

Hello Inside Medical Efficacy Report

Weight, BMI and symptoms in women using
Hello Inside: Real-World results over 90 days

October 2026

HELLO INSIDE
SCIENTIFIC SELF CARE



A message from our founders

At Hello Inside, we help women decode their body's signals through real-time glucose data, so they can work with their metabolism.

When we started Hello Inside in 2021, we had a conviction and no data to back it up: that women's bodies hold answers no generic health plan can give them. This is our third report in just over a year. Each edition draws on more women, and each one measures more carefully than the last.

Every week, women open Hello Inside to make sense of the fatigue and energy dips they had learned to accept as normal. Real-time glucose data, daily symptom tracking and AI-guided insight help them read those signals and become the expert on their own bodies.

Five years ago, we asked women to trust a body no one had taught them to read. This year we tested every symptom result against chance, because women deserve evidence they can trust. Our ambition is to make that the standard in women's metabolic health.

*Mario Aichlseder,
Co-founder and CEO*

None of this happens alone. Every woman who logs a symptom, tracks a cycle or steps on a scale adds to a body of evidence that did not exist five years ago, built day by day by the community using Hello Inside. This report brings that evidence together. Most women who weighed in at the start and again at least 60 days later lost weight, and almost a third reached a 3% loss, the level guidelines link to health benefits when sustained. More women saw their symptoms ease than get worse, more often than chance would predict, in real-world data without a control group.

For the last two years running, TIME named us one of the World's Top HealthTech Companies, and in 2025 we became the first digital health platform to earn Equal Care certification for sex- and gender-sensitive care.

Metabolism sets the rhythm behind energy, sleep, mood, weight and focus, and that rhythm shifts through every phase of a woman's life: her cycle, pregnancy, menopause. The pages that follow show where we stand now, including what the data can and cannot tell us.

Executive summary

Among women who set weight loss as their goal and weighed in twice, 62% lost weight, and more than half of women saw more of their symptoms ease than get worse, against 38% expected by chance. These are real-world results without a control group, so they describe associations, not cause and effect.

This report presents findings from women using Hello Inside, a digital metabolic health platform that pairs continuous glucose monitoring (CGM) with daily tracking of diet, exercise, sleep, stress and hormonal health. It is the third report in this series.

Weight. Of 1,465 women who set weight loss as their goal, 393 weighed in twice, at least 60 days apart and within 90 days of their first weigh-in. Of those 393, 62% lost weight and almost 1 in 3 lost at least 3% of their body weight. Among women who started overweight or living with obesity, almost 1 in 4 lost at least 5%. More than 2 in 3 women who started outside the healthy BMI range moved towards it, four times as many as moved away.

Symptoms. More than half of women (53%) had more symptoms easing than getting worse within 90 days of first logging each symptom, against 38% if their logs were in random order, and fewer got worse than chance would predict (n=1,964). The shift showed in 14 of 15 tracked symptoms and within the first two weeks.

This edition replaces the share of women who improved in at least one symptom with a stricter measure that counts symptoms getting worse as well as better. The section 'What changed since our last report' explains the change.

Hello Inside was the first digital health platform to earn Equal Care certification for sex- and gender-sensitive health recommendations in preventative health.¹ We are working to close a long-standing gap: women remain underrepresented in metabolic health research and care, even though metabolic conditions affect them disproportionately.

PREPARED BY
Amy Keenan, CMO,
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What changed since our last report

Each edition draws on a larger group of women, and this one also measures more carefully. Four changes matter when you compare it with earlier reports.

The population is broader. Our September 2025 report followed 650 women in the first half of 2025, a period that starts with the January push to lose weight. More than half of the women in this weight analysis joined after that period, and the data now runs through 4 October 2026, across every season of the year.

The rules for weight are stricter. A weight change now counts only when the first and last weigh-in sit at least 60 days apart and the change is physiologically plausible. Women who stopped weighing themselves are not counted, and the funnel in chapter 02 shows how many that is. These rules make averages more conservative than in earlier editions, and more reliable.

Symptoms are measured against chance. For each woman, this edition reports whether more of her symptoms eased or got worse, and compares every result with the same logs in random order. It replaces three measures used in earlier editions: the share of women who improved in at least one symptom, days to improve, and the most improved symptom.

Each result states how many women it covers. Symptom analyses draw on 2,553 women who logged symptoms, and the headline symptom result uses the 1,964 women who logged the same symptom at least twice in their first 90 days. Weight analyses draw on 4,325 women, and the weight chapters centre on the 1,465 who set weight loss as their goal.



In future editions we plan to report results by access route, including women who join Hello Inside through insurer-reimbursed access.

The metabolic health gap in women's care

Women are disproportionately affected by metabolic conditions such as insulin resistance, PMOS (formerly PCOS) and hormone-related disorders, yet they remain underrepresented in clinical research.

Hormonal fluctuations across the lifespan affect metabolic processes, including glucose tolerance, energy metabolism and inflammatory markers. The scale of this challenge is substantial:

- Fewer than one in three normal-weight adults are metabolically healthy,² decreasing to 8.0% and 0.5% in people with overweight and obesity respectively.
- Gender differences exist in metabolic syndrome prevalence and CVD risk.³
- Women are less likely to be included in clinical trials; sex has only been factored in as a biological variable in scientific research since 2016 (NIH).⁴
- Conditions that are female-specific, and conditions that disproportionately or differently affect women, often go unaddressed in conventional healthcare models.⁵

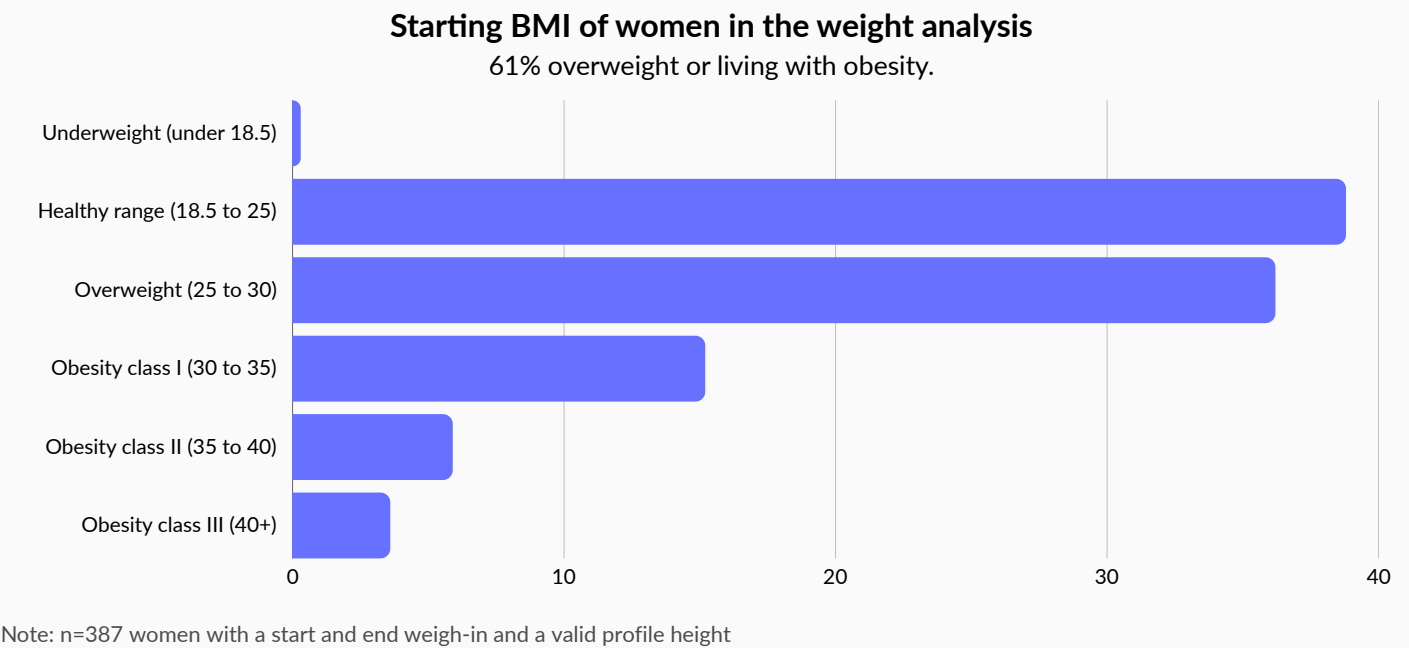
We address this gap by providing personalised metabolic insights that help women understand and manage their metabolic health through continuous glucose monitoring data and gender-aware AI recommendations.

Condition	Impacting	Metabolic link
Polyendocrine Metabolic Ovarian Syndrome (PMOS)	6 to 13% of reproductive-age women (WHO). ⁶	Insulin resistance fuels higher blood sugar levels, increasing obesity and diabetes risks. ⁷
Type 2 and gestational diabetes	11% of pregnant women in Europe develop gestational diabetes, ⁸ a major predictor of future type 2 diabetes.	Poor glucose control raises risks of cardiovascular disease, nerve damage and pregnancy complications. ⁹
Alzheimer's disease ('type 3 diabetes')	Women make up 70% of Alzheimer's patients. ^{10,11}	Insulin resistance in the brain is now recognised as a major driver of neurodegeneration and cognitive decline. ¹²
Perimenopause and menopause	One in three women worldwide is aged 45 or over (UN). ¹³	Hormonal shifts increase insulin resistance, fat storage and metabolic instability, contributing to weight gain, energy crashes and cardiovascular risks. ¹⁴
Endometriosis	10% of women of reproductive age. ¹⁵	Chronic inflammation, insulin resistance, and estrogen dominance worsen symptoms and metabolic syndrome risks. ¹⁶
Osteoporosis and bone health	22% of women over 50; women are four times more likely than men to develop osteoporosis. ¹⁷	High blood sugar contributes to bone loss and reduced density, increasing fracture risk. ¹⁸

Real-world outcomes: weight and BMI

01 The women in the weight analysis

This part of the report follows 1,465 women who chose weight loss as their health goal in the app and wore a CGM for at least 14 days. Their average age is 45, when many women enter perimenopause. At the start of their 90-day window, 6 in 10 were overweight or living with obesity, with an average BMI of 27.4.



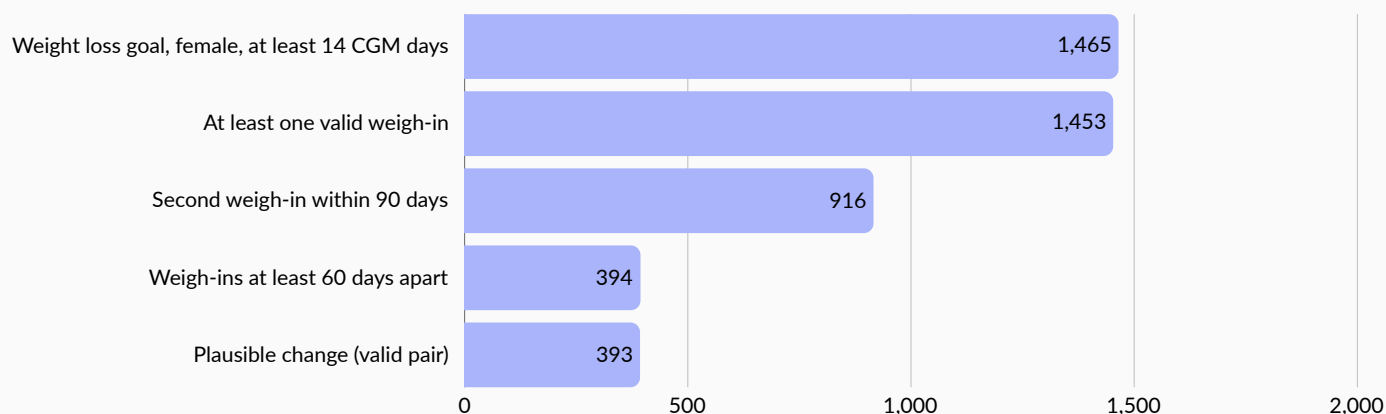
02 Weight loss within 90 days

Of the 1,465 women with weight loss as their goal, 393 had a valid pair of weigh-ins: one at the start and a second at least 60 days later within their first 90 days. Of those 393, 62% lost weight. Those who lost weight lost 3.1kg on average. For a woman weighing 70kg, that is about 4% of her body weight.

Across all 393 women, including those whose weight stayed the same or rose, the average loss was 1.5kg, or 1.8% of starting weight.

From 1,465 women to 393 valid pairs of weigh-ins

Where the women without a valid pair dropped out



Almost all of the women without a valid pair had no second weigh-in at least 60 days after the first. One woman was left out because her weight change was implausible.

Average weight change at 90 days	Women	Change
All women with a day-90 reading	393	-1.5kg (-1.8%)
Women who lost weight	243	-3.1kg (-4.0%)

The result holds on smart-scale readings alone, which leave out self-reported weights: 63% lost weight, and those who lost weight lost 3.4kg on average (n=108).

62%
OF WOMEN WITH A VALID
PAIR LOST WEIGHT
WITHIN 90 DAYS (N=393)

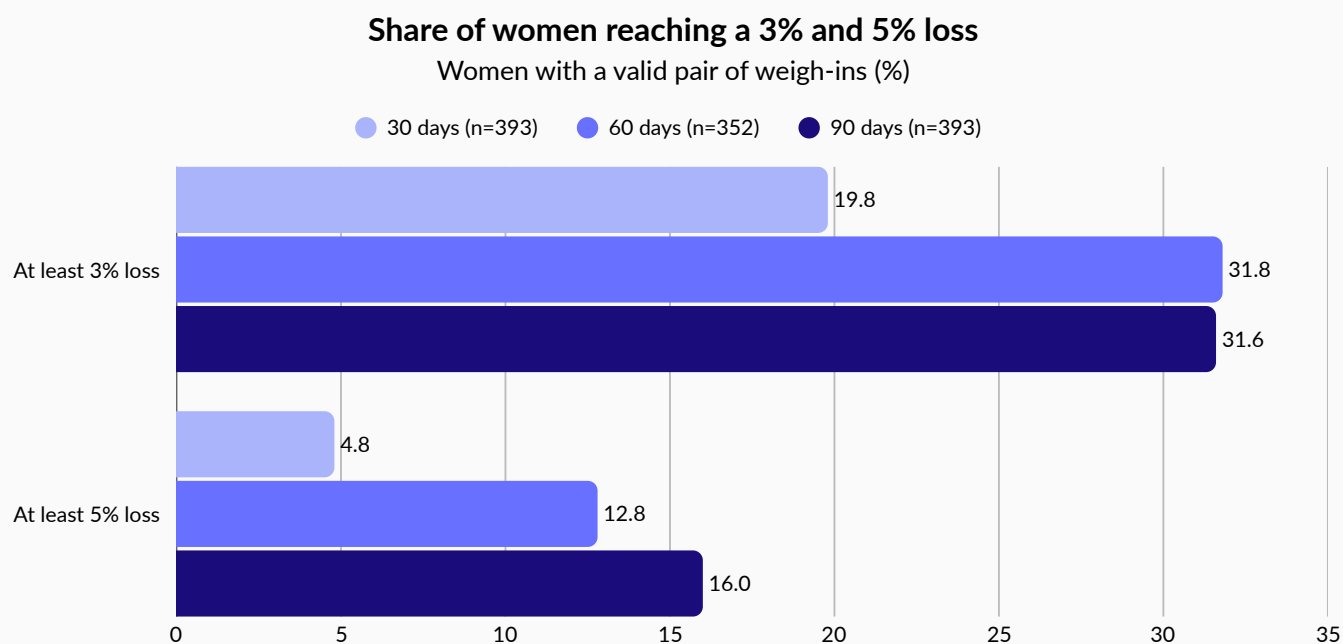
3.1kg
AVERAGE LOSS AMONG
WOMEN WHO LOST
WEIGHT (N=243)

1,465
WOMEN WITH WEIGHT
LOSS AS THEIR GOAL

03 Loss that matters for health

Weight-management guidelines treat a sustained loss of 3 to 5% of body weight as the point where health benefits begin, such as lower triglycerides and blood glucose.²⁰ Within 90 days, 32% of women with a valid pair reached a 3% loss and 16% reached a 5% loss.

Among women who started overweight or living with obesity, 69% lost weight within 90 days and 24% lost at least 5% of their body weight (n=236).



Almost 1 in 3

WITH A VALID PAIR REACHED A 3%
LOSS IN 90 DAYS

24%

STARTING OVERWEIGHT OR WITH
OBESITY LOST AT LEAST 5% (N=236)

04 Keeping it off

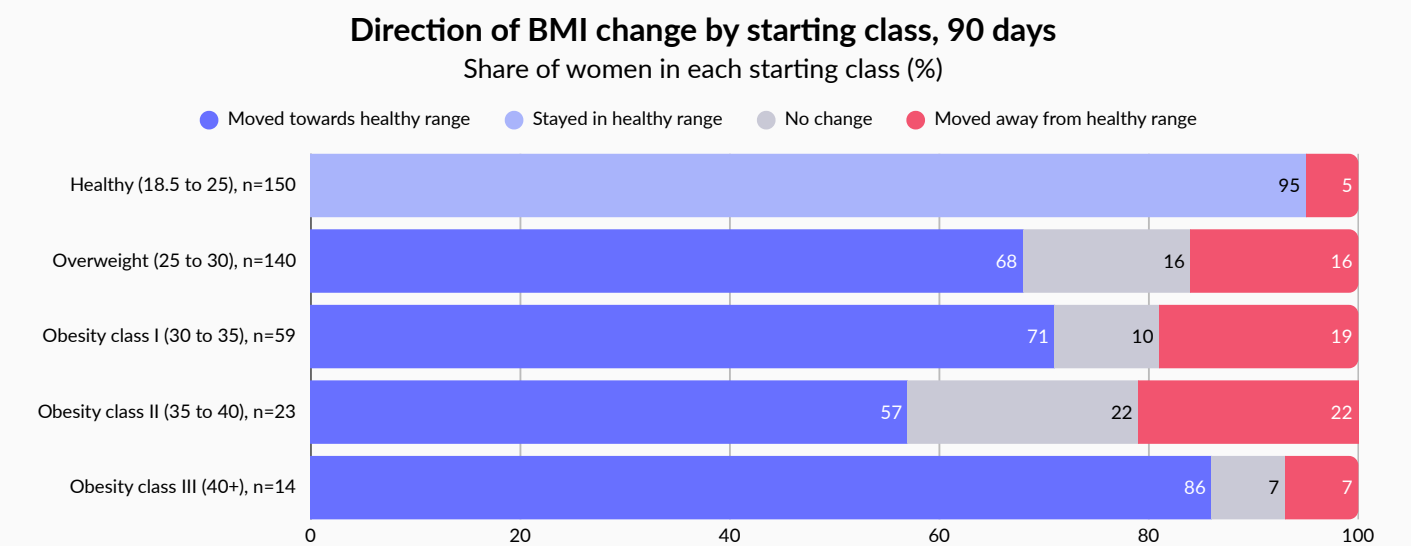
Weight regain is one of the hardest parts of weight management. When people stop weight-loss medication, especially GLP-1 drugs, weight starts to return within weeks: a 2025 review of clinical trials found significant regain 8 weeks after stopping, which continued at 12 and 20 weeks.²¹ Of women in our analysis who lost weight in their first 30 days, 84% were still more than 0.5kg lighter than at the start at day 90, and 63% had lost even more (n=126). The follow-up covers the two months after that first loss, so this describes early maintenance.

05 Moving towards a healthier BMI

Of 237 women who started outside the healthy BMI range (18.5 to 25), 68% moved towards it within 90 days and 16% moved away (p<0.001, a difference very unlikely to be due to chance). The share moving towards the range was about the same at 30 and 60 days (70% and 69%, n=250 and 225).

Of the 96 women living with obesity at the start, 29 (almost 1 in 3) moved down at least one BMI category, for example from obesity to overweight. Of the 140 overweight women, 26 (almost 1 in 5) reached the healthy range.

More than 2 in 3 moved towards the healthy BMI range, four times as many as moved away



n=387 women with a start and end weigh-in and a valid profile height. One woman started underweight (below 18.5) and her BMI class did not change within 90 days, so she is not shown.

06 Through every phase of life

Metabolism shifts through perimenopause and menopause, which can make weight harder to manage. In this analysis, 66% of women aged 45 and over lost weight within 90 days, and 57% of women under 45. 38% of women aged 45 and over reached a 3% loss, against 24% of women under 45 (n=219 and 173, p=0.007).

Beyond the scale

- 45% of women reduced their waist by more than 1 cm within 90 days, against 11% whose waist grew by more than 1 cm (n=206, p<0.001, waist measured by the women themselves).
- The more days women wore a sensor, the more often they lost weight: 57% with fewer than 28 sensor days, 58% with 28 to 59, and 72% with 60 or more (n=88, 196 and 109; p=0.002 for the trend). Women who stay longer may differ in other ways, so this is an association.

Data collection overview

- Segment: 1,465 women with weight loss as their health goal and at least 14 CGM days. Data up to and including 4 October 2026. Weight sources: Apple Health, the Metabolic Health Assessment and the Daily Journal.
- A pair of weigh-ins is the first weigh-in and the last one within 90 days of it. It counts when the two sit at least two thirds of the window apart (60 days for the 90-day window) and the change is plausible (at most 15kg per 30 days and 1.5% of body weight per day). Lost weight means more than 0.5kg below the first weigh-in; within 0.5kg counts as maintained.
- BMI uses the height in each woman's profile. There is no comparison group, so results describe what happened to women using Hello Inside.



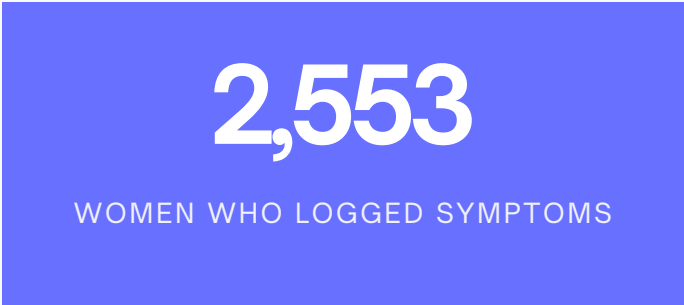
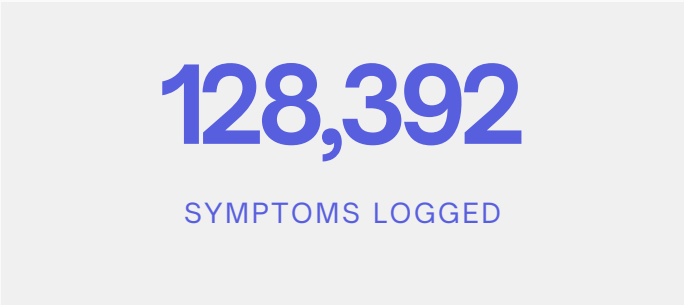
Real-world outcomes: symptoms

07 The symptom data

Women track symptoms in two places in the app:

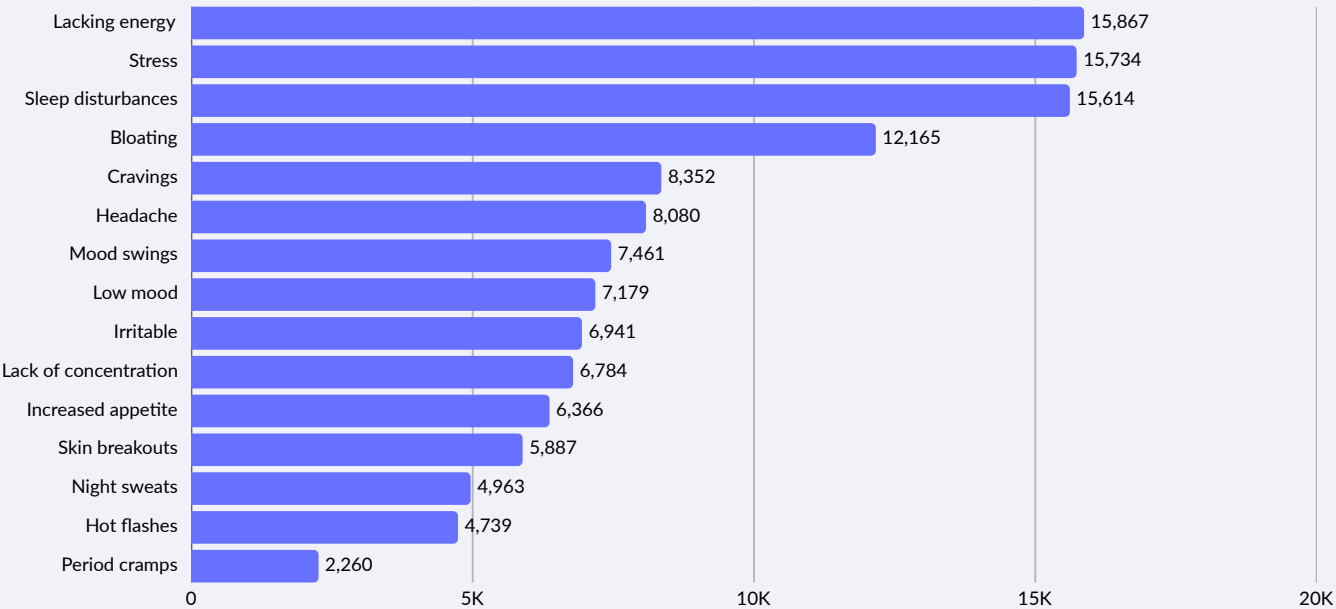
- 1. **The Metabolic Health Assessment:** a 22-question health assessment designed by Hello Inside with our medical and health advisors, completed once by new users on first use, before they wear a CGM.
- 2. **The Daily Journal:** an app feature that appears on the first app open of the day and asks how she felt yesterday.

This edition draws on 128,392 logged symptoms from 2,553 women, from both sources.



Top 15 most frequently logged symptoms

Logs per symptom, 128,392 logs in total



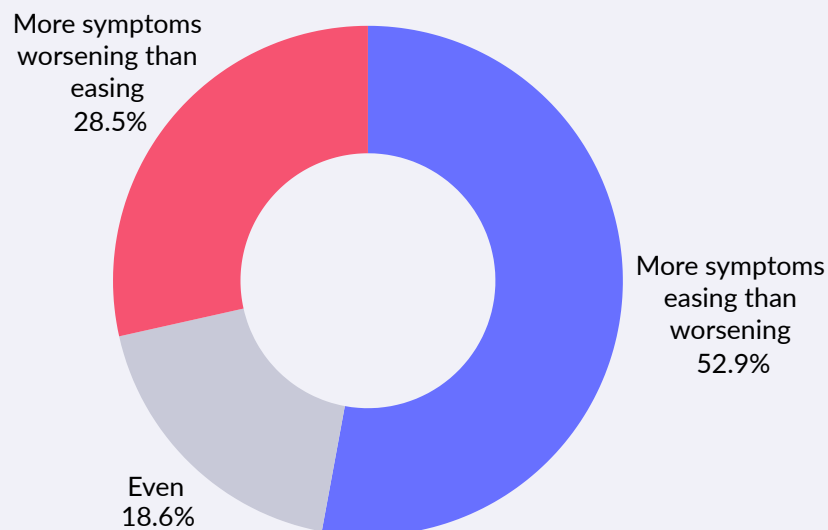
Each log records a symptom as mild, moderate or severe. There is no option to mark a symptom as gone, so a symptom that resolves simply stops appearing in the logs. The results in the following chapter therefore capture symptoms easing, not disappearing, and may understate the improvement.

08 More women saw symptoms ease than worsen

For each woman, we counted how many of her tracked symptoms trended down (easing) and how many trended up (worsening) within 90 days of first logging each symptom. 53% of women had more symptoms easing than getting worse, 29% had more getting worse, and 19% had as many of each (n=1,964).

To check this was not down to chance, we ran the same count on each woman's logs shuffled into random order. Shuffling removes any real trend over time but keeps everything else the same. On shuffled logs, 38% of women had more symptoms easing and 38% had more getting worse. More women eased and fewer got worse than chance would predict. Chapter 10 compares each group with chance at 14 and 90 days.

Balance of easing and worsening symptoms per woman, first 90 days



n=1,964; Metabolic Health Assessment and Daily Journal logs

53%

HAD MORE SYMPTOMS EASING
(CHANCE 38%, N=1,964)

AMONG WOMEN USING A CGM

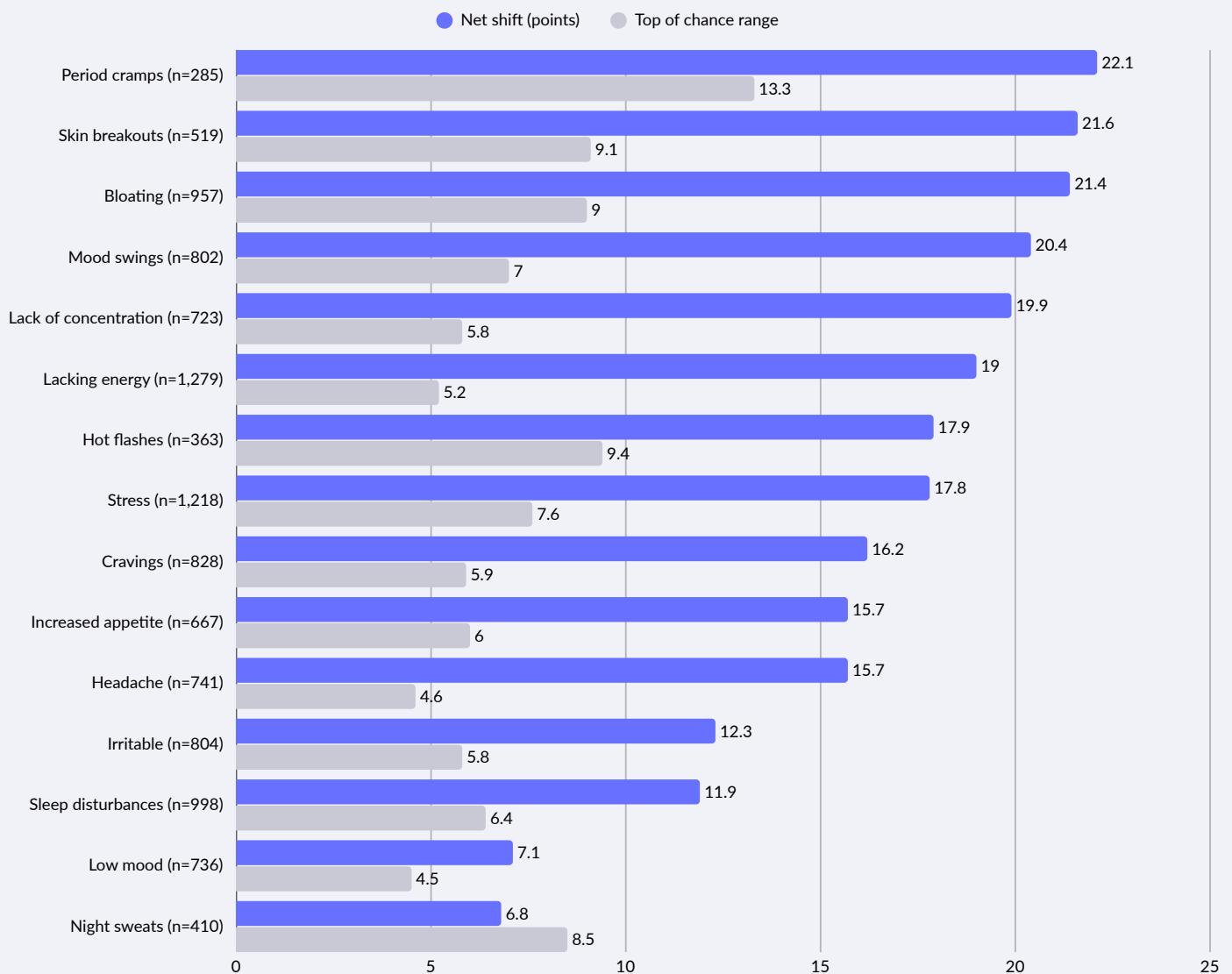
*54% had more symptoms easing than
worsening, against 38% by chance
(n=1,756)*

09 Which symptoms shifted

14 of the 15 most-logged symptoms eased more often than chance would predict, each compared with its own chance range. The largest shifts were in period cramps, skin breakouts, bloating, mood swings, lack of concentration and lacking energy. Night sweats was the only symptom that did not clear its chance range.

Shift towards easing beyond chance, by symptom

Net shift (points): % of women eased minus % worsened, against the top of each symptom's chance range (20 runs); first 90 days



10 The shift shows early

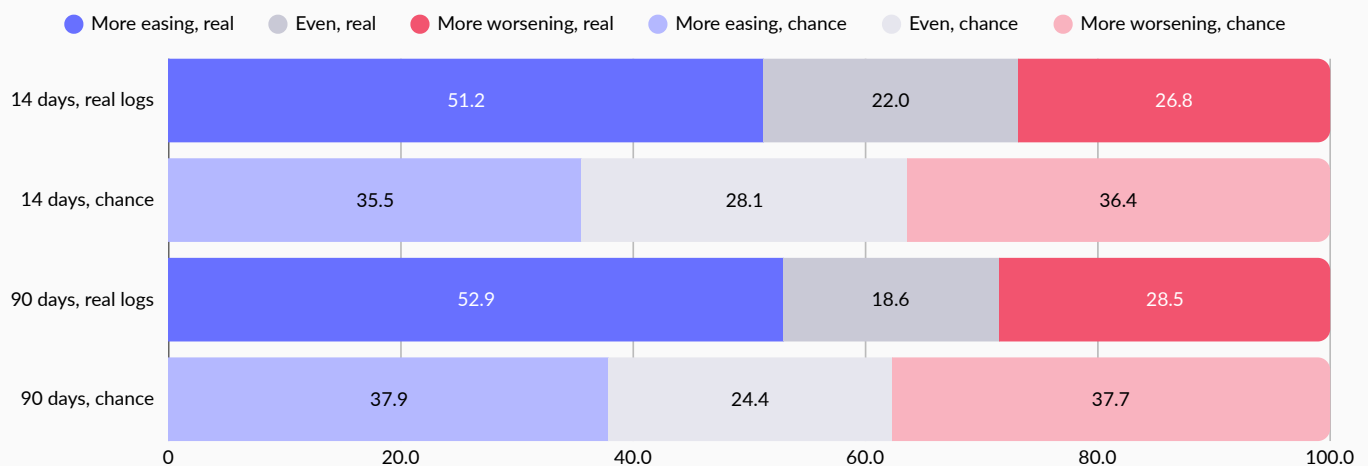
The shift towards easing shows within the first two weeks of tracking a symptom and holds through 90 days. Within the first 14 days, 51% of women had more symptoms easing than getting worse, against 36% if their logs were in random order, and fewer got worse than chance would predict (n=1,797). By day 90, the share was 53%.

51%

MORE SYMPTOMS EASING WITHIN
14 DAYS (CHANCE 36%)

Symptom balance against chance, 14 and 90 days

Women (%); n=1,797 at 14 days, n=1,964 at 90 days



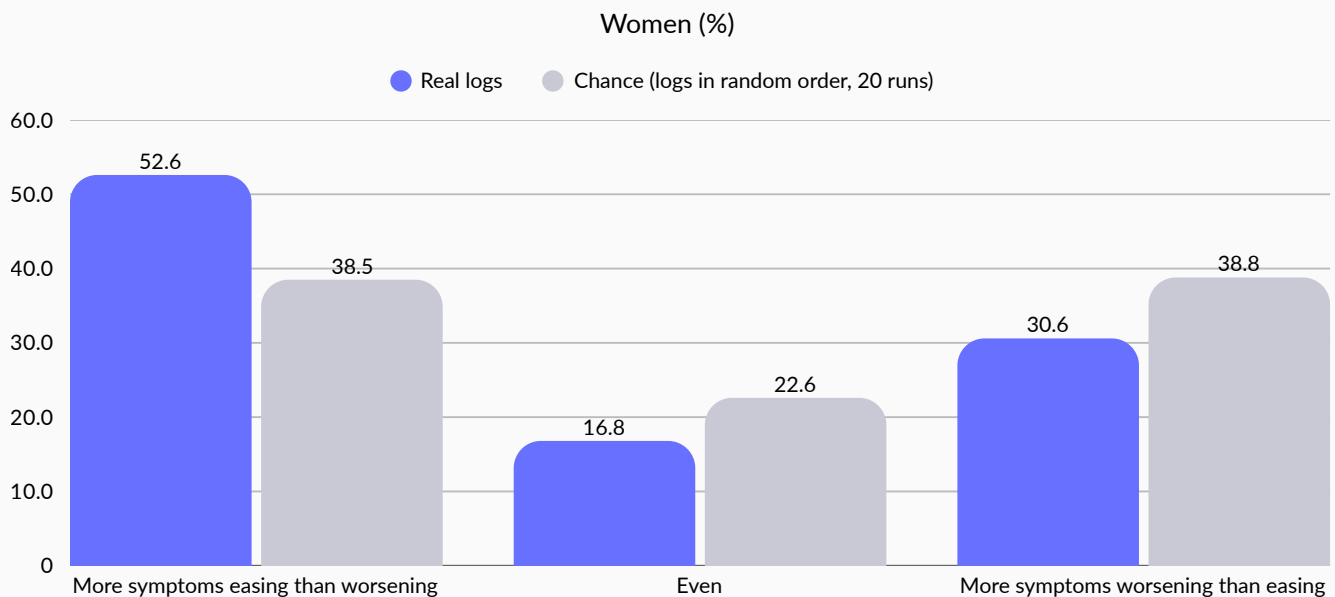
n=1,797 at 14 days and n=1,964 at 90 days. A woman counts in a window when she logged the same symptom at least twice within it.

11 Women who track their cycle

Research shows women can be more insulin resistant in the luteal phase of the menstrual cycle than in the follicular phase.¹⁹ With CGM data, a woman can see how her glucose patterns shift across her cycle and compare them with how she feels.

Among women who tracked both symptoms and menstruation, 53% had more symptoms easing than getting worse, against 39% if their logs were in random order, and fewer got worse than chance would predict (n=770). The shift is similar to that across all women in chapter 08.

Women who track their cycle: easing and worsening symptoms, first 90 days



n=770 women who logged symptoms and menstruation

Data collection overview

- Data up to and including 4 October 2026.
- Data sources: symptoms logged in the Metabolic Health Assessment and the Daily Journal.
- Sample: women with app activity spanning at least 90 days (counted from days with a recorded app open) and at least two logs of the same symptom in their first 90 days of logging it: 1,964 women, including 770 who also tracked menstruation.
- Severity is scored from 1 (mild) to 3 (severe). A symptom eases when its severity trends down (Kendall's Tau below zero, a standard measure of whether values tend to rise or fall over time) and worsens when it trends up.
- Chance: the same analysis run on each woman's logs shuffled into random order, 20 times. A result beats chance when it is above the highest shuffled result.

Conclusion

This report holds its own evidence to a stricter standard than earlier editions. Most women with a valid pair of weigh-ins lost weight, almost a third of them reached a 3% loss, the level guidelines link to health benefits when sustained, and more than two in three women outside the healthy BMI range moved towards it. Symptoms moved towards easing more often than chance would predict, from the first two weeks onward.

Real-time glucose feedback in a preventative context gives women information they can act on in small, sustainable steps. Bringing lifestyle and behavioural change into public and private healthcare could improve population health, reduce symptom burden and support metabolic health for people without diabetes, particularly women.

By addressing the gap in women's metabolic health research with gender-sensitive, AI-powered recommendations, we want to help every woman understand her metabolism and trust what her body is telling her.

Thank you

Thank you for taking the time to read this report. If you have any questions or would like to discuss our findings or mission further, please reach out to the Hello Inside team.

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Methodology and definitions

- **Symptom balance:** for each woman, the number of tracked symptoms that eased (severity trend down, Kendall's Tau below zero) compared with the number that worsened (trend up) within 90 days of her first log of each symptom, so each symptom has its own window. Symptoms with exactly two logs count as easing when severity drops from severe to a lower level or from moderate to mild, and as worsening when the last log is more severe than the first. She counts as "more easing", "even" or "more worsening".
- **Chance:** each woman's logs for each symptom are shuffled into random order across their dates and the analysis is run again, 20 times. The chance rate is the average of those runs; a result beats chance when it is above the highest run.
- **Per-symptom shift:** the share of women whose symptom trended down minus the share whose symptom trended up, compared with the same figure on shuffled logs.
- **Active day:** a day with a recorded app open. iOS background launches do not count.
- **Weight pairs:** the first weigh-in and the last one within each 30, 60 or 90-day window. Every window starts at a woman's first valid weigh-in after sign-up. Pairs closer together than two thirds of the window, or changing by more than 15kg per 30 days or 1.5% of body weight per day, are excluded as incomplete or implausible.
- **3% and 5% loss:** the share of women with a valid pair whose weight fell by at least 3% or 5% of their starting weight.
- **BMI:** weight in kilograms divided by height in metres squared, using the current profile height, grouped by WHO class. Heights outside 120 to 220 cm are excluded.
- **Real-world data:** all results describe women using Hello Inside in their daily lives. There is no control group, so the results show associations and do not prove that the app caused a change.
- **Statistical tests:** movement towards or away from the healthy BMI range uses a sign test, and so does waist change. The trend across sensor-day groups uses a Spearman rank correlation. Symptom results are compared with each woman's own logs shuffled into random order (see Chance). A p-value below 0.05 is read as a difference unlikely to be due to chance.



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About Hello Inside

Founded in Vienna in 2021, Hello Inside is a digital health company focused on women's metabolic health. Its app pairs a continuous glucose monitor (CGM) with daily tracking of food, exercise, sleep, stress and symptoms, so women can see in real time how their body responds. Metabolism shifts through the menstrual cycle, pregnancy, perimenopause and menopause, so Hello Inside's AI-powered recommendations are sex- and gender-sensitive. Less noise. More signal. Trust your body.

