

Allara

# Hormonal and Metabolic Health 2025 Impact Report



# A Introduction

Women are increasingly suffering from chronic, long-term health issues including hormonal health conditions, metabolic conditions and reproductive challenges. Specifically, one in three women today have a hormonal health condition such as polycystic ovary syndrome (PCOS), thyroid dysfunction or endometriosis. Further, 30% of women have insulin resistance and 40% of women are obese [1]. This reality has major implications for reproductive health outcomes, as both hormonal and metabolic conditions are major risk factors for infertility and pregnancy complications. And, of course, hormonal and metabolic conditions are also major risk factors later in life for cardiovascular disease and diabetes.

Traditional care models for women with these multifaceted conditions are often inadequate. Several published reports have shown that appropriate diagnoses are often very delayed and patient dissatisfaction runs high for hormonal disorders [2, 3, 4]. For example, in a survey of over 1,000 women with PCOS, conducted by investigators from UCSF and Allara, the mean time from symptom onset to diagnosis was five years. Notably, 31% of respondents waited four or more years and 24% saw four or more physicians before receiving a diagnosis. Care was often fragmented: 46% reported seeing three or more different provider types. Concerningly, only 17% of respondents reported being somewhat or very satisfied with their medical care [4].

These gaps in care are not only a source of frustration for patients, but also contribute to the under-management of high-risk conditions, which in turn leads to downstream health consequences that are challenging for patients and costly for the healthcare system. Indeed, individuals with obesity incur approximately \$2,000 in excess annual medical costs relative to those with normal weight, contributing \$173 billion to annual U.S. health expenditure [5]. In the case of PCOS, investigators have estimated the annual U.S. economic burden to be \$15 billion [6]. While a portion of these excess costs reflect the long-term impacts of poor cardiometabolic health, a substantial share is attributable to fertility and obstetrical care [7, 8]. Obesity increases the likelihood of gestational

diabetes, hypertensive disorders, preterm delivery, cesarean section and NICU admission and is also strongly associated with a greater risk of infertility and lower success rates during IVF treatment. Even after accounting for obesity, hormonal disorders like PCOS further increase rates of complications in pregnancy, particularly gestational diabetes and hypertensive disorders, and women with PCOS often require costly fertility treatments.



In summary, the personal and societal costs of hormonal and metabolic conditions carry an increasing burden for patients and the broader health care system. While many of these adverse impacts are, in theory, modifiable through earlier detection and better management, the traditional health care system rarely delivers this consistently in practice. This gap in existing care models underscores the need for a reimagined approach—one that addresses the underlying drivers of hormonal and metabolic dysfunction and provides the comprehensive support needed to produce meaningful and durable health changes.



# The Allara Care Model

Allara is a comprehensive virtual health provider focused on treating women with complex hormonal and metabolic conditions through integrated, evidence-based care. Allara has cared for over 40,000 women and treats a broad range of hormonal conditions (e.g. PCOS, thyroid disorders, perimenopause) and metabolic conditions (e.g. insulin resistance, hyperlipidemia) throughout different life stages.

Allara staffs a multidisciplinary care team that includes OBGYNs, endocrinologists, women’s health nurse practitioners, and registered dietitians with deep expertise in diagnosing and managing complex hormonal, metabolic and reproductive care. These providers utilize evidence-based protocols to develop consistent, high-quality treatment plans that include diagnosis of conditions, optimization of medications and better management of symptoms. The inclusion of dietitians allows Allara to take a uniquely comprehensive approach that combines medication with lifestyle interventions to maximize patient outcomes. Patients further benefit from accessible, evidence-based resources designed to inform and engage patients in their care journey. Lastly, when needed, patients are referred to outside experts for in-person or specialized care.

	<b>Traditional Care</b>	<b>Allara Care Model</b>
<b>Specialist expertise</b>	Fragmented, long waits	Integrated, multidisciplinary
<b>Diagnosis</b>	Reactive, delayed	Proactive, early
<b>Treatment</b>	Symptom-based, siloed	Evidence-based, protocol-driven
<b>Lifestyle &amp; Nutrition</b>	Limited or no support	Core focus, aligned with care plan
<b>Risk factor management</b>	Latent, reactive management	Early, proactive management
<b>Patient education</b>	Often limited due to time	Core focus, aligned with care plan
<b>Patient experience</b>	Provider-centered	Patient-centered

# A Measuring Allara's Impact: Methodologies

## Overview of Studies

Allara designed two parallel studies with the goal of measuring the impact of the Allara care model on important outcomes. We aimed to answer the following questions:

1. Do Allara patients report feeling empowered to achieve improvements in their metabolic and reproductive health compared to a control population?
2. Do Allara patients achieve objective outcomes that indicate improved metabolic and reproductive health?

The first study relied on patient reported data obtained via an anonymous survey and the second, conducted in parallel, utilized electronic health data.



### Patient Experience Survey

Conducted in 2025, the Patient Experience Survey included an Experimental Group (392 Allara patients who received care for >6 months) and a Control Group presumed to be similarly interested in health improvement (63 patients who signed up for Allara over the same period, but never completed a visit). The survey was distributed by email and assessed behavior change and health outcomes achieved over the past year.

#### Key highlights for Allara patients:

- 89% felt supported making positive health changes
- 78% made positive diet changes
- 78% were satisfied with weight loss support
- 69% reported improved cycle regularity
- 84% felt improved productivity

### Clinical Outcomes Study

The Clinical Outcomes Study was a retrospective analysis of longitudinal electronic health record (EHR) data from all Allara patients initiating care in 2024 with at least six months of follow-up outcome data available. Change in key indicators, including BMI and serum metabolic testing, was assessed using baseline and last-recorded assessment. Patients had either a PCOS diagnosis (57%) or were being seen for other hormonal or metabolic care (43%).

#### Key highlights for Allara patients:

- 5% BMI reduction for patients with BMI > 30
- 3% BMI reduction for patients with BMI > 30 without the use of GLPs
- 6% reduction in HbA1c for patients >5.6 (prediabetic) and 9% reduction in HbA1c for patients >6.0
- 6% reduction in HOMA-IR >2.5 and 12% reduction in HOMA-IR for patients >4.0
- 11% reduction in LDL cholesterol for patients with dyslipidemia



## Patient Experience Survey Results

### Baseline characteristics

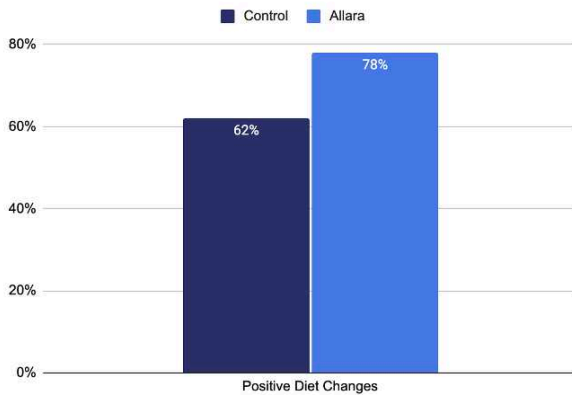
Table 1 shows characteristics of the survey population. Average age and race distribution was similar between the Allara patients and controls, and the large majority of patients reported that weight loss was an important goal. All participants were assured that their entries were anonymous and were not linked to Allara patient records.

	Allara	Control
<b>Total Number of Participants</b>	392	63
<b>Mean age (yrs)</b>	34	33
<b>Race (White/ Non-White)</b>	59%/41%	54%/47%
<b>Participants currently trying to conceive</b>	22%	16%
<b>Participants reporting weight loss has been a goal this year</b>	84%	79%
<b>Participants with PCOS</b>	71%	30%



## Patient Experience Survey Results

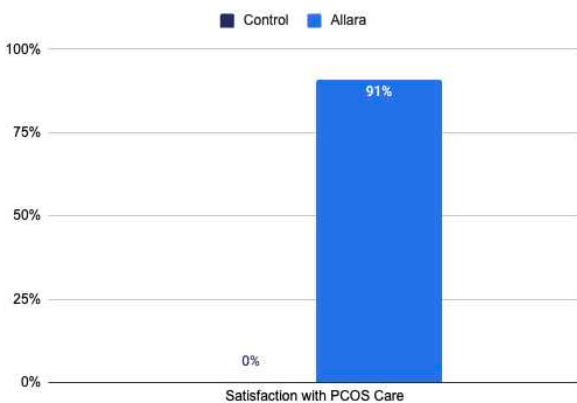
### Positive Changes



Allara patients are making meaningful, positive modifications to their lifestyle behaviors and feel well supported in doing so.

- **78% of Allara patients** reported making positive dietary changes, compared to 62% of controls ( $p < .001$ )
- **89% of Allara patients** agreed or strongly agreed that they felt supported in making health changes
- **56% of Allara patients** reported improvements to their exercise habits

### Satisfaction



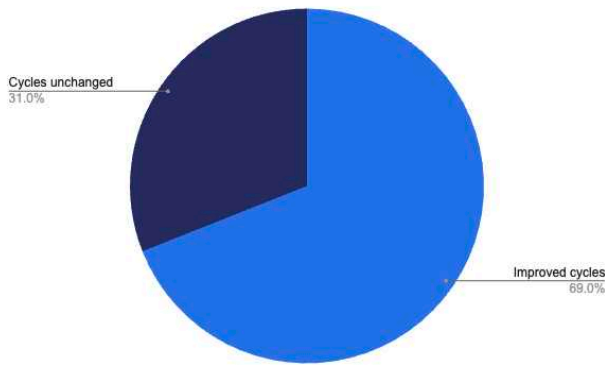
Allara PCOS patients are vastly more satisfied with their care, a marked difference from traditional care.

- **91% of Allara patients** reported being moderately or very satisfied with their PCOS care
- **0% of control patients** were moderately or very satisfied with their PCOS care; In fact, 65% of control patients reported being not satisfied at all with their care ( $p < .001$  compared to Allara).



# Patient Experience Survey Results

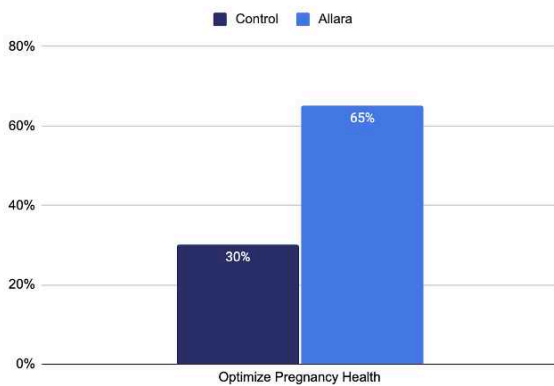
## Reproductive Function



Allara patients see improved cycle regularity, an indicator that they may have a reduced need for infertility treatment.

- **71% of Allara PCOS patients** reported oligomenorrhea (irregular cycles) at intake
- **69% of oligomenorrheic patients** reported improved cycle regularity following treatment

## Preconception Planning



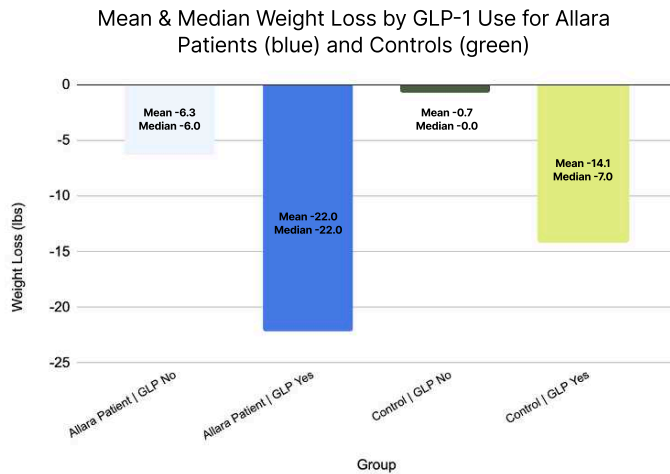
Allara patients feel more prepared for conception and pregnancy, a good foundation for better maternal outcomes.

- **75% of Allara patients** found providers moderately or very helpful in preparing for conception
- **Allara patients were 2x** more likely to report feeling confident in their ability to optimize health for pregnancy compared to controls ( $p < .05$ ).



# Patient Experience Survey Results

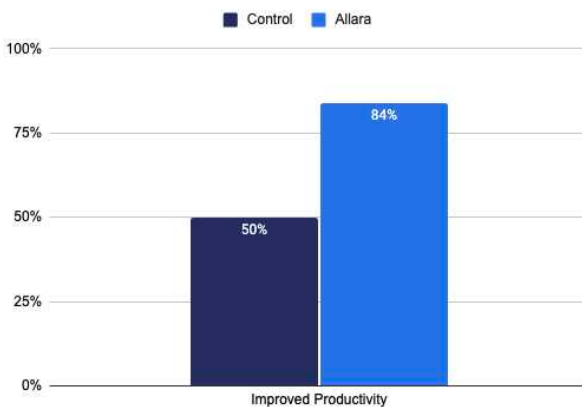
## Weight Management



Allara patients reported greater weight loss and greater satisfaction with weight management care.

- **78% of Allara patients** were moderately or very satisfied with their weight loss support
- Allara patients reported using a range of strategies, including diet (86%), exercise (84%), mindful eating (65%), and medications (GLP-1s, 40%; non-GLP agents, 32%)
- Allara patients achieved significantly greater weight loss over the past year compared to controls ( $p < .01$ ). These improved results are seen for patients with and without GLP-1 therapy, indicating a combined approach using both medications and diet/lifestyle intervention is most optimal

## Productivity



Productivity is impacted for patients struggling with hormonal disorders. Encouragingly, Allara patients report improved productivity after receiving care with Allara

- **83% of Allara patients** reported that prior to joining Allara their health problems interfered with productivity
- **84% of Allara patients** reported improvements in productivity over the past year, significantly more than controls (50%) ( $p < .001$ ). Allara patients were also 2x more likely to report improved focus at work ( $p < .001$ ).



# Clinical Outcomes Study Results

## Baseline Characteristics of Allara Patients

The 2024 study cohort includes patients whose first visit occurred in 2024 who engaged with Allara for at least six months (mean follow-up time of approximately 9 months, range 6-18 months).

Patients had either a PCOS diagnosis (57%) or were without a PCOS diagnosis being seen for other hormonal or metabolic care (43%). The cohort included a diverse group of women, with meaningful representation across White, Asian, Black, and Hispanic populations. The mean age of the group was 32 years, and the baseline body mass index (BMI) was in the obese range (mean 33 kg/m<sup>2</sup>).

Notably, 60% of patients presented with BMI >30 kg/m<sup>2</sup>, and nearly 20% with BMI >40 kg/m<sup>2</sup>. Over half of the patients were insulin-resistant (defined as HOMA-IR >2.5) and one third were pre-diabetic or diabetic (HbA1c >5.7). Patients engaged frequently with both medical providers and registered dietitians, averaging about 6 visits with their medical provider.

The combination of high metabolic need and strong engagement underscores that Allara serves a high-risk, often treatment-resistant population—and effectively fosters sustained participation and adherence throughout the care journey.

	PCOS n=912	Non PCOS n=434
<b>BMI &lt;30 kg/m<sup>2</sup></b>	39%	40%
<b>BMI &gt;30 kg/m<sup>2</sup></b>	61%	60%
<b>BMI 30-40 kg/m<sup>2</sup></b>	44%	47%
<b>BMI &gt;40 kg/m<sup>2</sup></b>	17%	13%
<b>Mean BMI all (kg/m<sup>2</sup>)</b>	33	33
<b>Mean BMI for those with BMI &gt;30 (kg/m<sup>2</sup>)</b>	37	36

# A Clinical Outcomes Study Results

## Weight Management Results

To measure the success of Allara on weight loss, Allara specifically looked at patients with a baseline BMI in the obese range ( $\geq 30$  kg/m<sup>2</sup>)(n=1,006).

The results show a mean weight loss of -5.0%, with roughly equivalent changes for both PCOS and non-PCOS patients over the study period (mean follow-up time of 9.7 months). Further, almost half of patients (44%) had a  $\geq 5\%$  reduction in BMI and 22% achieved a  $\geq 10\%$  reduction.

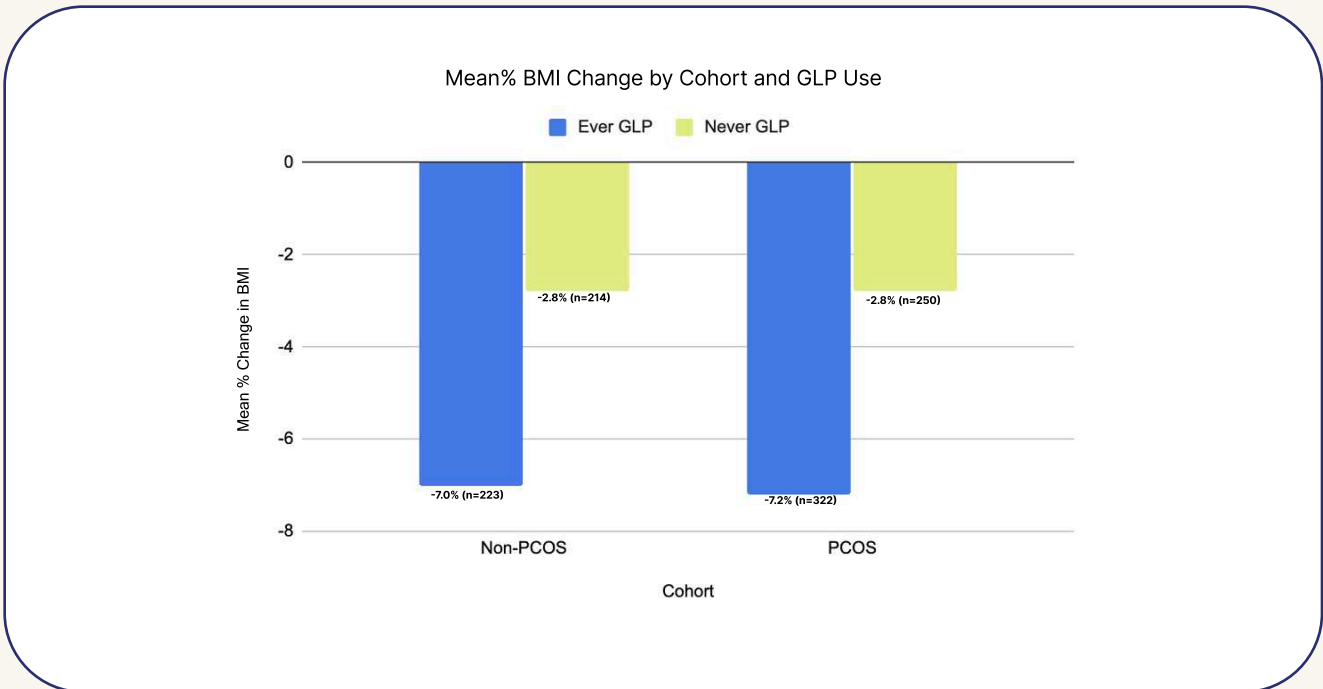


	Overall n=1006	PCOS n=577	Non-PCOS n=437
<b>Mean Follow-up time (months)</b>	9.7 Months	9.7 Months	9.8 Months
<b>Pct weight loss mean (SD)</b>	-5.0%	-5.1%	-4.7%
<b>Pct weight loss median</b>	-4.5%	-4.5%	-3.4%
<b>% patients with <math>\geq 5\%</math> loss</b>	44%	46%	42%
<b>% patients with 5-10% loss</b>	22%	22%	23%
<b>% patients with <math>\geq 10\%</math> loss</b>	22%	23%	20%

# A Clinical Outcomes Study Results

## Weight Management Results

Weight loss was also examined with and without GLP-1 medication usage. Across both cohorts, PCOS and Non-PCOS, weight loss was greater with GLP usage, although patients saw meaningful weight loss even without a GLP prescription, suggesting the efficacy of Allara’s integrated lifestyle approach.



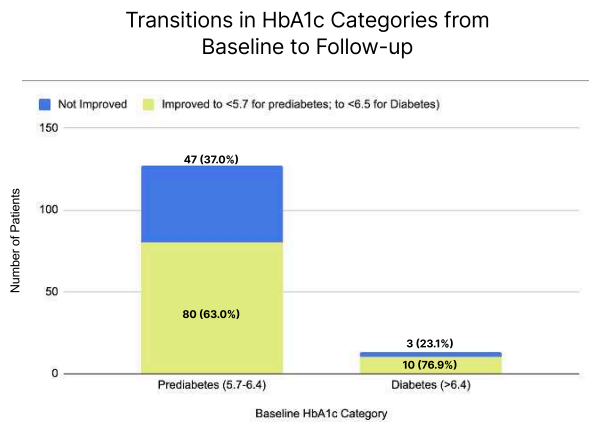
A **5% weight reduction** is widely recognized as clinically significant, with benefits for both metabolic and reproductive outcomes. These findings suggest Allara’s multidisciplinary care approach delivers improvements likely to translate into reduced long-term health risks and overall healthcare costs.



# Clinical Outcomes Study Results

## Metabolic Results

Beyond weight loss, improvements in key metabolic biomarkers are critical indicators of long-term health. Elevated HbA1c, LDL cholesterol, and insulin resistance (measured by HOMA-IR) are well-established drivers of cardiometabolic disease, adverse pregnancy outcomes, and infertility.



### Hemoglobin A1c

At baseline, 31% of patients had HbA1c values in the prediabetic (5.7-6.4), and 3% in the diabetic range (>6.4). After an average of 10 months, 63% of the prediabetics had normalized their HbA1c (<5.7%) and 77% of diabetics had reduced their HbA1c out of the diabetic range (<6.5%).

#### Considering the cohort of patients with a HbA1c >5.6, we observed:

- Mean HbA1c reduction: -0.40% (-5.8% relative change).
- Proportion achieving ≥5% reduction: 50.7%
- Proportion achieving >10% reduction: 16.4%

Additionally, there was a 9% reduction in HbA1c for patients with HbA1c >6.0.

### LDL Cholesterol

LDL cholesterol also improved meaningfully. Among patients with dyslipidemia (LDL >130 mg/dL at baseline):

- Mean LDL reduction: -11%.
- Normalization: 38.5% of patients reached a normal LDL range at follow-up.

### HOMA-IR

Over half of patients began care with HOMA-IR >2.5, indicating insulin resistance, and many achieved measurable improvement, with declines of -6.4% at follow-up.

Patients with ≥6 months follow-up and baseline HOMA > 2.5 (n = 620)

- Mean delta (last - first): -1.19
- Mean % change from baseline: -6.4%
- Median % change from baseline: -27.8%

Additionally, for patients with HOMA-IR > 4.0, there was a 12% reduction.

## A Conclusion

The findings of this report demonstrate that Allara's integrated, multidisciplinary care model meaningfully addresses the longstanding gaps in hormonal and metabolic health care for women. Patients not only engage deeply in care, but they also report **high satisfaction, improved confidence in fertility planning, greater success in weight management and enhanced productivity in their daily lives.** These results highlight the value of an integrated care model in proving both personal and economic outcomes for women with hormonal and metabolic conditions.

Objective clinical outcomes confirm that Allara patients achieve **significant and clinically meaningful improvements in weight, glycemia, cholesterol and insulin resistance** - changes that translate to improved reproductive function, healthier pregnancies, and reduced long term disease burden.

Importantly, given the high expense associated with diabetes, cardiovascular disease, infertility and pregnancy complications, these clinical improvements are also strongly correlated with substantial downstream cost savings.

These results underscore that Allara's model is more than an incremental improvement over traditional care: it represents a transformative shift toward patient-centered, evidence-based and cost effective women's health care. By reducing fragmentation and empowering patients through collaborative support, Allara drives measurable and scalable outcomes - not only for patients seeking better care, but also for payers, employers and the healthcare system at large. Continued growth of this model has the potential to reshape the standard of care for hormonal, metabolic and reproductive healthcare - delivering lasting value across clinical, lifestyle and economic domains.





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