

Insight Brief

# Why Obesity Requires a New Evidence Paradigm

*From fragmented signals to actionable insights in a rapidly evolving market*

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# Table of contents

|                                                                                                 |          |
|-------------------------------------------------------------------------------------------------|----------|
| <b>Introduction</b>                                                                             | <b>1</b> |
| <b>A market defined by heterogeneity, not averages</b>                                          | <b>2</b> |
| <b>Why traditional obesity data can fall short</b>                                              | <b>3</b> |
| <b>The patient experience is key to understanding obesity and contextualizing clinical data</b> | <b>3</b> |
| <b>The case for purpose-built obesity evidence</b>                                              | <b>4</b> |
| <b>The potential offered by better obesity data</b>                                             | <b>5</b> |
| <b>Scientific stewardship in a rapidly evolving market</b>                                      | <b>5</b> |
| <b>Looking ahead: From data access to better decisions</b>                                      | <b>6</b> |
| <b>Authors</b>                                                                                  | <b>7</b> |
| <b>References</b>                                                                               | <b>8</b> |

# Introduction

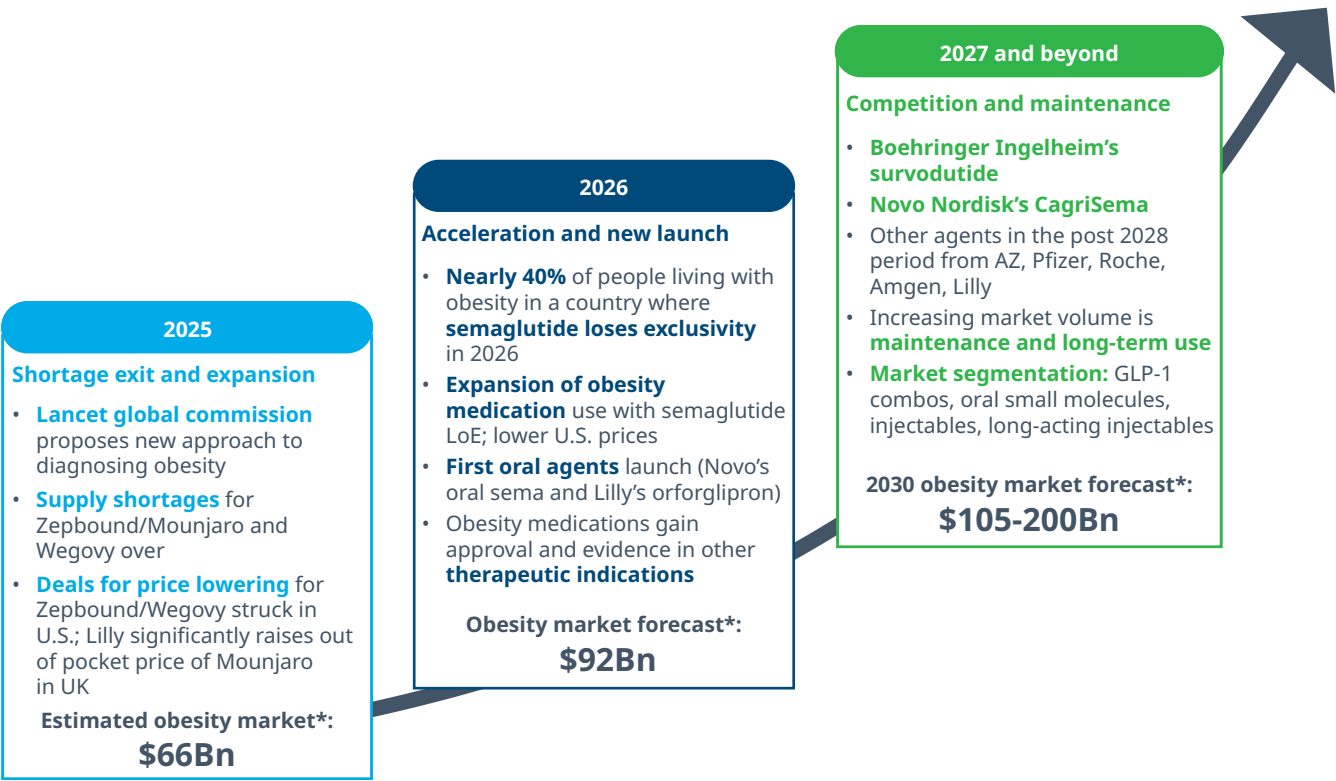
The obesity market has entered a phase of unprecedented dynamics. What was once viewed primarily as a lifestyle condition is now recognized as a chronic, progressive disease with far reaching clinical, economic, and societal implications. At the same time, scientific innovation has accelerated dramatically. Novel generations of obesity medications, expanding indications, new mechanisms of action, and alternative modes of administration are reshaping treatment expectations and care pathways at speed.

For organizations operating in this space — whether developing therapies, shaping access strategies, or informing clinical and payer decision-making — this progress brings both opportunity and challenge. The opportunity lies in redefining care and outcomes for millions of people living with obesity. The challenge lies in understanding a market that is evolving faster

than traditional data sources can reasonably support, for example, we are seeing new sources of funding (i.e. self-pay) evolve rapidly and new channels e.g. digital health platforms becoming very popular.<sup>1</sup>

As obesity science advances, the evidence frameworks used to understand it must evolve as well.

## Evolving obesity market



Notes: \*Obesity market estimated using Forecast Link and defined by disease; Sales and growth shown at Constant Exchange Rates (CER).  
Source: IQVIA Thought Leadership; IQVIA secondary research including company statements.

# A market defined by heterogeneity, not averages

One of the defining features of today's obesity landscape is heterogeneity. Patients entering treatment differ widely in terms of biology, comorbidities, metabolic profiles, social context, and treatment goals. Weight loss may be the primary objective for some, while others prioritize cardiometabolic risk reduction, mobility, quality of life, or long-term disease management.

At the same time, obesity treatment pathways have diversified. Pharmacologic therapies increasingly coexist with lifestyle interventions, digital health tools, bariatric surgery, and patient-led care models. Two structurally different markets now operate in parallel:

- A medically-led, reimbursed pathway shaped by clinical guidelines, benefit design, and health system constraints
- A consumer-driven, out-of-pocket pathway influenced by affordability, access, perception, and convenience

These parallel ecosystems create very different patterns of uptake, persistence, and outcomes.

In addition to weight loss as a segment of treatment, we are starting to see the emergence of weight management as an additional segment. An example of this is the Eli Lilly's orfloglipron ATTAIN-MAINTAIN trials.<sup>2</sup> The ATTAIN-MAINTAIN trials evaluate long-term weight maintenance following initial weight reduction, highlighting the growing importance of sustained outcomes.

Understanding obesity at the population level therefore requires far more than tracking prescriptions or diagnostic codes. It requires understanding of

- *who* patients are
- *how* they navigate care
- *why* their real-world decisions often diverge from protocol driven expectations



# Why traditional obesity data can fall short

Despite the growing importance of obesity across life sciences and healthcare, most commonly used real-world data sources were never designed with obesity as a primary analytical focus. As a result, decision-makers often encounter significant blind spots when attempting to answer business critical questions.

Key limitations occur across datasets:

- Inconsistent anthropometric capture, including missing or irregular BMI, waist circumference, and body composition measures<sup>3,4</sup>
  - » Recent IQVIA studies have shown the under-collection of BMI in EMR, demonstrating that fewer than half of adults in the UK (41.5%) had a BMI recorded and only 10.8% in Germany in 2023<sup>5,6</sup>
- Limited visibility into dosing, titration, adherence, and treatment holidays, particularly across long periods of follow-up
- Poor insight into patient access routes, including out-of-pocket purchasing, online pharmacies, and compounding
- Critical obesity relevant information locked in unstructured clinical notes, requiring additional processing to become usable
- Minimal capture of patient reported outcomes, lifestyle behavior, and quality of life impact
- Weak integration between clinical outcomes, healthcare utilization, and economic burden

As a result, even large datasets often struggle to answer questions fundamental to obesity strategy:

- How long do patients remain on therapy in real-world settings?
- What drives discontinuation or re-initiation?
- How does cost shape persistence?
- How do outcomes differ across segments defined not just by diagnosis, but by lived experience?

When obesity is analyzed through tools built for other disease areas, depth is sacrificed for convenience. As a result, critical insights can be lost.



## The patient experience is key to understanding obesity and contextualizing clinical data

Perhaps the most significant gap in current evidence frameworks is the limited presence of the patient voice. Obesity is a condition where day to day experience — drug tolerability, motivation, stigma, affordability, lifestyle trade offs — plays a critical role in long-term outcomes. Yet these factors are rarely captured in routine clinical data.

Clinical records tend to document what happened, not how it was experienced. Claims data may show when treatment stopped, but rarely why. Without direct insight into patient reported outcomes, it becomes difficult to distinguish between clinical failure, access barriers, behavioral adaptation, or intentional treatment pauses.

This matters because obesity outcomes are not determined solely by pharmacology. They are shaped by persistence, engagement, expectations, and the feasibility of long-term management within real lives. Without a structured way to capture patient experience alongside clinical data, analyses risk oversimplifying a deeply complex disease.



## The case for purpose-built obesity evidence

As obesity science becomes more sophisticated, evidence generation must move beyond repurposed assets toward disease specific infrastructure. Rather than asking how existing datasets can be stretched to fit obesity, the question becomes: *What kind of data does obesity require?*

A more robust evidence paradigm emphasizes several core principles:

- Longitudinal follow-up to understand sustained outcomes, not just short-term response
- Integration of multiple data sources, including structured and unstructured clinical data, patient reported outcomes, healthcare utilization, and cost

- Patient consent and engagement that enable deeper insight into behavior, experience, and decision-making
- Flexibility to evolve as treatment paradigms, endpoints, and research questions change
- Transparency around limitations, representativeness, and bias

This approach acknowledges that no single data source is sufficient on its own. Instead, insight emerges from thoughtful integration of clinical events, patient experience, and economic impact.

# The potential offered by better obesity data

When obesity evidence is designed to reflect real-world complexity, the types of questions that can be addressed expand meaningfully. For example:



## Patient journey

- How do sensitivity and access barriers reshape treatment journeys?
- Does the route of medication access impact patient experience and outcomes?
- What are the unmet needs within patient populations?



## Real-world medication use

- How do real-world dosing patterns differ across therapies and patient segments?
- How does physical activity or functional status change alongside pharmacologic intervention?



## Comparative effectiveness

- How do obesity medications compare in terms of real-world outcomes?
- Which patient populations experience durable benefit, and which require alternative strategies?



## Adherence/persistence

- What distinguishes patients who remain persistent from those who discontinue — and what happens after discontinuation?



## Burden of disease

- What is the impact of obesity on productivity?



## Cost of care

- What is the out-of-pocket cost for patients for managing obesity?

These are not theoretical questions — they directly inform clinical development, market access, evidence generation, and health system decision-making, while reflecting the realities clinicians and patients navigate every day, which are difficult to see through fragmented or incomplete datasets.

Importantly, it enables a clearer understanding of how patients engage with treatment outside controlled environments, allowing stakeholders to design interventions that are more aligned with real-world behavior, improving both adherence and outcomes.

## Scientific stewardship in a rapidly evolving market

Building better obesity evidence is not solely a technical challenge; it is also a matter of scientific stewardship. High quality data must be accompanied

by rigorous governance, privacy protection, and ethical use, particularly when patient level and longitudinal information is involved.

As obesity continues to evolve, so too will the questions stakeholders ask of data. Platforms and partnerships that prioritize flexibility, transparency, and patient trust will be better positioned to adapt responsibly. This includes acknowledging limitations, actively managing bias, and ensuring that evidence supports better decision-making.

In this sense, obesity evidence should be viewed as a long-term capability rather than a series of standalone studies. Sustainable insight emerges not from one off analyses, but from infrastructure designed to learn continuously as science advances.

# Looking ahead: From data access to better decisions

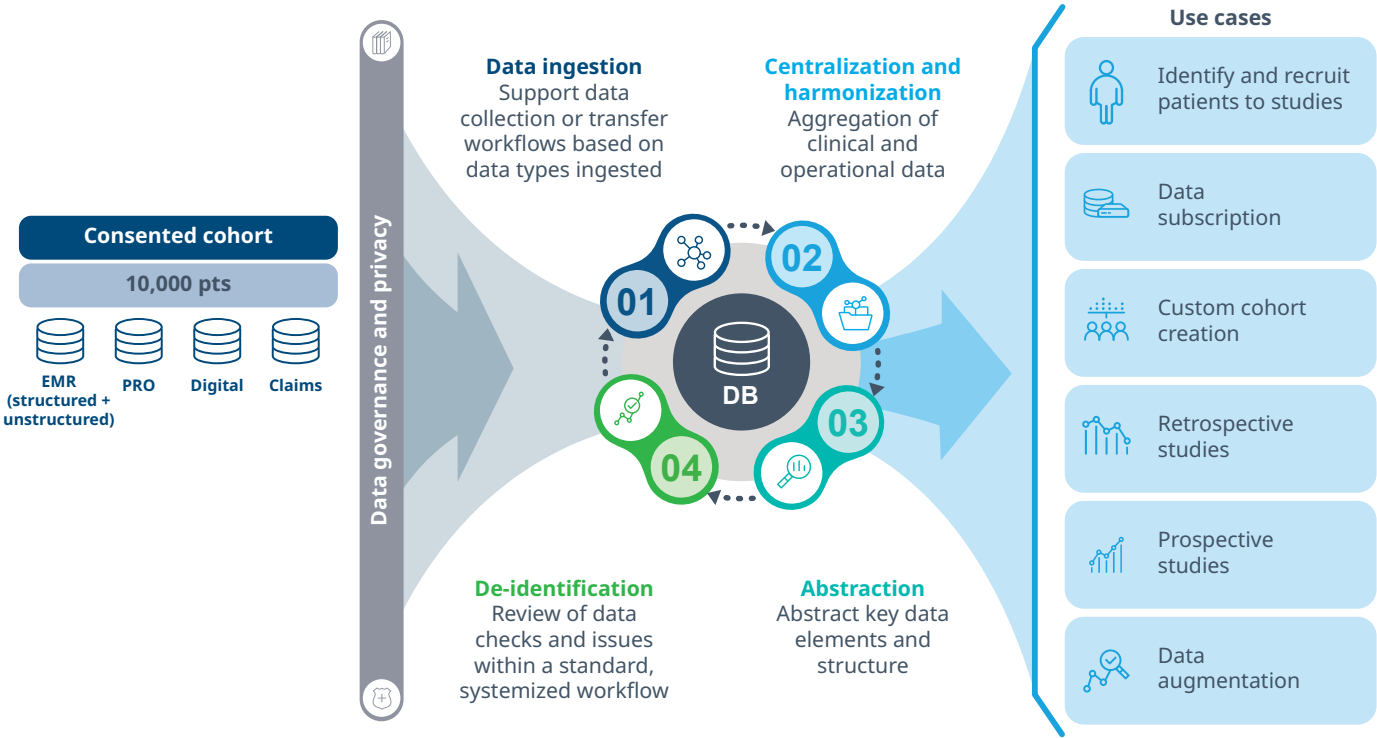
The future of obesity research will be defined less by access to more data and more by access to the *right* data and at the *right* speed. The right data reflects patient heterogeneity, real-world behavior, and long-term outcomes. Organizations that continue to rely solely on generalized datasets may find themselves making high stakes decisions on incomplete signals.

By contrast, those who invest early in fit-for-purpose evidence approaches will be better equipped to navigate complexity, anticipate change, and contribute meaningfully to the evolving understanding of obesity as a disease.

As the market moves forward, the central question is no longer whether obesity requires dedicated evidence frameworks, but how quickly the industry is prepared to rethink how obesity insight is built, governed and applied.

## IQVIA METABOLIC INSIGHTS HUB

To address these gaps, IQVIA is developing an evidence generation platform to deliver richer, differentiated obesity data, focusing on integrating clinical data, patient experience and behavioral insights into a research-ready dataset. The platform combines longitudinal EMR data, enriched unstructured data, claims data and direct patient engagement to provide a more complete view of the patient journey. This enables more precise cohort identification, deeper understanding of treatment patterns, and improved visibility into real-world outcomes across both reimbursed and self-pay channels.



As the market continues to evolve, the question is no longer whether obesity requires a new evidence approach, but how quickly can organizations adapt to it. Those that invest in patient-centric evidence capabilities will be better positioned to navigate complexity, anticipate change, and make more informed decisions at speed.

# Authors



## **HARVEY JENNER**

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Harvey has over 15 years experience in advising and

executing on real-world study designs in a variety of therapeutic areas with a specialty in obesity.

Harvey has been with IQVIA for 11 years, managing large, global projects for pharmaceutical companies, providers, and other healthcare organizations. Prior roles include data and evidence strategy and implementation roles for pharmaceutical companies at McKinsey & Co. Harvey leverages his scientific background and healthcare consulting experience to assist pharmaceutical, medical specialty societies and patient advocacy organizations to enhance their data-driven capabilities, provide sustainable registry value, develop research offerings, and navigate the complex data governance of multiple registries.

Currently, Harvey is leading the design and development of IQVIA's Metabolic Insights Platform.



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Meggie is an Associate Principal within the IQVIA Real World

Networks and Partnership team, where she brings over 10 years of experience advising nonprofits, such as patient advocacy organizations and medical specialty societies, and pharmaceutical companies on leveraging registries and real-world evidence to meet their broader data strategies.

She has also managed the operations of qualified clinical data registries, including project management and translation of business requirements into technical specifications for registry build. Prior to joining IQVIA, Meggie worked in healthcare and life sciences management consulting, advising providers, payers and medical device companies.

Meggie received a Master's in Public Health from Boston University and a BS in Cell Biology and Molecular Genetics from the University of Maryland. She is currently based in Washington, D.C.

# References

1. Please see the following article for further data sourcing challenges: <https://www.iqvia.com/locations/emea/blogs/2026/02/unravelling-obesity>
2. A Study of Orforglipron for the Maintenance of Body Weight Reduction in Participants Who Have Obesity or Overweight with Weight-Related Comorbidities (ATTAIN-MAINTAIN). ClinicalTrials.gov identifier: NCT06584916. Updated May 15, 2026. Accessed May 2026. [clinicaltrials.gov](https://clinicaltrials.gov)
3. F. Rubino et al., Definition and diagnostic criteria of clinical obesity, The Lancet Diabetes & Endocrinology, 14 January 2025; [https://doi.org/10.1016/S2213-8587\(24\)00316-4](https://doi.org/10.1016/S2213-8587(24)00316-4)
4. <https://www.iqvia.com/locations/emea/blogs/2025/01/how-the-lancet-commission-and-fda-are-moving-the-goal-posts-in-obesity>. IQVIA, 2025
5. Pinder L, Rickwood S, Konrad M, Kostev K. Annual prevalence of the body mass index documentation in the UK primary care: A cross-sectional study using IQVIA medical research data. Diabetes Obes Metab. 2026;28(2):1482-1489. doi:10.1111/dom.70341)
6. Diabetes, Obesity and Metabolism - Wiley Online Library- Orozco-Ruiz X, Sarabhai T, Kostev K. Annual prevalence and factors associated with body mass index documentation in German general practices — A retrospective cross-sectional study. Diabetes Obes Metab. 2025;27(5):2463-2472. doi:10.1111/dom.16243

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