



GLP-1 Weight Management in the Gulf:

An Early Read from Valeo's UAE Client

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Why This Matters Now, In This Region

GLP-1 receptor agonists have moved from a niche diabetes therapy to the defining obesity intervention of the decade — and nowhere is that shift more consequential than the GCC. The UAE has long carried obesity rates above the global average, and a 2026 national outlook puts nearly a third of the population on course to be obese by 2031 absent stronger intervention, with Emirati women disproportionately affected. Regional health economists now frame obesity reduction in hard economic terms: recent UAE-focused modeling links accelerated obesity intervention to tens of billions of dollars in productivity gains and over a billion dollars in freed-up chronic-disease spend, with GLP-1 therapy singled out as the single biggest lever available today. Saudi survey data tells a parallel story on the demand side: lifetime GLP-1 use among Eastern Province adults has been measured at close to one in five, with injectable semaglutide the dominant molecule and most patients starting on a physician's recommendation rather than self-directed use — a pattern this Valeo cohort mirrors closely (100% physician-initiated, consented enrolment).

Against that backdrop, Valeo's own GLP-1 client registry from January 2026 to June 2026 — 1,010 enrolled clients, two medications (Tirazeptide and Simaglutide) — is a genuine regional data asset.



Who's Enrolled, and On What

Characteristic	Tirazeptide (n=445)	Simaglutide (n=399)	Statistic
Age, mean (SD)	36.0 (8.0)	36.8 (8.5)	p=0.152
Baseline BMI, mean (SD)	33.0 (5.6)	29.2 (4.6)	p<0.001
Emirati	1,862	Gulf Arab	63.7%
Baseline weight (kg), mean (SD)	91.5 (19.6)	78.6 (15.7)	p<0.001
Female / Male, n	323 / 120	329 / 69	p=0.001

Prescribing is not random with respect to baseline weight: Tirazeptide clients start heavier and higher-BMI, and men are proportionally over-represented on Tirazeptide (27% vs 17%of the Simaglutide group). That's a plausible, clinically sensible prescribing pattern – but it means the two medication groups are not directly comparable, and any outcome difference between them below has to be read with that in mind.



Weight Outcomes

Within-client change

Comparison	n (paired)	Mean change	Paired t-test
Baseline → 2 months	76	-2.51 kg	p=0.006 **
Baseline → 4 months	28	-3.36 kg	p=0.058 (trend)

Among the minority of clients with a follow-up weight recorded, weight loss at 2 months is statistically significant and consistent with what the regional literature would predict for early GLP-1 response. The 4-month figure moves the same direction but doesn't clear significance — most likely a power problem given only 28 paired records exist, not evidence that the effect fades.

By medication

Timepoint	Tirazeptide	Simaglutide	Statistic
2 months	n=42, 3.6% (SD 7.3)	n=23, 3.6% (SD 4.3)	p=0.999
4 months	n=17, 4.1% (SD 9.0)	n=8, 7.6% (SD 5.3)	p=0.243



Weight Outcomes

By sex

Timepoint	Male	Female	Statistic
2 months	n=28, 2.5% (SD 5.4)	n=23, 3.6% (SD 4.3)	p=0.273
4 months	n=7, 3.0% (SD 9.7)	n=19, 5.9% (SD 7.4)	p=0.502

Neither medication nor sex shows a significant association with % weight loss at either checkpoint. With 65–78 clients contributing 2-month data and 25–30 contributing 4-month data out of 1,010 enrolled, these tests can only detect a large effect — read "not significant" here as "not yet answerable," not as evidence of equivalence.

One Signal Worth Following Up

Variable vs. % weight loss (2-month)	n	p-value
Baseline BMI	74	0.004 **
Baseline weight	74	0.060 (trend)
Age	70	0.088 (trend)



Clients with a higher baseline BMI lost a larger share of body weight by 2 months ($r=0.33, p=0.004$) – a clinically intuitive pattern (more room to lose, faster relative early response) that also echoes findings in the wider regional obesity literature. Worth flagging as hypothesis-generating with $n=74$, not as a confirmed dose-response relationship.

Baseline labs by medication

Lab (baseline)	Tirazeptide	Simaglutide	Statistic
HbA1c (%)	n=139, 5.32 (0.57)	n=149, 5.24 (0.50)	p=0.191
LDL (mg/dL)	n=139, 118.4 (36.0)	n=147, 118.0 (30.7)	p=0.916
HDL (mg/dL)	n=139, 51.8 (13.7)	n=148, 55.5 (14.0)	p=0.021
Triglycerides (mg/dL)	n=134, 134.3 (106.0)	n=143, 115.4 (89.0)	p=0.112
ALT (U/L)	n=140, 28.6 (17.4)	n=148, 23.2 (16.6)	p=0.008
AST (U/L)	n=139, 24.1 (13.4)	n=148, 21.6 (9.9)	p=0.068 (trend)

Tirazeptide clients run lower HDL and higher ALT at baseline than Simaglutide clients –almost certainly a downstream reflection of the baseline weight/BMI imbalance in Section2, not a drug effect, since these are baseline (pre-treatment) values.



Bottom Line & Recommendation

Set against a GCC backdrop where GLP-1 therapy is being framed as the single most consequential obesity lever available, Valeo's registry is well positioned to become a genuine regional data asset — the enrolment base (1,010 clients, physician-initiated, fully consented) is there. Right now, though, the registry can support exactly two claims with confidence: clients are losing weight by 2 months on treatment, and that response scales with how heavy they started. It cannot yet support a medication comparison, a sex-based claim, or a safety picture, because the follow-up data needed to say any of that isn't being captured.