



Omada Health Helps Members on GLP-1s Lose More Fat, Preserve Muscle Mass, and Improve Mental Health, New Study Finds

April 17, 2026

In a 12-week comparative study, Omada GLP-1 Care Track members, on average, lost more weight and saw greater improvements in body composition than controls, pointing to increased value for employers and health plans.

SAN FRANCISCO, April 17, 2026 (GLOBE NEWSWIRE) -- [Omada Health](#) (Nasdaq: OMDA), the virtual-first provider of between-visit care, announced new study [results](#) demonstrating that Omada members in its GLP-1 Care Track lost, on average, 1.8 times more total weight and reduced their body fat percentage twice as much as the comparison group.¹ The Omada members also saw an increase in muscle mass percentage and improvements in other well-being measures.¹ These findings suggest that Omada's program may optimize the weight loss results of GLP-1s,¹ mitigating a key risk of muscle loss associated with GLP-1s.²

Research has shown that during gradual weight loss from lifestyle interventions and older weight loss medications, roughly one-fourth of total weight loss is expected to come from lean mass.³ Popular GLP-1 medications, such as semaglutide and tirzepatide, typically produce more rapid and substantial weight loss, which is often associated with a higher proportion of lean mass loss.² One study found that on average, lean mass accounted for around 40% of the weight people lost.⁴

Omada's 12-week study followed 245 adults with obesity (BMI \geq 30), including 151 Omada members and 94 control participants, all of whom had recently started a GLP-1 for weight management.¹ It compared a group that was given access to Omada's GLP-1 Care Track—designed as a wraparound program to promote strength training and physical activity with one-on-one support to protect muscle mass and improve overall body composition—to a group that did not receive access to Omada. Both groups used an at-home scale to track weight and body composition and completed surveys to assess emotional health, well-being, self-efficacy, and physical function.

On average, compared with controls, Omada members lost 1.8 times more total weight (6.0% vs. 3.3% of starting weight).¹ When assessing body composition, Omada members reduced their body fat percentage by 3.3%, two times more than controls, and increased muscle mass percentage by nearly three times.¹ They also reported greater improvements in mental health, physical functioning, and confidence in their ability to lose weight.¹ Notably, these results in Omada's GLP-1 Care Track members were seen even though more than a quarter of the comparison group members reported participating in non-Omada wellness programs during the study period.¹

"Too often, patients are prescribed GLP-1s and left on their own with vague advice to make lifestyle changes to meet their goals and improve their health," said Thomas Tsang, MD, MPH, Chief Medical Officer at Omada Health. "Omada is designed to not only support members through their whole GLP-1 treatment journey, but to also increase the quality of the weight loss. Instead of only changing the number on the scale, the Omada program has demonstrated that it can change what that number is made of: more fat loss, preserved muscle, and better daily functioning."

Omada's GLP -1 Care Track supports improvements in body composition in addition to overall weight loss and combines a human care team, personalized strength-focused exercise programming, and digital tools that help members build better, sustainable habits.

Percent body fat reduction – not just overall weight loss – is closely linked to lowering the risk of metabolic disease, type 2 diabetes, and cardiovascular disease.⁵ At the same time, lean mass, which includes muscle, bone, and other tissues, is critical for strength, mobility, and metabolic health. Loss of lean mass carries risks, including reduced physical function,⁵ worse long-term musculoskeletal health,⁶ and slower metabolism.⁷

"These data make one thing very clear: employers and health plans need to judge the success of GLP -1 companion programs on more than total weight loss," said Wei-Li Shao, President at Omada Health. "These programs should help people achieve high-quality weight loss to properly support the long-term clinical impact of GLP-1s and the return-on-investment potential of GLP-1 treatment."

Omada's programs have been developed based on insights from supporting over two million members, including the 150,000 members on GLP-1s. The study was completed as part of the [Omada Insights Lab ANSWERS](#) (ANalyzing Success of WEight medication with Real-world evidence and Stats) Initiative, which examines and shares real-world data from Omada's behavior change weight health programs. Learn more about Omada Health's approach to GLP-1 medications and coverage [here](#).

About Omada Health

[Omada Health](#) (Nasdaq: OMDA) is reverse engineering the way healthcare is delivered in America, putting the space between doctor visits—where health is won or lost—at the center of care. Today's healthcare system poorly serves chronic conditions that require ongoing support outside of the exam room, like obesity, diabetes, hypertension, cholesterol, and musculoskeletal conditions. Omada's virtual-first model combines human-led care teams, connected devices, and AI-enabled technology to deliver personalized care at scale, including support for GLP-1 therapy. Omada has served more than two million members since launch across 2,000+ employers, health plans, pharmacy benefit managers, and health systems. Learn more at [omadahealth.com](#).

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Citations:

1. Stanton LA, Chang H, Devaraj SM, Naqvi JB, Norwood T, Linke S. Optimizing the quantity and quality of GLP-1 weight loss: evidence from a 12-week comparative study. Omada Health. Published April 13, 2026. Accessed April 13, 2026. <https://www.omadahealth.com/resource->

center/optimizing-the-quantity-and-quality-of-glp-1-weight-loss-evidence-from-a-12-week-comparative-study-1

2. Prado CM, Phillips SM, Gonzalez MC, Heymsfield SB. Muscle matters: the effects of medically induced weight loss on skeletal muscle. *Lancet Diabetes Endocrinol.* 2024;12(11):785-787. doi:10.1016/S2213-8587(24)00272-9
3. Heymsfield SB, Gonzalez MC, Shen W, Redman L, Thomas D. Weight loss composition is one-fourth fat-free mass: a critical review and critique of this widely cited rule. *Obes Rev.* 2014;15(4):310-321. doi:10.1111/obr.12143
4. Wilding JPH, Batterham RL, Calanna S, et al. Impact of semaglutide on body composition in adults with overweight or obesity: exploratory analysis of the STEP 1 study. *J Endocr Soc.* 2021;5(suppl 1):A16-A17. doi:10.1210/jendso/bvab048.030
5. Després JP, Cartier A, Côté M, Arsenault BJ. The concept of cardiometabolic risk: bridging the fields of diabetology and cardiology. *Ann Med.* 2008;40(7):514-523. doi:10.1080/07853890802004959
6. Scheen AJ. GLP-1-derived therapies and sarcopenia: plea for a specific focus on at risk special populations. *Diabetes Metab.* 2026;52(1):101708. doi:10.1016/j.diabet.2025.101708
7. Hopkins M, Gibbons C, Blundell J. Fat-free mass and resting metabolic rate are determinants of energy intake: implications for a theory of appetite control. *Philos Trans R Soc Lond B Biol Sci.* 2023;378(1885):20220213. doi:10.1098/rstb.2022.0213