Patient Perspectives on Future Prescription Companion Apps for Obesity Medications

Findings from an Obesity Action Coalition research survey

October 2026

This white paper examines patient perspectives about future companion applications connected to prescription obesity medications and the conditions that may shape trust, use and sustained engagement.

OAC
Obesity Action Coalition

01

Executive Summary

Patients see value in medication-specific digital support when it is understandable, useful and under their control

The Obesity Action Coalition (OAC) surveyed 133 adults to understand how patients view prescription companion apps connected to obesity medications. Respondents evaluated potential functions, differences from general apps, privacy expectations, data sharing, regulatory oversight and overall interest. The findings show strong interest in practical support, but they also show that interest in individual functions does not necessarily translate into willingness to adopt an app.

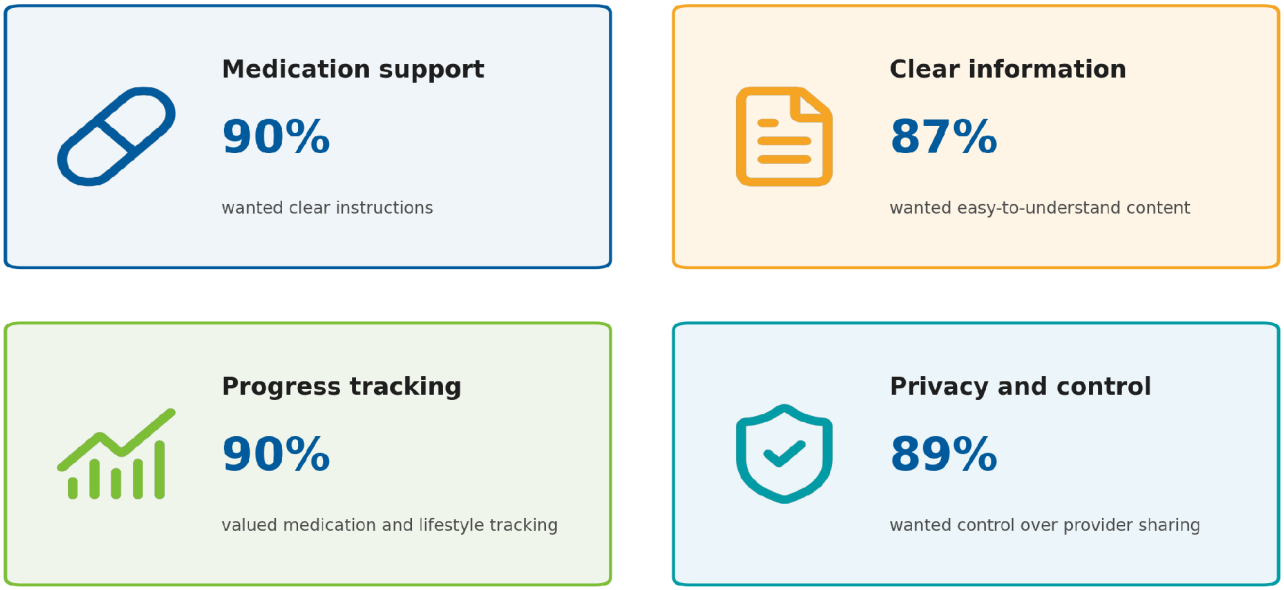


Figure 1 Four priorities consistently shaped respondent expectations

Source: OAC survey, May 2026. Percentages combine agree and strongly agree.

Main findings

- Approximately 82% to 90% supported functions related to medication instructions, reminders, symptom and side-effect management, and progress tracking.
- Most respondents expected a prescription companion app to differ from general apps through its medication-specific focus and its handling of health information.
- Privacy and control were central. Eighty-nine percent wanted a clear privacy explanation, and 89% wanted control over information shared with healthcare professionals.
- Overall adoption was less certain than interest in specific functions. Responses about trying a linked app, switching between apps and continuing to use general apps included substantial neutrality and disagreement.

Central conclusion: A prescription companion app should earn its place in care by providing medication-specific value without adding burden, surveillance or confusion. Patients need plain-language information, useful personalized choices and a clear explanation of what happens to their data.

02

Background and Study Questions

The study examined the patient experience before prescription companion apps become routine parts of obesity treatment

Digital tools are increasingly used to support medication routines, health tracking and communication. A prescription companion app could extend that support by connecting information and functions to a specific obesity medication. Potential functions include instructions for correct use, reminders, symptom and side-effect documentation, progress tracking, education and selective sharing with healthcare professionals.

The potential benefit depends on more than the number of available functions. Patients may already use general medication or weight management apps. They may not want to enter the same information in several places, receive frequent notifications or share information with organizations they do not know. A tool designed without those concerns in mind could create additional work or reduce trust.

App categories used in the survey

App category	Meaning in the survey
Prescription companion app	An app designed to work with a specific prescription weight management medication. The survey described this as an FDA-approved medication companion app that may be reviewed as part of the medication approval process.
General medication management app	An app that helps people track medications, reminders or medication logs but is not connected to a specific prescription or reviewed as part of that medication's approval.
Weight management app	A broader app that may support food, activity, weight or lifestyle tracking and may also include medication-related functions.

This paper uses the term prescription companion app for readability. The survey itself used the phrase FDA-approved medication companion app. The precise regulatory status of a future product would depend on the app, its claims and the FDA review pathway that applies.

Questions addressed

- What experience do respondents already have with medication and weight management apps?
- How do respondents expect a prescription companion app to differ from a general app?
- Which functions appear most useful, and which concerns could reduce interest?
- What information-sharing controls do patients expect?
- How should developers, clinicians, regulators and researchers interpret the findings?

03

Methods and Participant Profile

The findings describe a small, digitally recruited sample and should be interpreted as directional

Survey methods

OAC designed the survey with consultation from KJT Group. The research team programmed and hosted the survey in Qualtrics and recruited respondents through Facebook. Data collection occurred from May 12 through May 22, 2026. Qualified respondents who completed the survey received a $20 incentive. The mean completion time was 11.6 minutes, and the median was 7.8 minutes. After data cleaning, the final analysis included 133 respondents.

The survey was designed as an exploratory study to understand what patients would want from a prescription companion app and what might make them hesitant to use one, at a time when no such product existed and the category remained hypothetical. Rather than measuring demand across the broader population of adults living with obesity, the study sought to identify patient priorities, concerns and design expectations to inform early development decisions and guide questions for a larger, more representative study.

The survey included descriptive questions about app use, Likert-scale items covering potential app functions and open-ended questions about helpful characteristics, concerns and ideal design. Percentages cited in this paper combine agree and strongly agree unless otherwise stated. Open-ended responses were reviewed for recurring themes.

Participant profile

Characteristic	Largest group	Study detail
Age	30 to 44	53%; 81% were younger than 45
Gender identity	Female	65% female; 33% male; 2% preferred not to answer
Current BMI	Mean 31.9	57% had a current BMI in the obesity range
Education	Bachelor's degree	56%; another 8% had a graduate or professional degree
Employment	Employed full time	54%; 87% worked full time, part time or were self-employed
Insurance	Employer or private	37%; respondents could select more than one coverage type
Household income	$100,000 to $149,999	33%; half reported $50,000 to $99,999

The sample was younger, more highly educated and more likely to be working than the population of adults living with obesity as a whole. Only 2% were age 60 or older. Current BMI also placed 43% of respondents below the obesity threshold, although current BMI alone does not indicate whether a person has a prior diagnosis, has lost weight during treatment or otherwise met the study's eligibility criteria.

These characteristics may influence digital familiarity and preferences. The findings are best used to guide companion app development questions, patient engagement and additional research rather than to estimate national demand.

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Existing App Use and Expectations

People brought substantial digital health experience to their evaluation of a new companion app

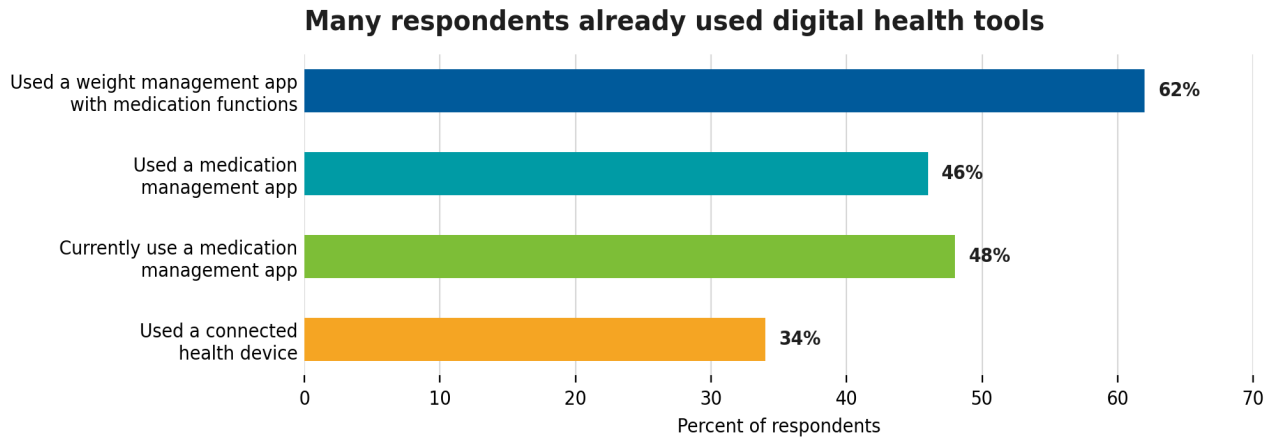


Figure 2 Historical and current use of digital health tools

Source: OAC survey, May 2026. Historical-use base n=126; current medication management app base n=131.

Among the 126 respondents who answered the historical-use question, 62% had used a weight management app with medication management functions, 46% had used a medication management app, and 34% had used a connected device such as a smart scale or fitness tracker. Among 131 respondents, 48% currently used a medication management app. Frequently named tools included Noom, MediSafe, Dosecast, MyTherapy, MyFitnessPal and Round Health.

The named tools suggest that respondents did not always draw a firm boundary between medication management and broader weight or lifestyle support. That overlap matters because users may compare a prescription companion app with several products at once. A new app may need to exchange information with existing tools or replace enough duplicated work to justify switching.

Most frequently mentioned apps

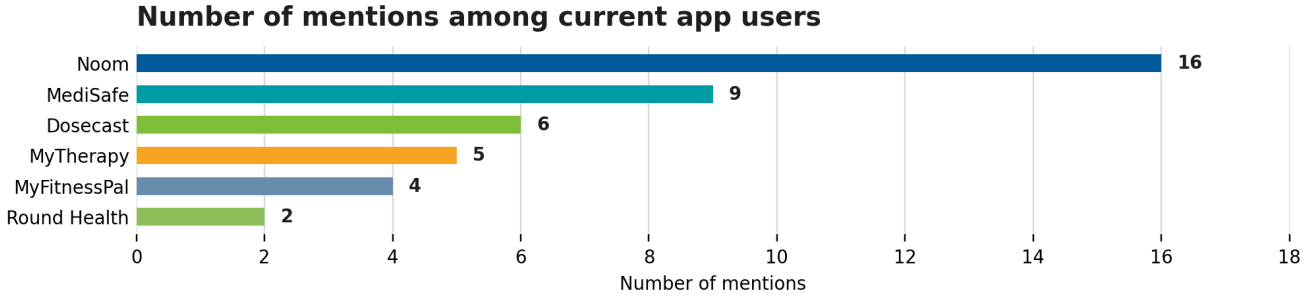


Figure 3 Apps most frequently mentioned by current medication management app users

Source: OAC survey, May 2026; n=63. Values are numbers of mentions.

Expected differences between apps

Respondents nevertheless expected a prescription companion app to feel distinct. Eighty-six percent expected it to focus on one specific weight management medication. Eighty-nine percent expected differences in how the apps handle health information, including privacy and the types of information collected. Eighty-seven percent

expected a different overall experience, and 81% expected general apps to focus more on tracking multiple medications.

Fifty-five percent of respondents agreed that the app types could serve similar purposes. Respondents appear to expect familiar functions, such as reminders and tracking, combined with greater medication specificity and different expectations for clinical credibility and data handling.

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Medication Support and Understandable Information

The strongest findings concerned practical help with treatment

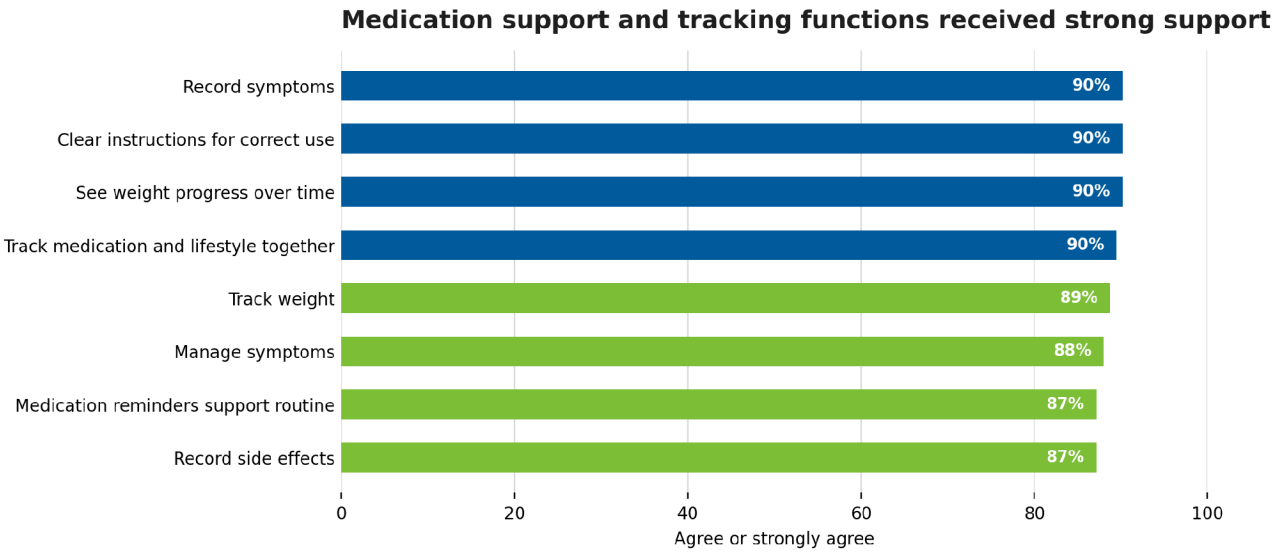


Figure 4 Support for selected medication and tracking functions

Source: OAC survey, May 2026; n=133. Percentages combined agree and strongly agree.

Respondents showed strong interest in recording and managing symptoms and side effects. Ninety percent said they might use the app to record symptoms, and 88% might use it to manage symptoms. Eighty-seven percent might record side effects, and 83% might use the app to manage them. These functions could help patients organize information for their own use and prepare for conversations with healthcare professionals.

Medication routines also received strong support. Eighty-seven percent said the app could help them keep track of when to take medication, and the same reported reminders would support their routine. Open-ended responses mentioned daily adherence logs, medication-specific tips and reminders that explain the prescription rather than simply prompt an action.

Clear information may be as important as tracking. Ninety percent wanted instructions about correct medication use, and 87% wanted information that was easy to understand. Although 53% felt confident managing medication without digital support, 34% did not. An app could therefore provide optional assistance without assuming that every patient needs the same level of guidance.

> *"Personalized medication tips matching my prescription, different from universal general health advice."*
>
> *"Easy to use and sending notifications reminders."*
>
> *"Weight tracker graph that can be viewed as months or years to show progress over time."*

Design implication: The app should explain what to do, why a function matters and when a patient should contact a healthcare professional. Information should support clinical care and should not substitute automated advice for individualized medical judgment.

06

Tracking Progress and Engagement

People valued integrated tracking but did not want every measure to be mandatory

Progress tracking was one of the clearest areas of interest. Ninety percent said that seeing weight-loss progress over time would matter, and 89% would use the app to track weight. Eighty-seven percent would track activity, 87% would track health information while using medication, and 84% would track eating habits. Eighty-five percent believed encouragement or feedback could make a positive difference.

Respondents also valued integration. Ninety percent believed that tracking medication and lifestyle information in one place could be useful. Open-ended responses described graphs that could display progress over months or years, integration with smart scales and wearable devices, water reminders, symptom tracking and personalized suggestions based on individual habits.

Useful tracking is selective tracking

High overall support does not mean every respondent wants intensive monitoring. Thirty-nine percent agreed that they do not like tracking health information in apps, while 53% disagreed and 8% were neutral. Open-ended responses described excessive tracking as invasive and raised concern that too many notifications could become overwhelming or stressful.

A patient-centered app should allow people to choose which measures they track, set the frequency of reminders and pause functions that are not helping. It should explain why each data element is requested and avoid collecting information simply because the technology makes collection possible.

Progress should extend beyond weight

The survey asked directly about weight progress, and respondents valued that function. Future design and research should also examine outcomes that reflect how patients feel and function. Relevant options may include symptoms, medication tolerance, mobility, sleep, daily activity, treatment confidence, quality of life and progress toward goals selected by the patient.

Feedback should remain respectful and free from weight bias. The app should avoid judgmental language, streaks that punish missed entries or messages that imply treatment success depends only on willpower. Patients should be able to define what useful progress means for them.

07

Privacy Data Sharing and Patient Control

People were open to sharing information when they understood the purpose and retained control

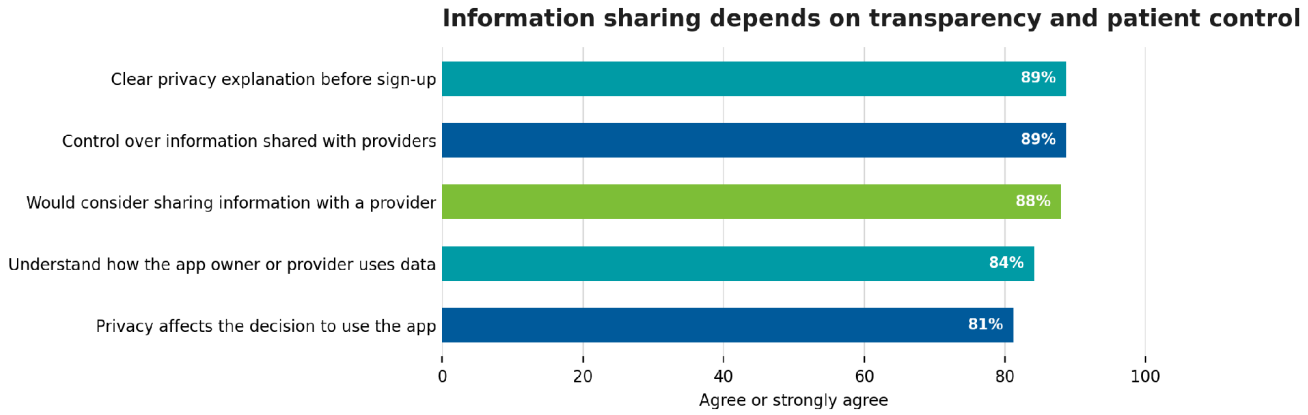


Figure 5 Privacy and information-sharing expectations

Source: OAC survey, May 2026; n=133. Percentages combine agree and strongly agree.

Privacy expectations were consistent across several questions. Eighty-nine percent wanted a clear explanation of data privacy before signing up, and 81% said privacy would affect whether they used the app. Eighty-four percent needed to understand how the app owner or healthcare professional would use their information.

Respondents were not opposed to clinical information sharing. Eighty-eight percent would consider sharing app information with a healthcare professional. At the same time, 89% wanted control over what would be shared, and 65% felt comfortable keeping information private from a provider. Together, these results support voluntary, specific and reversible sharing choices.

Questions raised in open-ended responses

Respondents asked whether information would be shared with pharmaceutical companies, insurance companies, employers or advertisers. They also raised concerns about data security, confusing privacy practices, hidden uses of information and the possibility that extensive tracking could feel invasive. These concerns affect more than legal compliance. They influence whether a patient sees the app as a source of support or a system of surveillance.

> *"Feeling overwhelmed by too many notifications, and not being sure how securely my personal health data is handled."*
>
> *"Too much tracking making it feel invasive."*
>
> *"Is it shared with pharmaceutical companies, insurers, employers, or advertisers?"*

Minimum expectations for data governance

- Explain what information the app collects, why it is needed and how long it is retained.
- Let users select the information shared with each healthcare professional or organization.
- Allow users to change sharing preferences without losing access to core medication information.
- Identify third parties that receive data and distinguish treatment uses from marketing, analytics or product development.
- Provide a clear process for exporting or deleting information when applicable.

08

Oversight Regulation and Adoption

Regulatory credibility mattered, but overall willingness to use a companion app remained uncertain

Respondents wanted visibility into the app's full life cycle. Eighty-seven percent wanted to understand how the app would be updated, and 87% wanted to understand how it would be monitored over time. Eighty-six percent said FDA review would influence their decision to use the app.

In contrast, fifty-three percent also agreed that regulatory status would not affect their decision, while 31% disagreed and 17% were neutral. Respondents may view FDA review as a useful sign of credibility without treating it as the deciding factor.

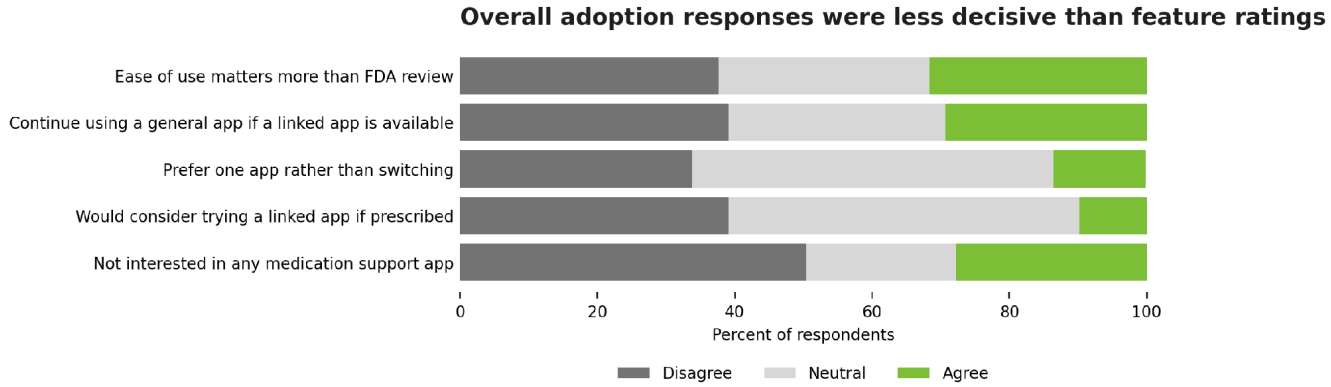


Figure 6 Agreement on selected overall interest statements

Source: OAC survey, May 2026; n=133. Totals may differ slightly from 100% because of rounding.

The overall-interest questions were much less decisive than the feature ratings. Only 10% agreed that they would consider trying a linked app if prescribed a medication with one, while 51% were neutral and 39% disagreed.

Other items also showed uncertainty. Twenty-nine percent would continue using a general app if a linked app were available, and 14% clearly preferred one app rather than switching. Half disagreed that they lacked interest in all medication support apps. These findings show variability in overall adoption interest.

> *"General weight won't take into account my health status, the drugs I'm taking. I think the FDA approved app has more advantages than the general fitness tracking."*
>
> *"The FDA one sounds more safe than just a generic one."*
>
> *"I will compare the professionalism and accuracy of medical information in two apps."*

09

App Design and Implementation Recommendations

The findings support six priorities for a patient-centered prescription companion app

1. **Involve patients throughout development -** Use patients as partners in defining the problem, testing language, reviewing privacy choices and evaluating updates. Include people with different levels of digital literacy, disability status, treatment experience and access to technology.
2. **Focus on medication-specific value -** Prioritize correct-use instructions, symptom and side-effect support, medication reminders and information that helps patients prepare for conversations with healthcare professionals.
3. **Make tracking and notifications flexible -** Let users choose measures, reminder frequency and feedback. A function that helps one patient may burden another, and the app should not require unnecessary data entry.
4. **Give patients meaningful data control -** Use clear consent choices, identify all recipients of information and allow people to revise sharing preferences. Access to core educational content should not depend on broad data sharing.
5. **Reduce fragmentation -** Design for integration with tools patients already use and with clinical workflows that can act on the information. Avoid duplicate entry and unclear responsibilities for reviewing patient-generated data.
6. **Evaluate benefit and burden -** Measure comprehension, trust, treatment confidence, symptoms, functioning, quality of life and sustained engagement. Also measure time burden, notification fatigue, privacy concerns and reasons people stop using the app. Evaluation should measure activation, sustained use, reasons for discontinuation and whether the app improves outcomes that matter to patients.

Evidence to design response

Evidence from respondents	Design response	Why it matters
90% wanted clear instructions	Use plain language and medication-specific guidance	Patients need practical support during treatment
89% wanted control over provider sharing	Make sharing choices specific and reversible	Control supports trust and informed participation
90% valued combined medication and lifestyle tracking	Support integration and user-selected measures	A single view may reduce fragmented tracking
39% disliked tracking health information in apps	Allow users to turn off measures and notifications	The same function can help one user and burden another
Overall adoption responses were mixed	Test activation, continued use and reasons for stopping	Feature ratings do not predict sustained engagement

Implications by stakeholder

Given that, only 10% of survey respondents agreed that they would consider trying a linked app if prescribed a medication with one, developers and medication manufacturers should demonstrate why the app adds value beyond existing tools. Healthcare professionals and health systems should define how patient-generated information will be reviewed and discussed. Regulators and researchers should examine whether patients understand regulatory terminology and whether the app delivers a clinically meaningful benefit without adding new barriers to treatment.

10

Study Limitations and Conclusion

The findings identify design priorities and research questions rather than generalizability or national estimates of demand

Limitations

- The sample included 133 respondents and was recruited through Facebook.
- The sample was relatively young, highly educated, employed and predominantly female. Adults age 60 and older were minimally represented.
- Current BMI placed 43% of respondents below the obesity threshold. The report does not explain whether this reflected treatment, prior diagnosis or another eligibility factor.
- The study relied on self-reported information and hypothetical app descriptions.
- The cross-sectional design cannot show whether stated interest predicts activation, continued use or clinical benefit.
- Several questions combined general medication management and weight management concepts, which respondents may have interpreted differently.
- Findings are not generalizable or national estimates.

Conclusion

Prescription companion apps may provide meaningful support for people using obesity medications. Respondents were especially interested in clear instructions, symptom and side-effect management, reminders and integrated progress tracking. They also expected medication-specific credibility and understandable information.

Patients want to understand how an app is monitored, what happens to their information and who can see it. They are open to sharing information with healthcare professionals when the choice remains theirs. They also want the ability to limit tracking, notifications and functions that do not meet their needs.

The next stage of research should test working app concepts with a larger and more representative population. Studies should examine comprehension, usability, trust, patient-reported benefit and sustained engagement. They should also assess whether the app reduces treatment burden or simply moves more work to the patient.

The survey's clearest message is that a companion app should support patient choice and strengthen care. It should not become a condition of treatment, a source of unwanted surveillance or another disconnected system that patients must manage.

Reference

1. Obesity Action Coalition. Understanding Patients Living with Obesity: Perspectives of a Prescription Companion App Compared with General Medication or Weight Management Apps. Final report. October 14, 2026.

About the Obesity Action Coalition

The Obesity Action Coalition is a national nonprofit organization dedicated to improving the lives of people affected by obesity through education, support, advocacy and awareness. OAC works to ensure that people affected by obesity are treated with respect and have access to safe, effective, evidence-based care. Learn more at obesityaction.org.

Disclosures

The survey research and white paper were supported by funding from Pfizer. This white paper presents descriptive findings from a survey and has not undergone peer review. The research, data analysis, and editorial conclusions were independently conducted and compiled by the OAC and KJT Group. During preparation of this white paper, the OAC used ChatGPT-6 in order to assist with the first draft and design. No primary research data, datasets, or raw metrics were entered into, uploaded to or processed by the AI model. All statistical computations, data processing and empirical analyses were conducted independently by the human research team using localized, separate computing software. The OAC retains full accountability for the accuracy, interpretations, and conclusions presented in this whitepaper.