

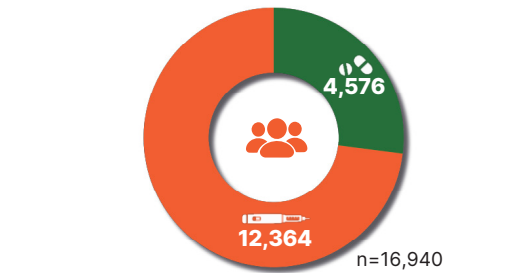
Real-World Effectiveness of Injectable vs. Oral Semaglutide in Obesity: An 18-Month European Cohort Study

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Study Design & Population

BASELINE	Inj. sem.	Oral. sem.
Mean age, yrs	45	46
Female, %	72	76
Mean BMI, kg/m ²	33	33
T2D, %	1,7	1,2



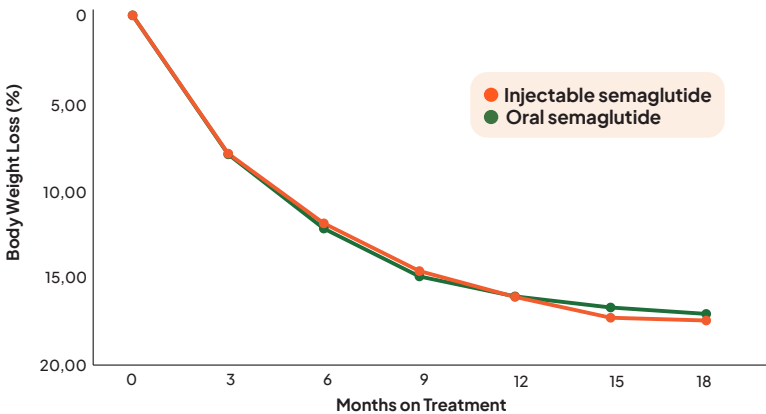
Oral vs injectable semaglutide: comparable outcomes, greater treatment flexibility

This large European real-world cohort included **16,940 patients** with obesity receiving oral or injectable semaglutide through Yazen Health’s physician-led, multidisciplinary digital obesity care model.

Oral and injectable semaglutide were associated with sustained weight loss and comparable improvements in central adiposity and metabolic markers over 18 months, with negligible adjusted differences despite mean doses below the recommended maximum. The findings support either formulation as a viable long-term option, allowing treatment choice to reflect patient preference.

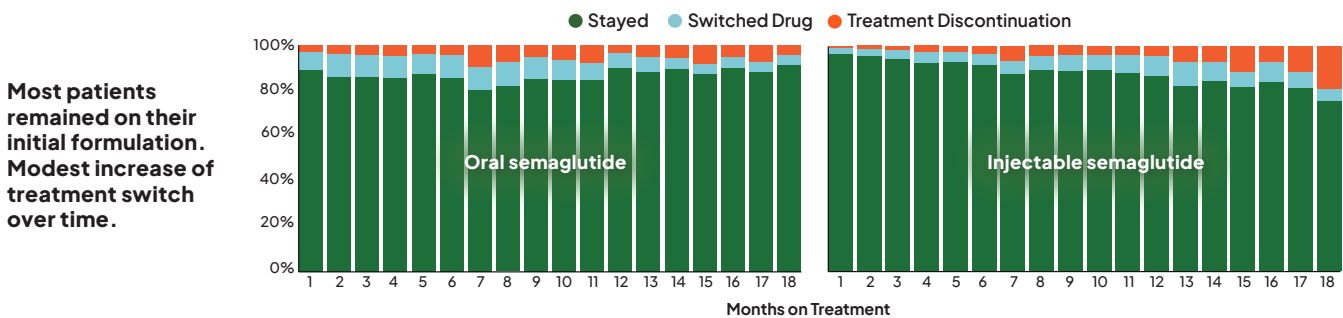
Oral and Injectable Semaglutide Show Comparable 18-Month Outcomes

Adjusted weight loss trajectories



18 MONTHS	Inj. sem.	Oral. sem.
In cohort, n	1,190	359
Retention, %	62.1	60.8
%BWL	-18.5	-18.0
WHtR, % diff	15.7	15.9
HbA1c, mmol/mol	-3.7	-3.8
Triglycerides, mmol/L	-0.44	-0.49
Mean dose, mg	0.85 weekly	13.4 daily

Changes from initial cohort per month



Most patients remained on their initial formulation. Modest increase of treatment switch over time.

Source: Yazen Health patient registry 2026 (n=16,940)

BACKGROUND & AIM

Evidence comparing the long-term real-world effectiveness of injectable and oral semaglutide for obesity is limited, particularly at doses lower than those tested in clinical trials. This study compared 18-month weight loss, body composition changes, and metabolic biomarker trajectories between these two formulations in a large European cohort of obesity patients at a digital caregiver, where incretin based therapy was combined with a structured lifestyle intervention.

METHODS

We analysed electronic health records of **16.940 patients** with obesity initiating treatment with either **injectable (12.364)** or **oral (4.576)** semaglutide at a digital comprehensive obesity care provider between Jan. 1, 2024, and Mar. 31, 2026. Patients were classified as users of their initial formulation until the earliest of switching to another incretin therapy or formulation, discontinuation of treatment at the clinic, or the end of the study period. The primary endpoint was mean percentage body weight loss (%BWL) at 18 months, with weight self-reported weekly. Secondary endpoints included waist-to-height ratio (WHtR), self-reported monthly, and metabolic markers (HbA1c and triglycerides), measured at baseline, 9 and 18 months. To account for staggered enrollment and administrative censoring, linear mixed-effects models (LMM) with %BWL/WHtR at 3, 6, 9, 12, 15 and 18 months were constructed (for metabolic markers 9 and 18 months), adjusting for baseline age, sex, body mass index (BMI), and diabetes status. Mean daily or weekly doses were reported at 18 months, and treatment retention was defined as patients still on any incretin therapy after starting on either oral or injectable semaglutide.

RESULTS

At baseline, injectable and oral cohorts were similar (mean baseline age 45 vs. 46 years, 72% vs. 76% female, mean BMI 33 vs 33, 1.7% vs. 1.2% with diabetes). Retention was high at 62.1% and 60.8%, but due to treatment switches or end of the study period only 1,190 and 359 patients contributed data to the cohorts at 18 months, with mean doses of 0.85 mg weekly (injectable) and 13.4 mg daily (oral). At 18 months, the injectable cohort achieved 18.5%BWL (SD 7.7%) vs. 18.0%BWL (SD 7.0%) in the oral cohort. The adjusted %BWL difference between cohorts was small (-0.41%, 95% CI: -0.78%-0.06%). Mean WHtR reduction at 18 months was 15.7% (SD 8.8%) and 15.9% (SD 7.7%) in respective cohorts, with negligible adjusted differences between groups. Mean absolute differences for HbA1c were -3.7 (SD 3.6) and -3.8 (SD 3.3) mmol/mol, and for triglycerides -0.44 (SD 0.82) and -0.49 (SD 0.86) mmol/L. The differences were negligible in the adjusted analyses.

CONCLUSIONS

In this large cohort of patients with obesity initiating semaglutide in conjunction with a comprehensive lifestyle intervention in a digital care setting, patients achieved clinically relevant weight loss, reduction in central adiposity, and metabolic improvement over 18 months. Doses were far lower than maximal doses approved for obesity. Differences between oral and injectable semaglutide formulations were negligible, supporting the viability of both treatment options.

*Conflict of Interest: Martin Carlsson is a co-founder and employee of Yazen Health. All other authors are employees of Yazen Health.
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