

# Weight Maintenance After GLP-1 Discontinuation

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## Executive Summary

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GLP-1 medications have transformed the pharmacological management of obesity, with unprecedented efficacy in terms of weight loss. However, they also raise a critical question: Can GLP-1 users maintain weight loss after discontinuing medications? Noom conducted a series of studies of former Noom users who took a GLP-1 medication while enrolled in our behavioral weight management program to examine how their weight changed in the year following GLP-1 discontinuation.

Three different statistical models were run to estimate weight change after GLP-1 discontinuation. One model estimated that the average Noom GLP-1 user would regain approximately 1.1% body weight six months after GLP-1 discontinuation. A second model, using information from the first model to refine its estimates, results indicated the average Noom GLP-1 user is estimated to regain less than 2% body weight up to six months after GLP-1 discontinuation, a trend that may sustain through the first year based on our modeling. A third model, using information from a meta-analysis of studies in the literature ([Budini et al., 2026](#)), estimated weight regain one year after Noom GLP-1 discontinuation at approximately 21% compared to the approximate 61% weight regain in studies of GLP-1 users who did not engage in a behavioral weight management program ([Budini et al., 2026](#)).

We also analyzed engagement in the Noom program and persistence with habits learned in Noom after disengagement as predictors of weight maintenance success. We found a large majority of Noom users persisted with habits after discontinuation and that those who practiced more habits regained about 50% less weight per month compared to those who practiced fewer habits. Additionally, Noom members who were highly engaged in Noom during the program were 2.4x more likely than less engaged members to report high habit persistence following discontinuation.

**Results support pairing GLP-1s with behavioral weight management programs, like Noom, facilitates greater weight loss maintenance, and that engagement during the program and persistence with habits after discontinuation support weight maintenance success.**

## CHALLENGES ASSOCIATED WITH GLP-1 MEDICATIONS

GLP-1 medications have transformed the pharmacological management of obesity, enabling people to lose substantially more weight than other anti-obesity medications or with lifestyle changes alone ([Wilding et al., 2021](#)). Clinical trials of GLP-1 medications have shown weight reductions of 15–20% in addition to clinically meaningful improvements in cardiometabolic markers of health, including blood pressure, HbA1c, LDL cholesterol, and triglycerides among individuals with overweight or obesity ([Jastreboff et al., 2025](#); [Wilding et al., 2021](#)).

### CHALLENGE 1: HIGH DISCONTINUATION RATES

Despite their efficacy, discontinuation rates are high. Approximately 50-75% of individuals who initiate GLP-1s discontinue within the first year, primarily due to side effects, financial constraints, and/or access ([Khan et al., 2024](#); [Rodriguez et al., 2024](#)). By 36 months, over 90% of users discontinue GLP-1 medications ([Urlick et al., 2026](#)).

### CHALLENGE 2: WEIGHT REGAIN AND ASSOCIATED RISKS

Significant weight regain has been observed following GLP-1 discontinuation, with an average rate just below 1lb per month and a return of cardiometabolic markers to baseline (pre-GLP-1 levels) within 1.5 years of GLP-1 cessation (see [West et al., 2026](#) for review). [Budini and colleagues' \(2026\)](#) meta-regression of six randomized clinical trials (RCTs) modeling weight regain trajectories following GLP-1 discontinuation revealed approximately 60% of weight loss during GLP-1 treatment was regained one year after cessation, with most of the weight regain occurring during the initial six months post-cessation. This pattern of regain carries significant clinical implications, as health risks associated with cardiovascular disease, type 2 diabetes, and metabolic dysfunction tend to re-emerge with weight regain ([Tzang et al., 2025](#)).

Weight regain appears to occur almost four times faster after GLP-1 discontinuation compared to behavioral weight management program cessation ([Ahmed, 2026](#)), which may perpetuate reinitiation of GLP-1s ([Rodriguez et al., 2024](#)). Further, early pre-clinical evidence suggests that cyclical use of GLP-1s may reduce future GLP-1 treatment efficacy ([Son et al., 2026](#)), which could perpetuate weight gain over time.

## A POTENTIAL SOLUTION: BEHAVIORAL INTERVENTION + GLP-1

Mitigating against weight regain post-GLP-1 cessation is a critical clinical and public health concern. The U.S. Food and Drug Administration (FDA) label on GLP-1 medications includes a recommendation to incorporate a reduced-calorie diet and increased physical activity into one's lifestyle while taking GLP-1 medications ([U.S. Food and Drug Administration, 2021](#)). Thus, the principle of pairing a GLP-1 medication with a behavioral weight management program is in line with FDA recommendations and may improve efficacy and discontinuation outcomes. However, in real-world settings, GLP-1 users frequently lack access to structured behavioral support alongside pharmacotherapy.

Lifestyle interventions that instill lasting behavioral habits may produce meaningfully better weight maintenance after GLP-1 cessation. Noom GLP-1 programs are designed to provide

exactly that, support for members from day one with an integrated clinical, behavioral, and pharmacological program grounded in cognitive behavioral therapy (CBT) and behavior change science. Noom supports habit formation across core pillars of health, including nutrition, physical activity, sleep, mental wellbeing, and more. The program's behavioral infrastructure includes gamification, social support mechanisms, and coaching, which are designed to reinforce sustainable habit formation rather than short-term adherence. Internal data suggest Noom members are 2.4 times more likely to maintain health habits compared to the average GLP-1 user, and 80% of Noom members report learning habits that last beyond the program.

## Methods

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Minimal data are available in the scientific literature surrounding weight maintenance outcomes following discontinuation of GLP-1 medications among individuals who engaged in a behavioral program during GLP-1 treatment. The Noom Research Team designed this study to answer the following key research questions:

- Do individuals who were prescribed GLP-1 medication while enrolled in a behavioral weight management program (Noom) maintain weight loss after program discontinuation?
  - Does level of engagement in Noom affect weight maintenance outcomes after program discontinuation?
  - Do habits learned during Noom persist after program discontinuation and does habit persistence promote greater weight loss maintenance?
- How does weight maintenance after discontinuation compare among GLP-1 consumers who engaged in a behavioral weight management program (Noom) versus those who did not (standard of care)?

### Study 1: Survey of Former Noom GLP-1<sup>Rx</sup> Members<sup>1</sup>

#### Procedures and participants

Study 1 was a retrospective survey of former Noom GLP-1<sup>Rx</sup> members, which is a program that offers clinical care and cash-pay access to personalized compounded GLP-1 medications, if clinically appropriate, in conjunction with a comprehensive lifestyle support experience.

Former Noom GLP-1<sup>Rx</sup> who had discontinued GLP-1RA medication for at least three months were sent surveys at program discontinuation and 3, 6, 9, and 12 months following program discontinuation. A total of 2,070 former Noom GLP-1<sup>Rx</sup> members were emailed surveys, and 311 replied (Response rate ~15%). After excluding respondents who were in the Noom GLP-1<sup>Rx</sup> Program for less than 4 months, lost less than 5% weight during the program, had restarted a GLP-1 medication, failed survey attention checks, or did not report their current weight, our final sample was 141 ( $M_{age} = 49.19 (11.34)$ ). These 141 participants lost an average of 14.8% of their body weight during enrollment in the Noom GLP-1<sup>Rx</sup> Program, with an average medication duration of 6.7 months prior to discontinuation.

## Measures

Participants were asked a series of questions regarding their weight (i.e., “What is your current weight?”) as well as questions regarding their continued engagement in various health habits learned via Noom. They responded to items such as, “Even after stopping my GLP-1 medication, I still use the habits I learned from Noom”, on a Likert scale ranging from “Strongly Disagree” to “Strongly Agree”. They also responded to items about how often (ranging from “Never” to “Always”) they “set a daily eating or calorie goal”, “measure or estimate portions”, “track protein intake”, “track physical activity”, among others. Participants’ engagement in Noom while they were enrolled in the program was also available for analysis.

## Analyses

We analyzed weight outcomes via estimated latent growth curve trajectories. Weight outcomes were operationalized as the percent weight change from time of GLP-1 discontinuation to each month following discontinuation and were modeled using Bayesian quadratic latent growth curve trajectories estimated via Markov Chain Monte Carlo sampling. The model specified individual-level intercept, linear slope, and quadratic slope parameters drawn from a multivariate normal distribution, with person-specific time values as the continuous time metric. This means the model accounted for each person’s weight change over time individually, with time measured in months since each person’s last GLP-1 dose. A Student's t-distribution with four degrees of freedom was used for the observation-level likelihood to provide robustness to residual weight outliers. Missing weight data were retained in the model under a Missing at Random assumption; missing values of the program duration covariate were handled through a model-level prior distribution. This means missing data and extreme weight measurements did not exclude someone from analysis, instead we used a statistical method that is less sensitive to outliers as well as an approach that estimated missing datapoints. Three parallel MCMC chains were run with 20,000 burn-in iterations and 30,000 post-burn-in draws per chain, yielding 90,000 total posterior samples. This means we ran three independent versions of the model simultaneously, each going through thousands of estimates to draw conclusions. We report the middle value of those estimates along with 95% credible intervals, which is the range in which we are 95% confident the true value falls within. Convergence was checked via visual inspection of trace plots and Gelman statistics, which are signs the models worked correctly.

We also compared engagement and habit persistence results from Study 1 to results of semaglutide users enrolled in the STEP 10 trial to benchmark Noom’s real-world findings against results of an RCT ([McGowan et al., 2024](#)).

## Study 2: Prospective Clinical Trial of the Noom Med Branded Program

### Procedures and participants

The second study was a prospective clinical trial designed to track weight maintenance following discontinuation from Noom Med’s Branded program. This program and the study inclusion/exclusion criteria is representative of Noom’s Telehealth For Branded Meds program,<sup>2</sup> which offers clinical care and insurance navigation support for insurance-covered branded GLP-1 medications, in conjunction with a comprehensive lifestyle support experience.

We sent surveys to 3,204 former members, and 171 replied (Response rate: 5.3%). After exclusion criteria were applied (see above), the final sample was reduced to 51. The sample decreased over the follow-up period from 51 at baseline and month 3, to 34 at month 6, 29 at month 9, and 30 at month 12.

The sample of 51 participants had a mean age of approximately 45 years and a baseline BMI of 28.6 kg/m<sup>2</sup>. The sample was 88% White. Participants had lost a minimum of 5% of their body weight during Noom program enrollment, with an average medication duration of 7.4 months prior to discontinuation.

### **Measures**

Participants were asked to self-report their body weight at each timepoint (i.e., Baseline, and at, 3, 6, 9, and 12 months).

### **Analyses**

To improve upon the reliability of weight changes estimates from Study 1, we used priors (i.e., information from other research findings), to provide a statistically-informed starting point for analysis. For Study 2, the posterior distributions of Study 1 were used as informative priors. This procedure encodes the information from Study 1 into the analysis of Study 2, allowing the new data (Study 2) to update, rather than ignore, what was previously known.

The result is a posterior that reflects the combined evidence from both studies. When the two datasets are consistent, credible intervals narrow. When they diverge, the posterior broadens, reflecting added uncertainty.

The same analyses described for Study 1 were conducted with these priors.

## **Study 3: Comparison of former Noom GLP-1 users to standard of care programs in the literature**

### **Procedures and participants**

To benchmark Noom GLP-1 program outcomes against the broader evidence base, we used weight regain trajectory information from a systematic review ([Budini et al., 2026](#)). [Budini and colleagues \(2026\)](#) conducted a systematic review and nonlinear meta-regression of data post-GLP-1 discontinuation from 3,236 participants across six randomized clinical trials (STEP 1, STEP 4, STEP 10, SURMOUNT-1, SURMOUNT-4, and SCALE Obesity). Participants had a mean age similar to Noom GLP-1 members but a higher baseline BMI ([Budini et al., 2026](#)).

### **Measures**

Weight data for former Noom GLP-1 users were collected via self-report, and weight data for standard of care users was reported in [Budini and colleagues' \(2026\)](#) systematic review.

## Analyses

To position our results in the context of the literature, we used an external reference from the literature ([Budini et al., 2026](#)) to estimate weight outcomes in Noom GLP-1 participants. This analysis utilized the non-linear exponential growth curve model published by [Budini and colleagues \(2026\)](#) to estimate the trajectory of percent weight regain over time, in other words, the percentage of weight lost on GLP-1 medications that was regained post-discontinuation. This model defines weight regain ( $R_t$ ) as approaching an asymptote ( $A$ ) at a specified rate ( $k$ ), formalized as  $R_t = A(1 - e^{-kt})$ . The asymptote,  $A$ , and the population mean rate of regain,  $k$  (parameterized as  $b01$ ), were informed by the [Budini and colleagues' \(2026\)](#) findings. The final posterior estimates allowed for a quantitative comparison of the predicted weight regain trajectories of Study 2 participants compared to participants analyzed by [Budini and colleagues \(2026\)](#).

## Results

### Study 1

Results of the estimated latent growth curve trajectory revealed an average percent weight change of 1.1% six months after program discontinuation (Table 1). However, the Bayesian credible intervals widen considerably after 4 months, indicating uncertainty related to weight maintenance estimates after that timepoint. Thus, percent estimated weight change reliably remained under 2% up to 4 months. Figure 1 displays the percent estimated weight change for the average Noom user from the time of program discontinuation to 12 months after discontinuation.

**Table 1.** Model Estimated Weight Dynamics Over Time after GLP-1 discontinuation among former Noom GLP-1 users (n = 141)

Month	Weight	Weight change (lbs) [95% CI]	Percent weight change (%) [95% CI]
<b>Baseline</b>	175.17 [162.57, 186.46]	0.00 [0.00, 0.00]	0.0% [0.0%, 0.0%]
<b>Month 1</b>	174.64 [162.51, 185.52]	-0.53 [-1.49, 0.45]	-0.3% [-0.8%, 0.3%]
<b>Month 2</b>	174.23 [162.48, 184.78]	-0.95 [-2.81, 0.96]	-0.5% [-1.6%, 0.6%]
<b>Month 3</b>	173.93 [162.41, 184.24]	-1.25 [-4.04, 1.60]	-0.7% [-2.2%, 0.9%]
<b>Month 4</b>	173.73 [162.36, 184.00]	-1.44 [-5.28, 2.44]	-0.8% [-2.9%, 1.4%]
<b>Month 5</b>	173.64 [162.25, 184.11]	-1.51 [-6.57, 3.59]	-0.9% [-3.7%, 2.1%]
<b>Month 6</b>	173.66 [161.95, 184.63]	-1.46 [-7.98, 5.13]	-0.8% [-4.5%, 3.0%]
<b>Month 7</b>	173.78 [161.43, 185.64]	-1.30 [-9.55, 7.07]	-0.7% [-5.4%, 4.1%]
<b>Month 8</b>	174.03 [160.55, 187.28]	-1.02 [-11.31, 9.41]	-0.6% [-6.3%, 5.5%]
<b>Month 9</b>	174.41 [159.31, 189.45]	-0.62 [-13.26, 12.18]	-0.4% [-7.5%, 7.1%]
<b>Month 10</b>	174.89 [157.70, 192.24]	-0.12 [-15.42, 15.40]	-0.1% [-8.7%, 8.9%]
<b>Month 11</b>	175.49 [155.82, 195.48]	0.51 [-17.73, 19.03]	0.3% [-10.0%, 11.1%]
<b>Month 12</b>	176.22 [153.50, 199.41]	1.25 [-20.29, 23.18]	0.7% [-11.5%, 13.4%]

Note. Baseline = time of GLP-1 discontinuation; 95% CI = 95% Bayesian credible interval

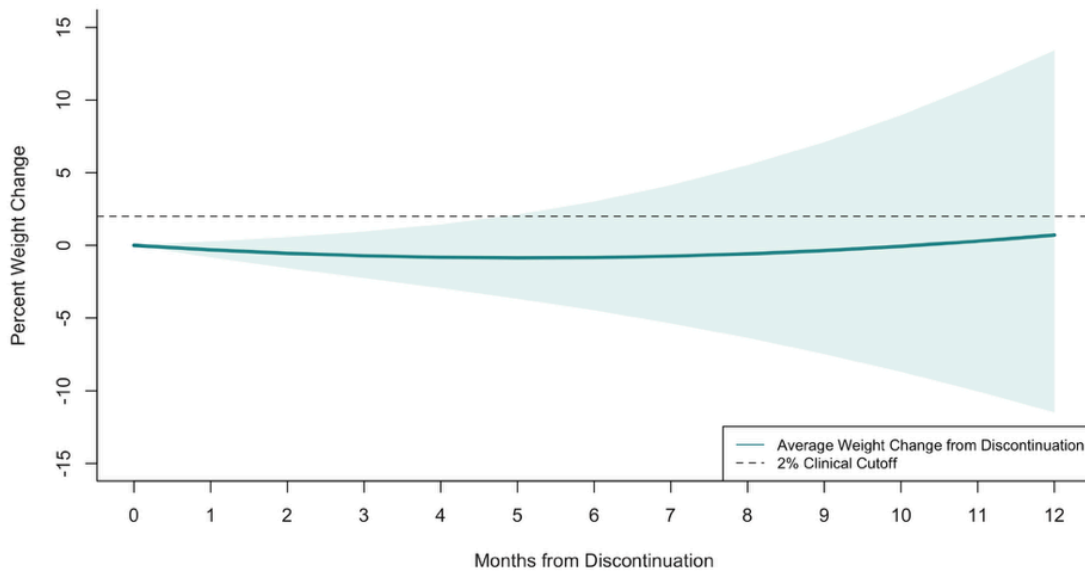


Figure 1. Estimated Bayesian latent growth curve trajectory of percent weight change after program discontinuation (n = 141).

Results of analyses of Noom program engagement and persistence with Noom habits following discontinuation revealed all 141 former Noom program members reported continuing to engage in at least one health habit they learned with Noom following discontinuation. A median split was employed to compare engagement in the app during the Noom program, such that users who engaged in more than the median value of app activities were considered “highly engaged” and users who engaged in less than the median value were considered “not highly engaged”. We found highly engaged users were 2.5 times more likely to report using habits learned from Noom after stopping a GLP-1 medication and 2.7 times more likely to endorse more health habits (12-14 habits) post-discontinuation.

Results also revealed Noom members who continued practicing more Noom habits regained approximately 50% less weight per month compared to those who engaged in only a few habits (see Figure 2 below). Specifically, former Noom members who reported continuing to engage in four habits post-discontinuation had a monthly weight regain of 0.7% [0.5%, 0.8%] whereas those who endorsed continued engagement in 10 habits showed monthly weight regain of 0.3% [0.1%, 0.4%].

Compared to semaglutide users in a randomized controlled trial (STEP 10; [McGowan et al., 2024](#)) who lost a similar percentage of weight as Noom GLP-1 users, Noom GLP-1 users (particularly those with high habit persistence) demonstrate better weight maintenance 6 months after stopping GLP-1 medications (Figure 2). Figure 2 shows results of Noom users (combined and stratified by habit persistence) included in our Study 1 analyses compared to semaglutide users in a published trial ([McGowan et al., 2024](#)).

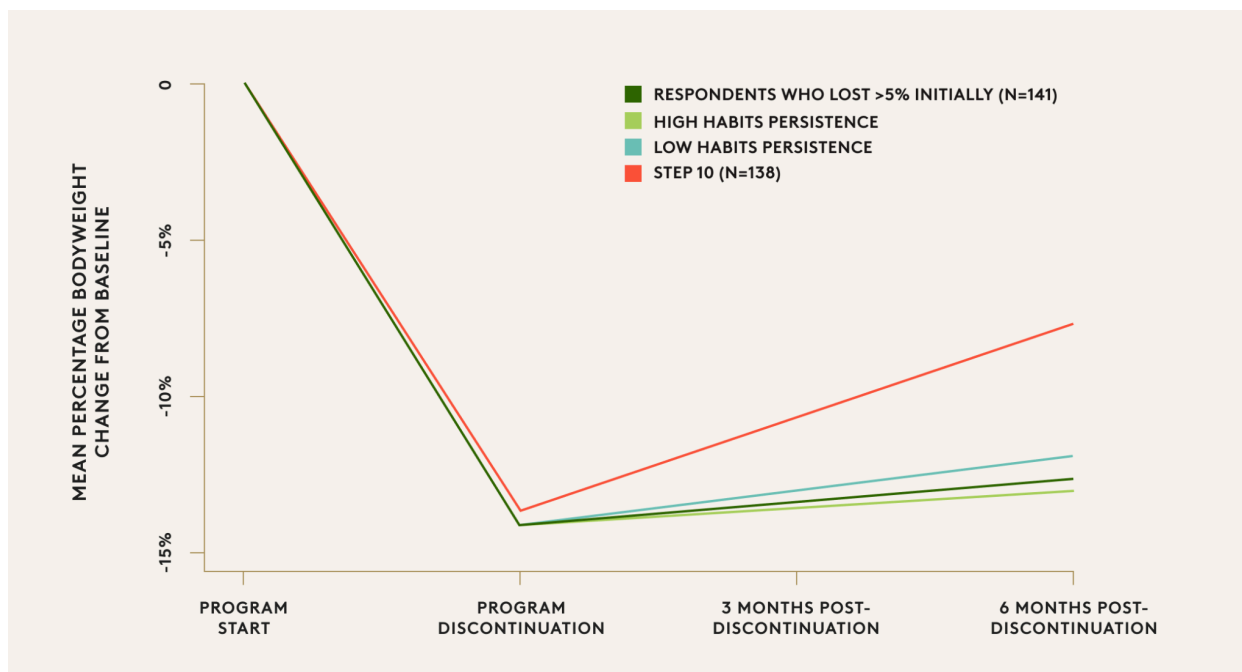


Figure 2. This figure shows the percentage of weight lost from program start to discontinuation as well as the percentage of weight regained 3 and 6 months post-discontinuation for all respondents included in these analyses (n = 141) and for the subsets that reported high habit persistence (75th percentile) and low habit persistence (25th percentile). The red lines correspond to former Noom GLP-1 users. The blue line refers to participants enrolled in the STEP 10 RCT of semaglutide.

## Study 2

Results of the estimated latent growth curve trajectory with Study 1 posterior distributions as informed priors revealed that six months after discontinuing Noom GLP-1 programs, the estimated average weight change was approximately 0.4%, with a 95% credible interval ranging from -0.9% to +1.9% (Table 2). Due to the use of priors, uncertainty around the estimated weight change in this analysis is much smaller than Study 1, supporting the finding that Noom users show less than 2% weight gain six months after GLP-1 discontinuation. Noom GLP-1 users lost an average of 14.3% body weight at program discontinuation and six months later still maintained 91% of their weight loss. At 12 months post-discontinuation, estimated weight gain remains low (-0.1%); however, the Bayesian credible interval is much larger [-5.2%, 5.3%]. Figure 3 displays the percent estimated weight change for the average Noom user from the time of program discontinuation to 12 months after discontinuation, integrating results from Study 1 as priors.

**Table 2.** Model Estimated Weight Dynamics Over Time after GLP-1 discontinuation among former Noom GLP-1 users (n = 51)

Month	Weight	Weight change (lbs) [95% CI]	Percent weight change (%) [95% CI]
Baseline	172.86 [163.31, 182.27]	0.00 [0.00, 0.00]	0.0% [0.0%, 0.0%]
Month 1	173.08 [163.58, 182.46]	0.23 [0.01, 0.44]	0.1% [0.0%, 0.3%]
Month 2	173.27 [163.84, 182.59]	0.41 [-0.04, 0.87]	0.2% [-0.0%, 0.5%]
Month 3	173.40 [164.06, 182.66]	0.56 [-0.21, 1.34]	0.3% [-0.1%, 0.8%]
Month 4	173.51 [164.27, 182.66]	0.65 [-0.52, 1.87]	0.4% [-0.3%, 1.1%]
Month 5	173.55 [164.41, 182.69]	0.71 [-1.00, 2.47]	0.4% [-0.6%, 1.5%]
Month 6	173.56 [164.47, 182.67]	0.72 [-1.64, 3.15]	0.4% [-0.9%, 1.9%]
Month 7	173.54 [164.45, 182.67]	0.69 [-2.45, 3.91]	0.4% [-1.4%, 2.3%]
Month 8	173.48 [164.27, 182.74]	0.63 [-3.42, 4.76]	0.4% [-2.0%, 2.8%]
Month 9	173.36 [163.93, 182.89]	0.51 [-4.56, 5.68]	0.3% [-2.6%, 3.3%]
Month 10	173.19 [163.45, 183.14]	0.35 [-5.87, 6.71]	0.2% [-3.4%, 3.9%]
Month 11	172.99 [162.69, 183.58]	0.15 [-7.36, 7.82]	0.1% [-4.2%, 4.6%]
Month 12	172.73 [161.71, 184.12]	-0.09 [-9.01, 9.02]	-0.1% [-5.2%, 5.3%]

Note. Baseline = time of GLP-1 discontinuation; 95% CI = 95% Bayesian credible interval

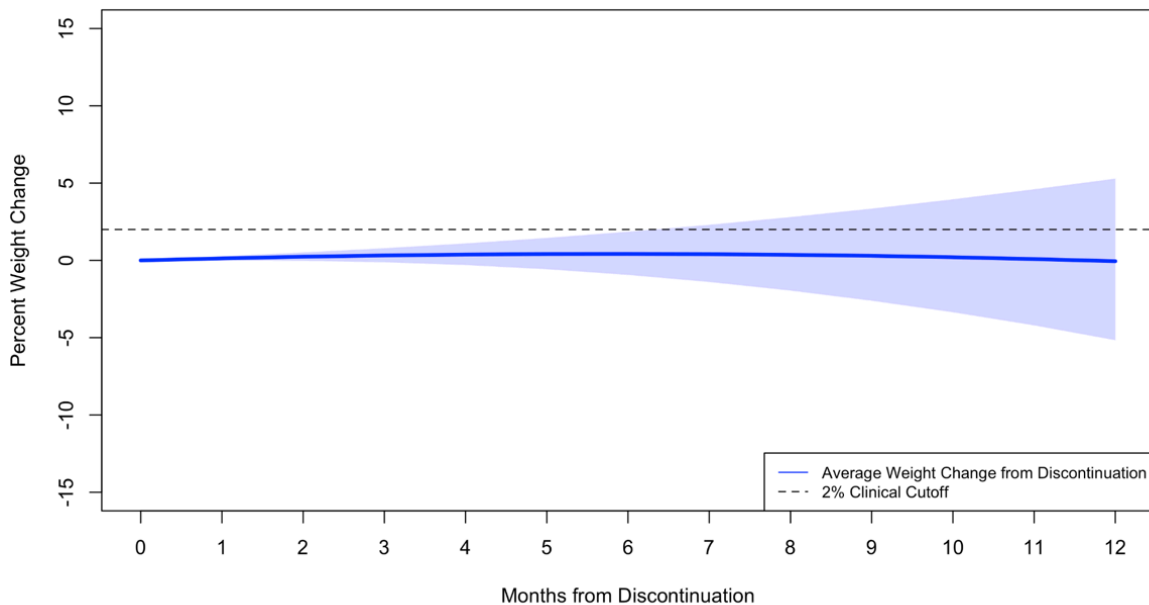


Figure 3. Estimated Bayesian latent growth curve trajectory of percent weight change after the program discontinuation (n=51)..

### Study 3

Results of applying the non-linear exponential growth curve model (Budini et al., 2026) to Noom users to estimate the trajectory of percent weight regain (the percentage of weight lost on GLP-1 medications that was regained post-discontinuation) revealed the weight regain trajectory of former Noom members was markedly attenuated compared to standard of care (Budini et al., 2026). Six months post-discontinuation, Noom users were expected to regain 11.5% [0.9%, 26.8%] of the weight they lost while enrolled in the program, whereas standard of care GLP-1 users (who did not receive behavioral weight management) showed 43% weight regain. Twelve months post-discontinuation, the estimated weight regain among former Noom members was 21.2% [1.8%, 44.1%], about one-third the weight regain observed in standard of care (61.4%; Budini et al., 2026). Figure 4 shows the comparison between the observed percent weight regain among standard of care users from Budini and colleagues' systematic review (yellow line) and the estimated percent weight regain among former Noom users analyzed using Budini and colleagues' methodology.

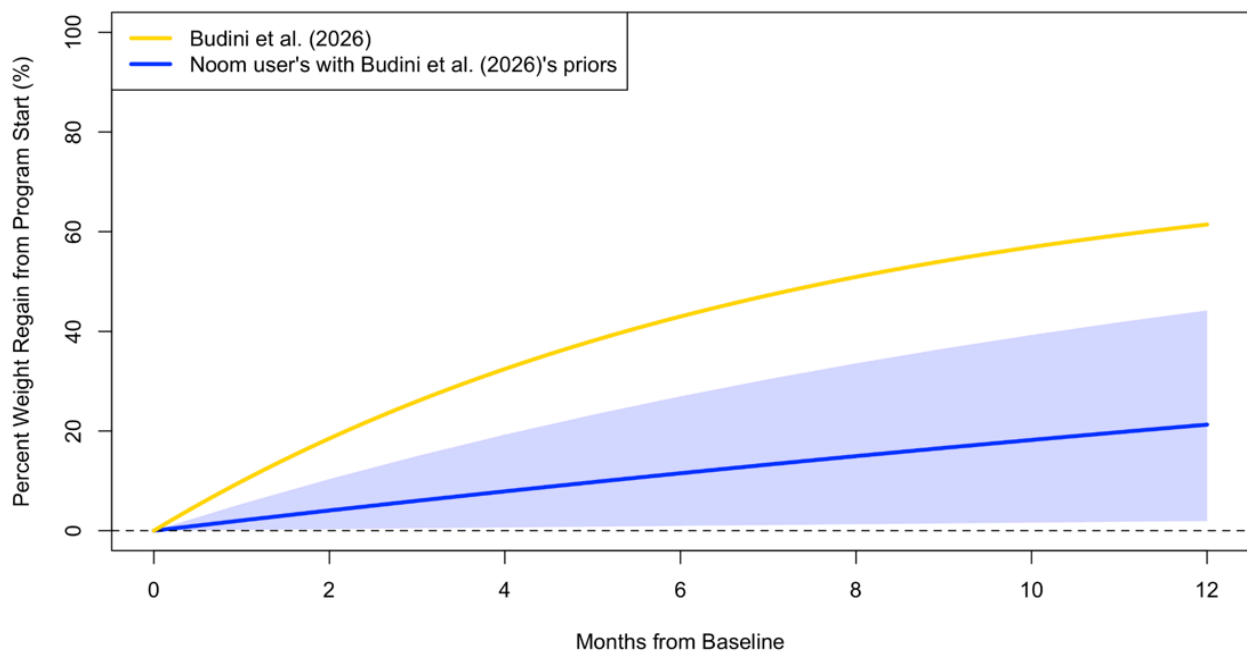


Figure 4. Percent weight regain (percent of weight gained compared to percent weight lost during program) after program discontinuation. Yellow line depicts standard of care users in Budini et al., 2026 systematic review and meta-regression. Blue line depicts estimate of former Noom users based on Budini et al., 2026 methodology. Blue shaded area indicates 95% Bayesian credible interval around estimate, showing the area within which in which we are 95% confident the true value falls.

## Discussion

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Using a Bayesian framework to combine evidence across studies, we found that behavioral weight management (Noom) alongside GLP-1 medications promotes weight loss maintenance following GLP-1 discontinuation. The average Noom GLP-1 user experienced subclinical weight regain (less than 2% of body weight) up to six months after discontinuation. When compared to the expected trajectory from the literature, Noom GLP-1 users appear to have one-third the weight regain, or one-half the weight regain as a more conservative estimate based on confidence intervals, observed in standard of care users ([Budini et al., 2026](#)).

These results contribute to a growing body of literature examining the long-term effectiveness of GLP-1 medications in treatment of obesity. Although GLP-1s have demonstrated efficacy in weight loss, discontinuation rates remain high; weight rebound following cessation is significant; and negative changes in cardiometabolic health tend to reemerge alongside weight regain ([Ahmed, 2026](#), [Tzang et al., 2025](#); [West et al., 2026](#)). Therefore, finding ways of building lifestyle habits that support not only initial weight loss, but also weight loss maintenance, is critical to ensuring long-term effectiveness of GLP-1 medications.

In line with FDA recommendations, our findings suggest that building durable behavioral changes while taking GLP-1 medications can mitigate against weight regain following GLP-1 discontinuation. Participants who engaged with the Noom program while taking GLP-1 medications demonstrated markedly lower estimated weight regain than has been reported in studies of GLP-1 users who did not receive comparable behavioral support. Although we cannot draw causal conclusions from these analyses, our findings are consistent across studies, suggesting, engagement with Noom while on a GLP-1 may play an important role in extending the benefits of GLP-1 treatment beyond the active weight loss period, and into weight maintenance.

In particular, our findings point to habit persistence beyond discontinuation as a potential mechanism for long-term weight maintenance. Following discontinuation, participants who reported greater continued utilization of habits learned during the Noom program experienced substantially lower rates of weight regain than those reporting lower habit persistence. These results are consistent with our previous research on long-term weight maintenance following the Noom program as well as the broader literature that suggests continued use of habits learned from behavior change interventions is associated with greater long-term maintenance of treatment gains ([Behr et al., 2022](#); [May et al., 2023](#)).

## Strengths

The sequential Bayesian framework employed here is a rigorous methodological approach to analyze a population that is inherently difficult to study. Once individuals disengage from a program, it is challenging to acquire additional information from them. By using the results of the larger retrospective study (Study 1) as an informative prior in the analysis of Study 2, we were able to generate estimates with narrower credible intervals than either study could produce alone.

Comparison to the larger literature of standard GLP-1 users using informative priors ([Budini et al., 2026](#)) enabled analyses that estimated weight regain among Noom users in the context of GLP-1 medications as they are typically used. This allowed for generalizability of the conclusions to the broader GLP-1 user population.

Another notable strength of the present work is the consistency in findings across studies. Results of all three studies support weight maintenance among former Noom GLP-1 users. This convergence suggests findings are robust, rather than an artifact of a single study or sample.

## Limitations

These findings should be interpreted with several important limitations in mind.

**Small sample sizes and generalizability.** Although the Bayesian framework allows us to borrow strength from the survey data, the combined sample remains relatively small. The sample was also predominantly White, limiting generalizability across racial and ethnic groups.

**Self-reported data.** The primary outcome variables (weight at start, end, and post-program) are based on user self-report. This introduces the risk of recall bias and social desirability bias, where users may inaccurately report weights to align with perceived positive outcomes.

**Attrition and selection bias.** The study samples were subsets of thousands of invited former Noom GLP-1 users. These non-random self-selected samples may not be representative of all discontinuers, whereby respondents may be fundamentally different from non-respondents (e.g., more successful, more engaged, or more motivated), limiting the generalizability of the findings to the broader population of former Noom GLP-1 users.

Participants who provided weight data at six and twelve months may differ systematically from those who did not, which is a concern in any longitudinal observational study. Individuals who maintained their weight may have been more motivated to participate in follow-up, potentially introducing upward bias in weight maintenance estimates. Additionally, available data do not support strong conclusions about 12-month weight trajectories. The wide credible intervals at this timepoint reflect uncertainty, and point estimates should be interpreted cautiously.

**Assumption dependency.** Bayesian inference is inherently dependent on assumptions, or priors given. The posterior estimates derived here reflect our choice of Study 1 results as a prior. Alternative choices would yield different results.

**Population differences from published comparators.** The selection of [Budini and colleagues \(2026\)](#) as a comparator may affect conclusions drawn about Noom GLP-1 users' results differently than other published studies. It was selected due to the large number of participants and robust clinical trials examined; however, the trials included differ in meaningful ways from Noom GLP-1 programs (e.g., baseline BMI, treatment duration, drug type). Differences in weight regain trajectories may reflect any of these or other factors, not only the presence/absence of a behavioral program. Causal attribution to the program requires randomized experimental designs.

## Conclusions

While additional research is needed, results of these studies highlight the weight loss maintenance benefits of engaging in a behavioral weight management program while taking GLP-1 medications. The impact of learning healthy habits while taking GLP-1 medications and continuing to practice them after discontinuation appear to have lasting effects on weight loss maintenance.

<sup>1</sup>To enroll in the Noom GLP-1<sup>Rx</sup> program, individuals must be 18-65 years old, speak English, have a BMI  $\geq 30$  or BMI  $\geq 27$  and a weight-related comorbidity, located in a state where Noom Med is offered. Exclusion criteria include active cancer, liver failure, severe heart disease, personal or family history of Multiple Endocrine Neoplasia Type 2, personal or family history of Medullary Thyroid Cancer, benzoyl alcohol allergy, were pregnant or nursing.

<sup>2</sup>To enroll in the Noom Branded for Telehealth program, all of the above criteria must be satisfied and enrollees must be employed in a benefits-eligible position with an employer sponsored insurance plan that covers weight loss medications (including but not limited to GLP-1 medications). This study required employer sponsored coverage and access to GLP-1 medication as part of a covered benefit (inclusion criteria) and excluded Medicare coverage.

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