

Allara

**The Critical Window:
Maximizing Midlife Care**

Impact Report



01 Introduction

The *Midlife* Opportunity

Redefining Care for Women in Midlife

For women between the ages of 40 and 60, health is defined by a significant period of physical and emotional change. While perimenopause and menopause are the most well-known part of this phase, the health changes women experience are much broader. They involve a complex mix of hormonal shifts, natural aging, and metabolic changes that often overlap, affecting everything from mental clarity to heart health.



The Economic and Clinical Cost of Fragmented Care

Traditional healthcare treats these issues in silos and considers weight, metabolic health, hormones, and mood as separate problems rather than interconnected facets of the same transition. As a result, women struggle to find the integrated care they need, particularly as they navigate shifting family roles and peak career demands. When these health needs go unmet, the impact is felt far beyond the individual—it creates a massive economic burden. In the U.S. alone, menopause-related symptoms and direct medical expenses drive \$26.6 billion in costs per year.¹ The financial impact is even larger when considering the cost of metabolic disorders arising in this life stage. For example, women diagnosed with diabetes in their 50s will spend \$101,800 more each year than their counterparts without diabetes over their remaining lifetime.²

A New Model for Better Outcomes

At Allara, we recognize that midlife health cannot be reduced to a single symptom, or treated by a single type of provider. We believe this life stage requires a fundamentally different approach—one that is multidisciplinary and provides support over the long term. We have conducted extensive research to better understand the needs of this population and to measure the results of our care. This report reveals the complex "lived experience" of women in midlife and highlights how Allara's integrated care model successfully meets their needs, improves their quality of life, and helps manage the rising costs of care.

Sources

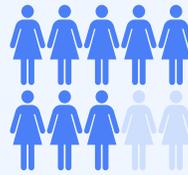
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2. Zhuo X, Zhang P, Barker L, Albright A, Thompson TJ, Gregg E. The lifetime cost of diabetes and its implications for diabetes prevention. *Diabetes Care.* 2014 Sep;37(9):2557-64. doi: 10.2337/dc13-2484. PMID: 25147254.

02 Key Findings

Allara's Approach

Allara's multidisciplinary care model addresses the complex health needs of women aged 40–60 by integrating hormonal, metabolic, and lifestyle interventions. Our data demonstrates that Allara's approach leads to measurable improvements in clinical markers and overall quality of life.

→ Allara's model proves that midlife is a **critical window for intervention**. By treating both immediate symptoms and underlying metabolic risks, Allara is successfully altering the health trajectory of women in midlife—improving long-term health outcomes and lowering costs.



8 out of 10 patients **reported overall symptom improvement** (after 3+ visits)



72% of patients with moderate-to-extreme symptom impact reported **improved quality of life**, including work productivity and cognitive function.



≥5% average **reduction in critical risk markers**, including LDL cholesterol, triglycerides, and fasting glucose.



>50% of patients **normalized metabolic risk markers** of HbA1c, glucose and ALT.



48% of patients achieved a **≥5% BMI reduction**, a level considered clinically significant for reducing downstream health risks.

03 Health Needs of Midlife Women

Why Women in Midlife Are Seeking Care

When examining why women begin care with Allara, we found that patients have multiple priorities and diverse needs:

- **60%** of patients start with more than one health goal.
- **~50%** of the time these goals span two or more different health categories, such as metabolic health, mood, hormonal balance, thyroid function and lifestyle needs. (Figure 1)

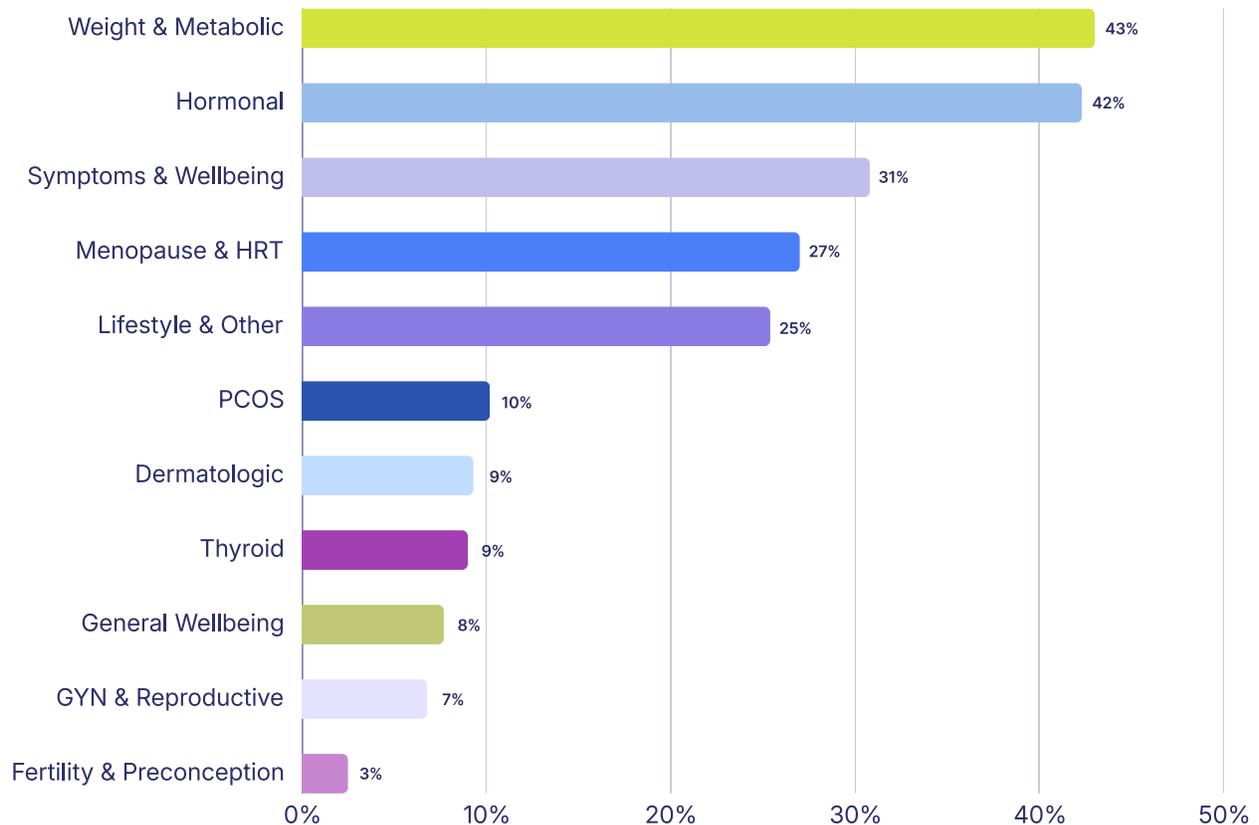
These findings confirm that women in midlife aren't looking for a "quick fix" for one symptom.

→ Patients are seeking care that recognizes that their **health concerns are often interrelated and should be approached *holistically***.

figure 1

Visit Goals at Intake – by Category

Sum of individual goal percentages within each category (patients may have multiple goals; PCOS & meno patients excluded from Hormonal group)



n = 1,398 unique patients at intake; domains: Metabolic, Mental Health/Neurological, Hormonal, Menopause/Perimenopause, Gynecologic

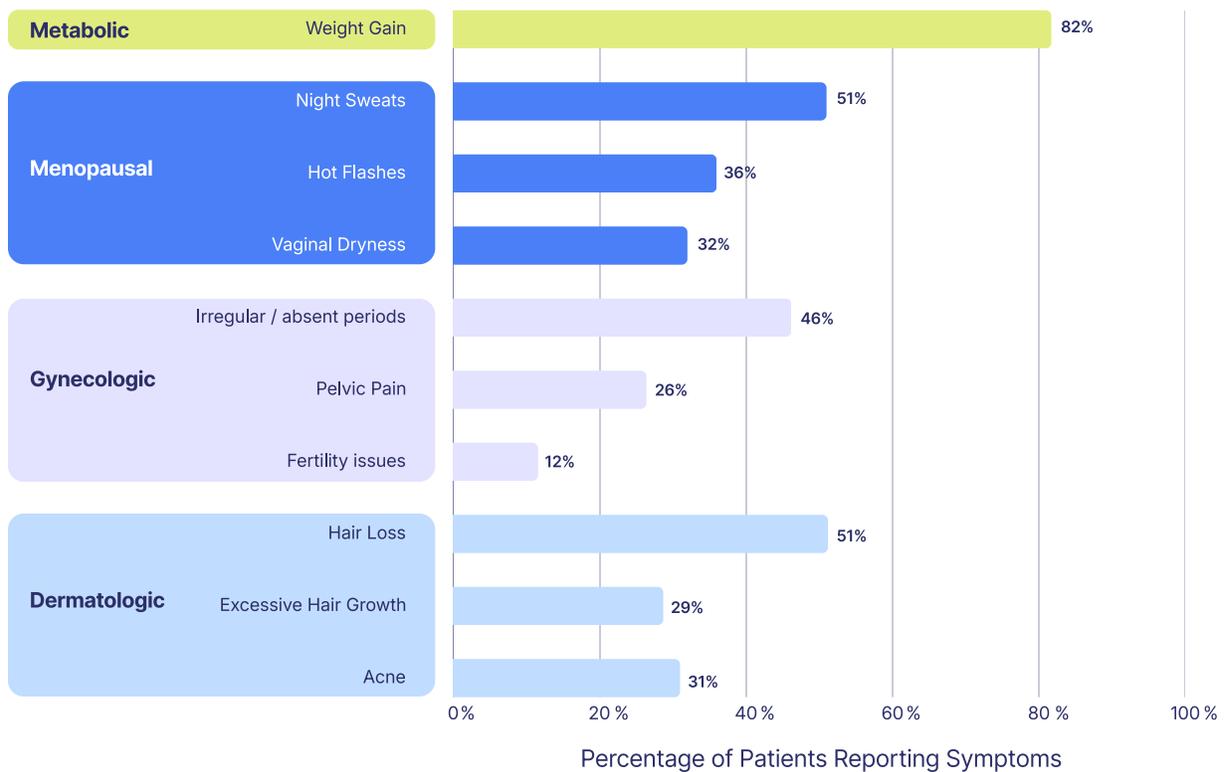
Symptoms Don't Fit Into One Category

Allara's data on patient symptoms shows a similar story: midlife patients present with a broad set of symptoms that demonstrate a high degree of clinical complexity:

- **4+ distinct symptoms** on average reported per patient
- **89% of patients have symptoms that span multiple categories**, including metabolic, menopausal, gynecologic, and even dermatologic concerns (Figure 2).

Symptom Burden

figure 2



n = 3,160 unique patients at intake

→ These findings highlight that women in midlife aren't just dealing with "hot flashes" or "weight gain" in isolation. Their symptoms are interconnected across different systems of the body, **further proving the need for a multidisciplinary care model that doesn't force a patient to choose which symptom to treat first.**

The Real-Life Impact of Untreated Symptoms

These symptoms are more than just medical data points—they are deeply disruptive to a woman's daily life. In our survey:



~50% of patients reported their **symptoms had a moderate to extreme impact** on work productivity, cognitive function, mental well-being, personal relationships, and overall quality of life (Figure 3).



74% of patients reported **struggling with these symptoms for over a year** before seeking care at Allara.



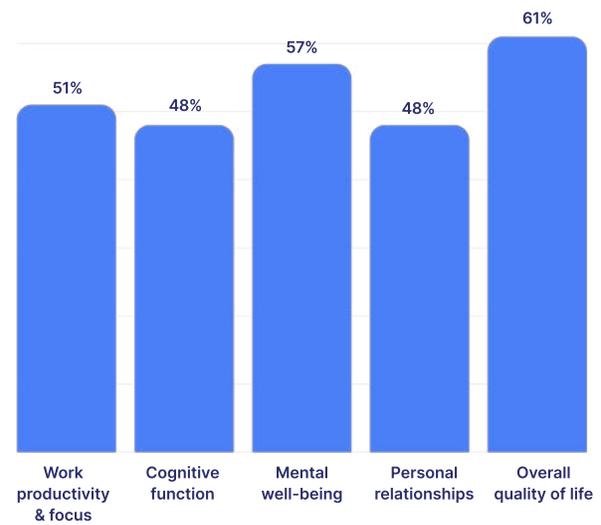
64% of patients **spoke with two or more providers** about their symptoms before coming to Allara (Figure 4).



85% reported that their **symptoms were dismissed** by previous providers

figure 3

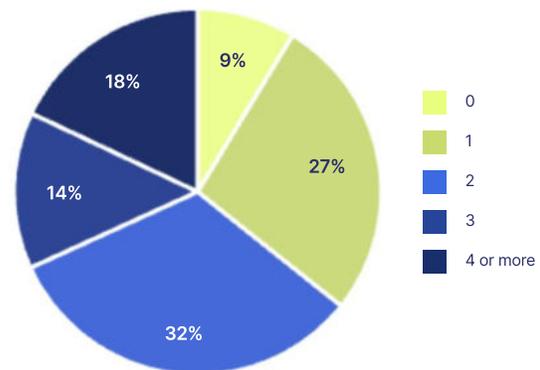
Prevalence of Moderate-to-Severe Disruption Across Key Elements of Wellbeing



n = 462

figure 4

64% of Patients Spoke with 2 or More Providers About Their Symptoms



n = 462

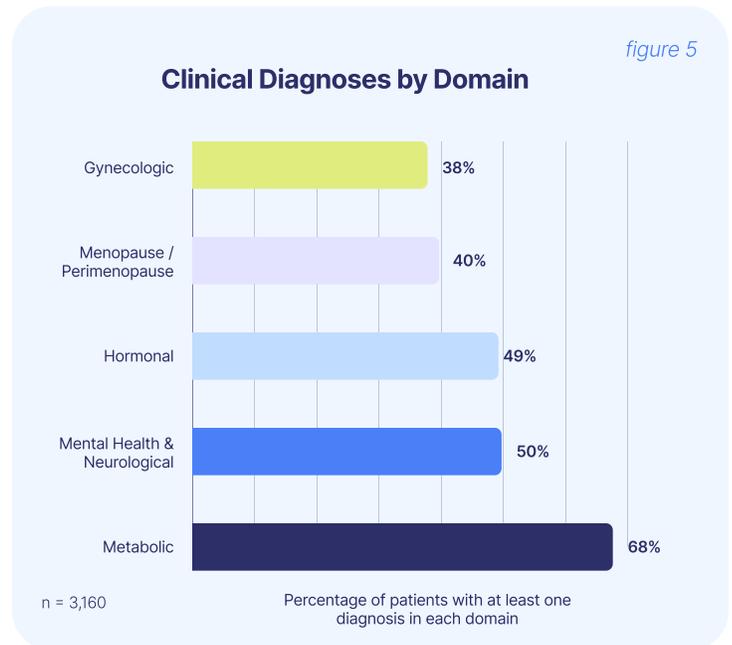
→ This highlights a significant "care gap," where **women endure long-term disruptions to their lives and careers** before finally finding a solution that addresses their needs.

04 Midlife Women Are Complex To Treat

Midlife Women are Clinically Complex

Diagnostic coding reveals that these members are rarely managing a single issue – instead, they present with multi-morbidities across metabolic, hormonal, and behavioral health domains.

- **68%** of patients have a formal metabolic disorder diagnosis (Figure 5).
- **~50%** of midlife patients are managing several conditions across three or more distinct clinical domains (e.g., mental health, hormonal, and gynecologic) (Figure 6).



Clinical Complexity

% of Patients with Diagnoses Across Domains

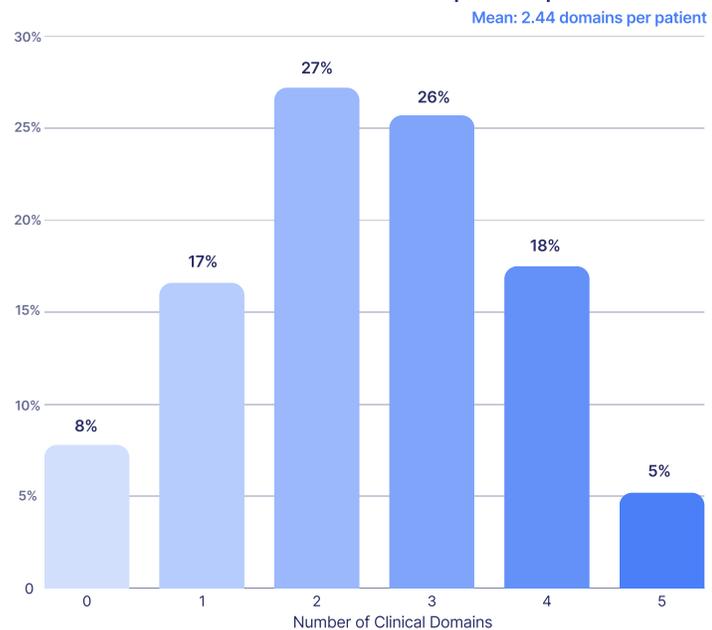
75% diagnoses across **2+ domains**

48% diagnoses across **3+ domains**

22% diagnoses across **4+ domains**

5% diagnoses across all **5 domains**

Number of Clinical Domains Impacted per Patient



n = 3,160 unique patients at intake; domains: Metabolic, Mental Health/Neurological, Hormonal, Menopause/Perimenopause, Gynecologic

Midlife Women have Advancing Cardiometabolic Risk

Furthermore, regardless of their presenting symptoms, this age group has advancing cardiometabolic risk. We performed an analysis of Allara patients, both older and younger than 40, across 10 potential risk factors:



Obesity
defined as BMI
≥ 30



Lipid abnormalities
including: LDL >100,
HDL <50 and/or
Triglycerides >150



Liver abnormalities
including AST >30
and/or ALT >25

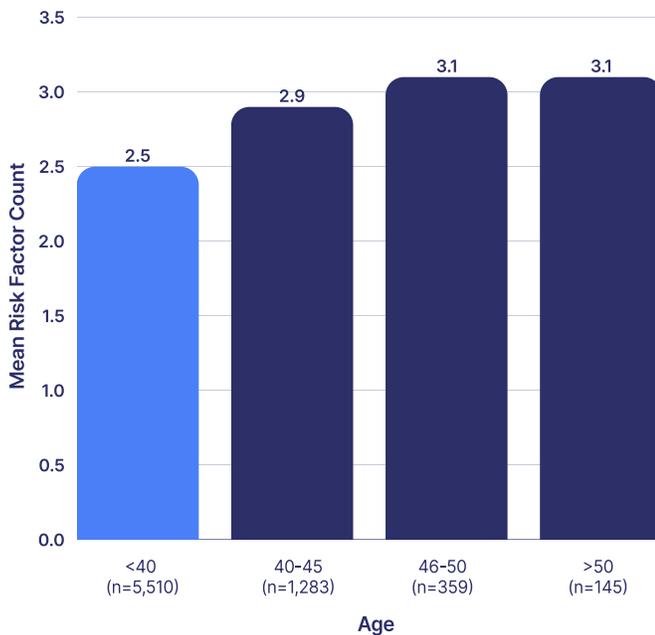


Metabolic disorders
including fasting glucose
>105, Hemoglobin A1c
>5.6 and/or fasting
Insulin >16

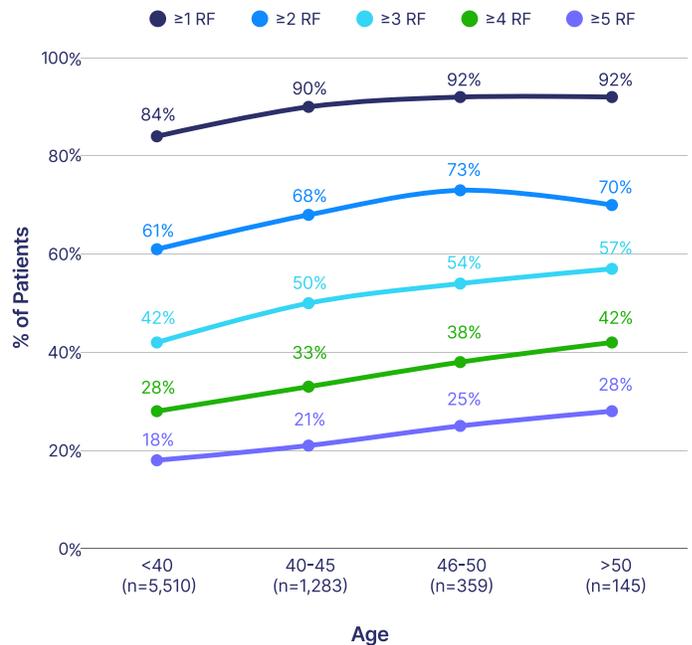


Hypertension
(>130/80 or diagnosis
of hypertension)

Mean Risk Factor Count *figure 7*



Risk Burden Trend by Age *figure 8*



→ Here we found **clear evidence of risk acceleration across the midlife years**. Through the 40s we see mean risk factor counts rise (Figure 7) and the percent of patients with 3, 4 or 5+ risk increase steadily (figure 8).

05 The Need for a New Care Model

A Proactive Model for Healthy Aging

Our findings show that while midlife women are highly motivated to manage their health, they are often frustrated by the lack of available solutions. To be truly effective, care at this stage must do more than alleviate symptoms—it must also shift a patient’s health trajectory toward healthy aging.

Allara’s care model is designed to fundamentally change how women experience healthcare during this transition:



Allara’s virtual, multi-disciplinary and evidenced based framework successfully delivers improved symptoms, improved metabolic health and a reduction in cardiovascular risk. Allara has cared for over 75,000 women, with about 30% of new patients aged over 40.

Through staffing a multidisciplinary care team that includes OBGYNs, endocrinologists, women’s health nurse practitioners, and registered dietitians, Allara provides deep expertise in diagnosing and managing complex, hormonal, metabolic and reproductive conditions. The inclusion of dietitians allows Allara to take a uniquely comprehensive approach that combines medication with lifestyle interventions to maximize patient outcomes.



Holistic Diagnosis:

Instead of reactive, symptom-based treatments, Allara providers test for chronic metabolic and other health disorders alongside menopausal symptoms to get a full picture of a woman’s health.



Comprehensive Treatment:

Allara’s evidence-based protocols and multidisciplinary care model treats complex issues spanning hormonal, metabolic, and reproductive health, all supported by expert nutrition and lifestyle counseling.



Prevention Focus:

Allara prioritizes early intervention, which significantly reduces downstream care needs and improves quality of life.

→ By identifying and addressing risk factors early, Allara can significantly **reduce the need for more intensive medical care down the road** and improve long-term quality of life.

06 Allara's Clinical Outcomes

Measurable Improvements in Health and Quality of Life

Allara's outcome data demonstrates that a holistic treatment model leads to significant improvements in both clinical health and overall quality of life. The results are clear:



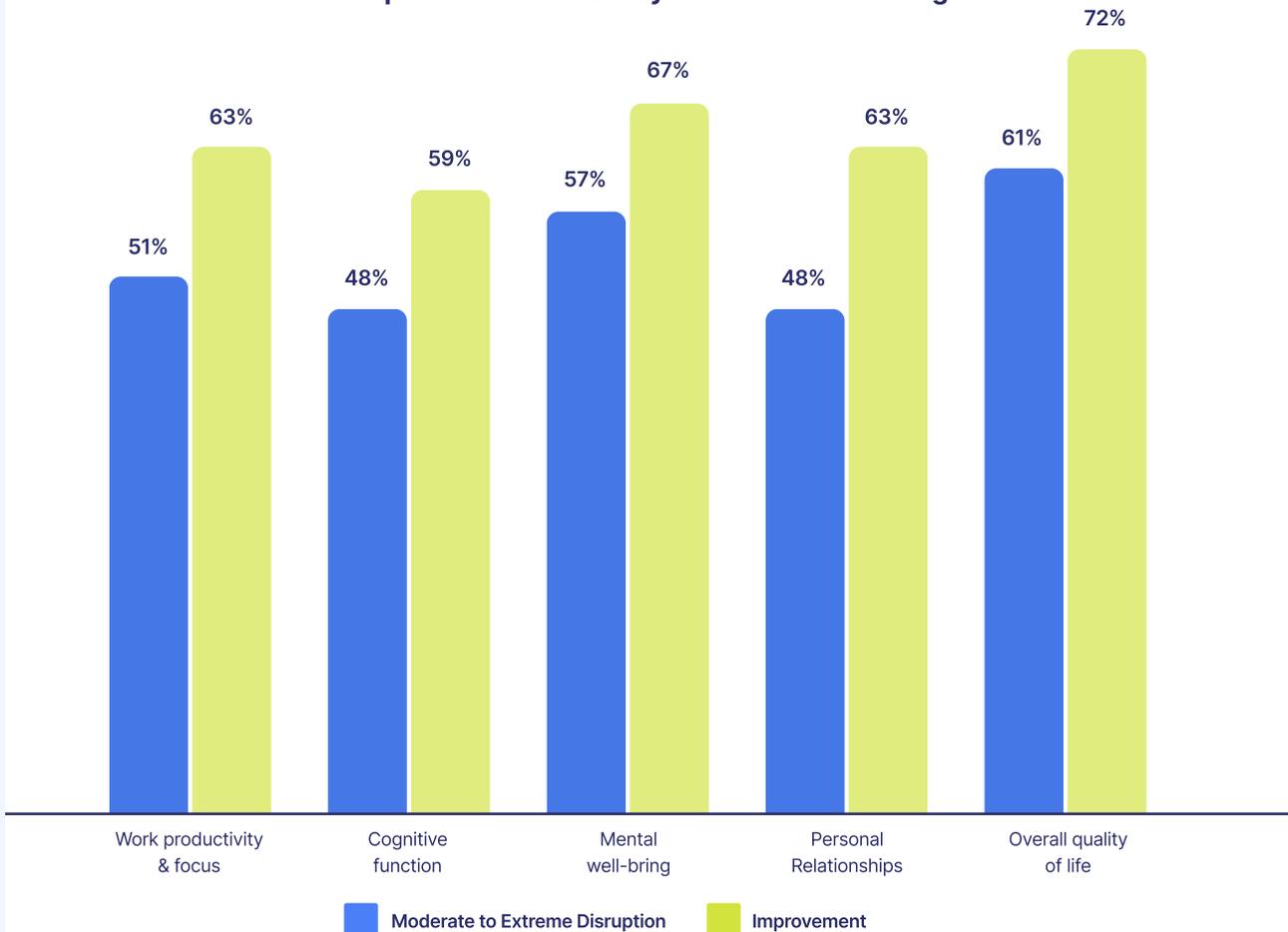
8 out of 10 patients who completed at least three medical visits reported that their **symptoms improved** after starting care.



72% of patients with moderate-to-extreme symptom impact reported **improved quality of life** (Figure 9)

Prevalence of Moderate-to Severe Disruption and Improvement Across Key Elements of Wellbeing

figure 9



n = 282

Clinically Significant Weight Loss and Metabolic Health Improvements

Weight management is often a vital step toward improving long-term health and reducing the risk of chronic disease. Among Allara patients with obesity (BMI >30) and at least 6 months of follow up (mean approximately 10 months), the outcomes are highly encouraging:

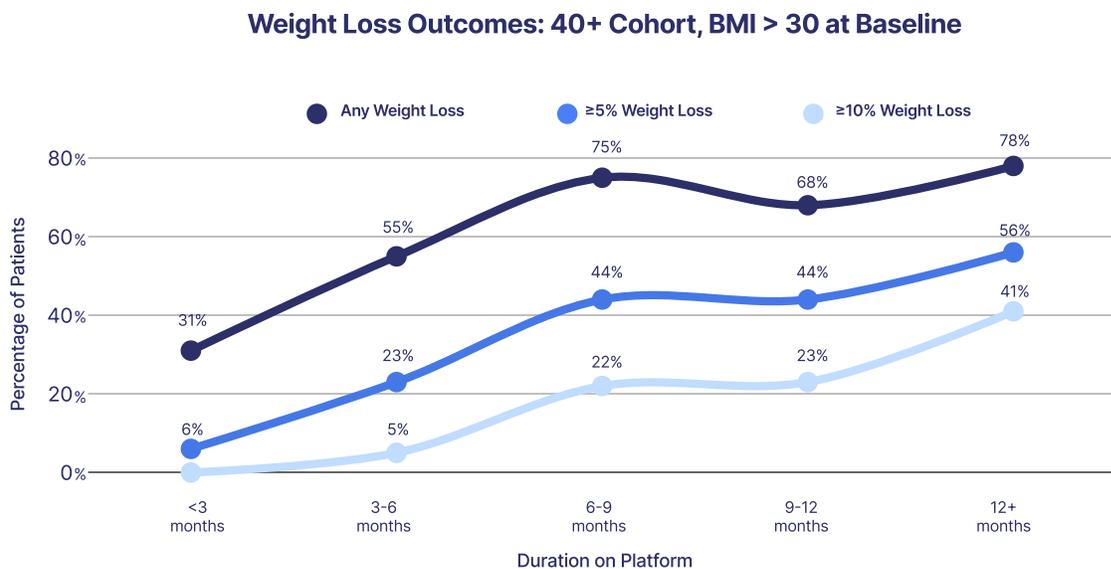


48% of patients achieved a **≥5% BMI reduction**, a level considered clinically significant for reducing downstream health risks.



1 in 4 patients achieved a **weight loss of over 10%**.

→ The data also shows a strong correlation between time spent on the Allara platform and continued weight loss, suggesting that Allara’s longitudinal and integrated support model **helps women maintain their progress over time** (Figure 10).



Patients with ≥6 Months on Platform

73%
achieved any weight loss

48%
lost ≥5% body weight

28%
lost ≥10% body weight

Reducing Cardiovascular Risk Markers

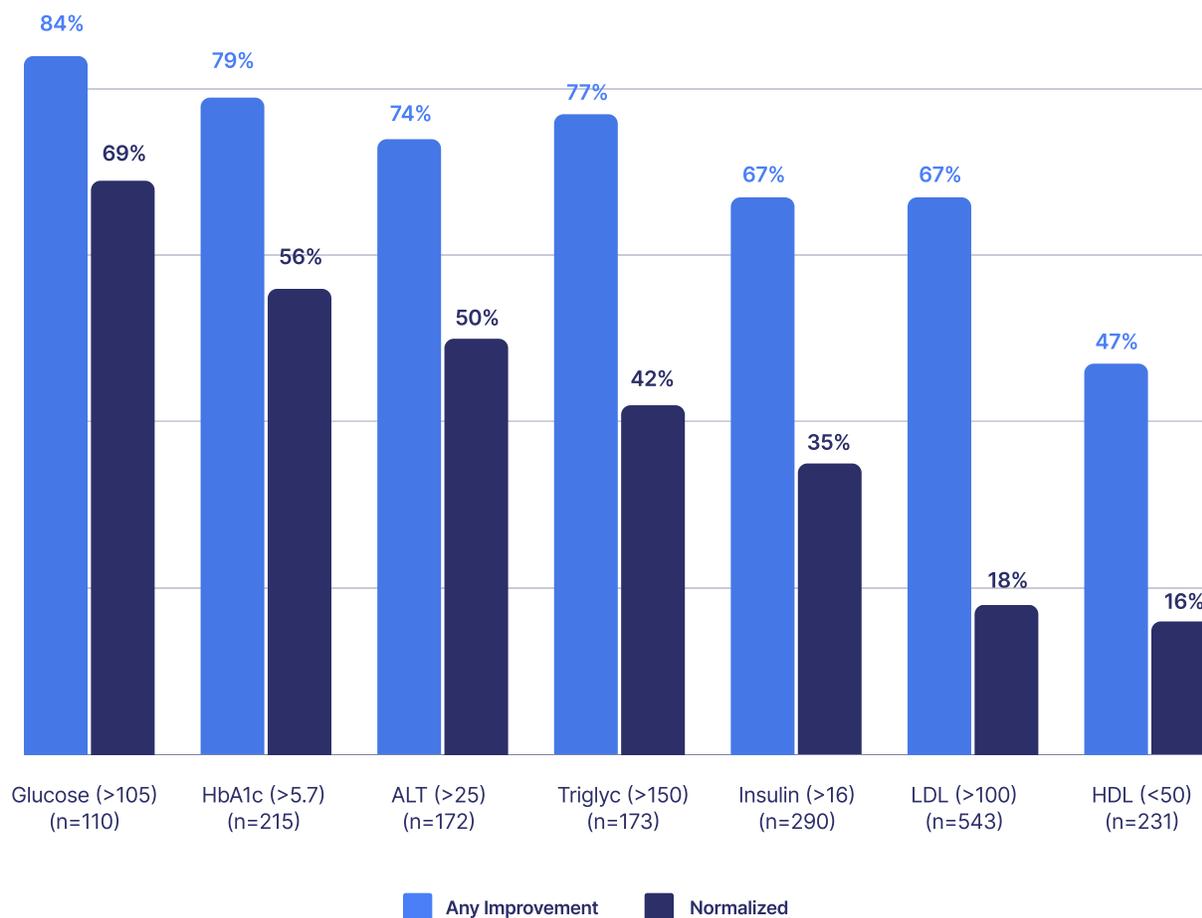
Allara's multidisciplinary approach also drives rapid improvements in critical cardiovascular and metabolic markers. In a mean follow-up period of just eight months:

- $\geq 5\%$ average reduction in critical risk markers, including LDL cholesterol, triglycerides, & fasting glucose.
- $>50\%$ of patients normalized their glucose, HbA1c and ALT markers entirely (Figure 11).

→ Allara doesn't just manage symptoms—it **actively improves a patient's underlying health profile** and lowers their risk for future cardiovascular events.

Lab Improvement Rates Among Patients with Abnormal Baseline Values

Figure 11



07 Conclusion

A Critical Window for Intervention

The findings in this report confirm that Allara's integrated care model closes long-standing gaps in healthcare for women in midlife. Our data reveals a clear picture of an underserved population: the average woman over 40 arrives at Allara balancing four different health concerns. Most have suffered with these symptoms and concerns for over a year, yet 85% report that their concerns were previously dismissed by other providers.

Beneath these symptoms, we see a rapid rise in cardiometabolic risk. Throughout the 40s, there is an increase in high blood pressure and blood sugar irregularities, with a steady rise in the number of risk factors present.

Allara's multidisciplinary approach proves that meaningful clinical improvement is possible:



Nearly half of obese patients achieved **clinically significant weight loss of $\geq 5\%$** , with results further improving the longer they stayed engaged with the platform.

50%+

More than half of patients **normalized metabolic risk markers** HbA1c, glucose and ALT



8 out of 10 patients reported **overall symptom improvement** (after 3+ visits)

→ These results highlight a vital insight: midlife is not simply a period to be endured, but a critical window for intervention. The symptoms that drive women to seek care are treatable, and the metabolic changes of this decade are modifiable.

By providing a model that truly hears patients and treats the whole person, Allara is fundamentally *altering* the *health trajectory* for women in midlife.