress toward healthier weight categories at the population level. At the same time, variation matters. Aging, changes in body composition, and the broader health factors often associated with obesity can shape how weight loss happens. For a visual summary of these findings see the figure (Weight-loss outcomes across key clinical benchmarks).

Weight-loss outcomes across key clinical benchmarks among women receiving semaglutide



By 12 months +50% of women:

achieved at least 15% body weight loss

51% were no longer classified as obese (BMI<30)

What women value

Women in the CVS Weight Management™ program reported gains in confidence, health perceptions and quality of life alongside weight loss.

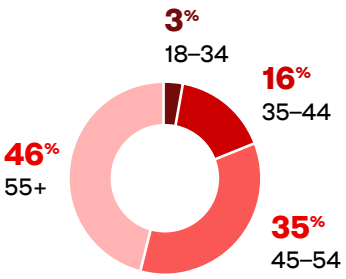
A cross-sectional survey of women enrolled in the CVS Weight Management™ program captured perceptions of impact, concerns and areas of interest.* These responses reflect women's experiences at the time they were surveyed and offer insight into how priorities vary by age and life stage. Most respondents were over the age of 45 years and nearly half self-reported experiencing perimenopause or menopause (Characteristics of survey respondents).

Overall, 82% of women were satisfied with the program indicating largely positive experiences. Over 75% reported benefits beyond weight loss, including improved perceptions of future health, quality of life and confidence in managing weight long-term. More than 60% also reported improvements in overall health perceptions, body image and knowledge of nutrition and healthy habits.

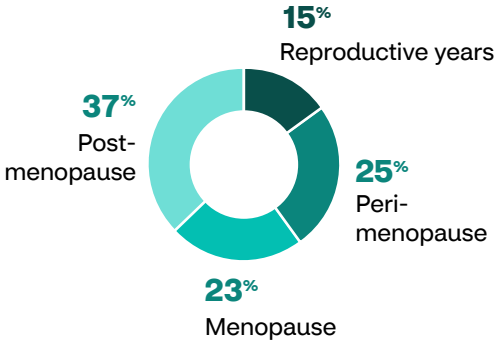
Weight and metabolic health were common current health priorities, alongside lifestyle habits, sleep problems, fatigue and joint pain or muscle aches. Interest in educational content spanned women's weight health and nutrition, sleep and stress, and perimenopause and menopause symptom management. High rankings for educational content, tracking tools and individualized support suggests that women value resources that may help translate knowledge into sustained behavior change. These insights point to an interest in resources that support both weight-related goals and broader well-being. For a visual summary see the figure featured on the next page (Reported experiences and resource interests among women participating in the program).

Characteristics of survey respondents

Age Group (years)



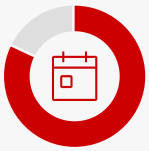
Life stage



Reported experiences and resource interests among women participating in the program

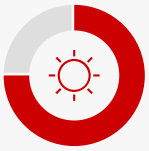
Agreement

82% Satisfaction



82% Future health

80% Quality of life



75% Confidence

68% Overall health

67% Knowledge

61% Body image

Resource interest

70% Progress tracking tools

68% Personalized nutrition and exercise plans

64% Access to healthcare experts

63% Downloadable guides

62% App-based resources

62% Wearable device integration

61% Video and article libraries

60% Coaching

High satisfaction and benefits beyond weight loss reinforce the role of integrated, whole-person support.

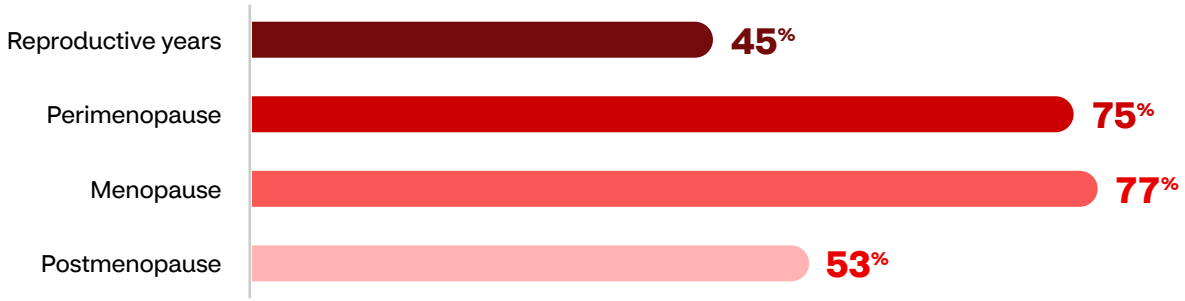
- Women valued multi-format, expert-informed resources that can address weight management alongside daily health factors.
- Interest was strongest for personalized, digitally enabled tools that can encourage action and progress.

Life stage shapes weight management needs

Weight management needs can evolve across a woman's life, shaped by hormonal change, symptom burden and shifting health priorities.*

Most women surveyed (64%) expressed that hormonal changes influenced their ability to manage weight, rising to ~76% among those experiencing perimenopause or menopause (Percentage agreement bar chart). This pattern suggests that hormonal changes are deeply intertwined with weight management for many women, with needs that may require different strategies over time.

Percentage agreement:
"My hormonal changes have affected my weight management efforts"



EARLY ADULTHOOD:

Reproductive health, prevention and daily pressures

Younger women more often reported mental health and lifestyle concerns and showed interest in medication support and engaging digital features.

Early adulthood is a key window when weight and reproductive health intersect while long-term habits are established. Conditions that impact hormonal health such as polyendocrine metabolic ovarian syndrome, formerly known as polycystic ovary syndrome (PCOS), can further increase susceptibility to weight gain and excess weight during preconception can influence fertility and maternal outcomes.* Pregnancy and postpartum can be additional turning points. Metabolic demands shift and weight gain is expected, but excess weight is associated with increased risk of miscarriage, gestational diabetes, hypertensive disorders, delivery complications and longer-term cardiometabolic risk for both mothers and children.* After delivery, recovery, caregiving demands and psychosocial stress can make weight maintenance difficult.

PERIMENOPAUSE AND MENOPAUSE:

Hormonal variability, symptoms and treatment conversations

Women in midlife reported the highest burden of hormone-related symptoms, including hot flashes, night sweats and brain fog, alongside greater interest in medication and hormonal support.

As hormones fluctuate and decline during midlife, weight management often becomes more difficult due to changes in body composition, sleep and energy. During menopause, visceral fat roughly doubles, increasing from about 5–8% to 15–20% of total body fat.* These shifts, combined with symptom burden, can disrupt daily routines and make weight gain harder to address with traditional approaches.

Hormonal replacement therapy (HRT) use reported by women respondents was relatively low (~12%), even with common interest in menopausal symptom support. Professional guidance recognizes HRT as an important option for symptom management when appropriately prescribed, particularly for women younger than 60 years or within 10 years of menopause onset, though it has been historically underutilized.* In late 2025, the Food and Drug Administration (FDA) announced the removal of black box warnings for menopause HRT products.* By early 2026, prescribing increased in the United States and about one in 20 women aged 45-54 years filled an estrogen-based HRT prescription.* These changes suggest that patient interest, clinician comfort and regulatory clarity are contributing to a more active conversation about HRT in midlife care.

While HRT is not a weight loss treatment, it may help reduce central fat accumulation and support aspects of cardiometabolic health when clinically appropriate.*

Early research suggests that some women using HRT alongside GLP-1 therapy may experience greater weight loss*, although evidence remains limited. Descriptive observations of women in the CVS Weight Management™ program aged 45-65 years suggest that those with prescriptions for semaglutide and systemic HRT may experience modestly greater weight loss compared to those without (~1-2% difference over 12 months). Although evidence is limited and observational, these preliminary evaluations contribute to a growing body of real-world evidence exploring whether symptom control, sleep improvement or metabolic changes associated with HRT may influence engagement with obesity treatment and weight-related outcomes for some women.

POSTMENOPAUSE:

Mobility, bone health and functional independence

Women aged 55 years and older reported joint pain and muscle aches and identified cardiovascular health, bone health, and mobility as key topics.

In the postmenopausal stage, hormonal levels stabilize, but excess weight, decreased muscle mass, bone loss and elevated cardiometabolic risk are common. Accelerated bone loss increases the risk of osteoporosis and fracture, making strategies that emphasize nutrition, strength, mobility and functional independence especially relevant.

Where to go next: Building support that fits women's lives

Women enrolled in the CVS Weight Management™ program achieved meaningful weight loss results and largely reported positive experiences. Beyond the scale, most women describe improvements in confidence and overall health. At the same time, feedback reinforces that women are looking for approaches that integrate personalized nutrition, physical activity, behavioral support and medication guidance to help accomplish their individual health goals.

- **Weight management for women is dynamic. Support needs can shift with hormonal changes and life transitions.**
- **Midlife often brings added complexity. Overlapping symptoms and increased attention to hormonal health can influence engagement, progress and sustainability.**
- **Healthy aging reframes success. Mobility, bone health and function become central concerns alongside weight loss.**
- **Personalized, whole-person support remains the throughline. Women value structured lifestyle guidance that can be tailored as needs evolve.**

In response, CVS Health® is advancing efforts to enhance the weight management experience through more personalized, connected support. Early areas of focus include strengthening how members access and engage with the program, expanding opportunities for coaching and peer connection, deepening educational content on topics such as hormonal health for women and evaluating integrated clinical pathways to support coordinated care across reproductive planning and midlife stages.

Together, these findings point to an opportunity to evolve weight management beyond weight loss alone toward more integrated, whole-person experiences.

By focusing on opportunities to address daily behaviors, hormonal context, mental health and physical resilience, CVS Health® aims to contribute to a more integrated approach to women's health across the life span. Progress in these areas may create opportunities to strengthen engagement, build trust and contribute to more meaningful long-term health outcomes.

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