press release

Wegovy® delivered substantial weight loss in women across all menopause stages, plus heart and migraine protection, shown in new Novo Nordisk data at the European Congress on Obesity

- Wegovy® showed an average 22.6% weight loss for premenopausal women with obesity, with more than 4 in 10 (41.4%) achieving 25% or more weight loss[1].
- Substantial weight loss was consistent across all menopausal stages, as well as major reductions in waist circumference, a key indicator of metabolic health[1].
- Women taking Wegovy® had an average 42–45% lower risk of migraine starting six months after initiation, and a 25% lower risk of depression, compared with menopausal hormone therapy alone[2].

Bagsværd, Denmark, 12 May 2026 – Novo Nordisk today announced data demonstrating that Wegovy® (semaglutide 2.4 mg and 7.2 mg) delivers substantial and consistent weight-loss results for women with obesity across reproductive life stages, from premenopausal years through the menopause transition and beyond[1]. The menopausal stages are *perimenopause* (the transition phase), *menopause* and *postmenopause* (after menopause).

The findings are based on the STEP UP clinical weight management trial, the landmark SELECT clinical cardiovascular trial and one large-scale real-world evidence study, all presented at the European Congress on Obesity (ECO) 2026 in Istanbul, Türkiye[1-3]. The studies show that when women with obesity lose weight with semaglutide, they improve their body composition with reduced waist circumference, indicative of less visceral fat, and they also reduce their risk of heart attacks and strokes while improving their quality of life, from migraine burden to depression and menopause symptoms[1-3].

Nearly one in five women worldwide are now living with obesity, and the burden intensifies during the menopause years, when hormonal changes drive weight gain, redistribute fat to the abdomen, and increase cardiometabolic risk[4-6]. During menopause years, women's risk of heart

Novo Nordisk A/S
Global Communication

Novo Alle 1
2880 Bagsværd
Denmark

Tel: +45 4444 8888
www.novonordisk.com

CVR no: 24 25 67 90

attack rises notably and to the same level of men's cardiovascular risk[7-9]. Cardiovascular disease remains the leading cause of death in women worldwide, claiming more lives than all cancers combined[10]. Yet women's cardiovascular symptoms are frequently dismissed or misdiagnosed, and women remain underrepresented in heart disease research[7].

"For women with obesity, hormonal changes during menopause can drive weight gain and increase the risk of a heart attack," said Mette Thomsen, group vice president and head of Global Medical Affairs at Novo Nordisk. "New clinical and real-world data presented at ECO demonstrate that effective weight management with semaglutide around menopause addresses medical complications of obesity, such as heart disease and metabolic dysfunction. But it can also help address daily burdens such as migraine, depression and menopause-related challenges. We are excited to share new insights that may benefit the many women living with obesity."

Weight loss and heart health data[1,3]

In a post-hoc analysis of the STEP UP trial, premenopausal women with obesity lost an average of 22.6%* of their body weight on once-weekly high-dose Wegovy® (semaglutide 7.2 mg) with over 4 in 10 (41.4%) achieving exceptional 25% or more weight loss, compared with placebo. Perimenopausal and postmenopausal women achieved weight loss of 19.7% and 19.8%, respectively*. By the end of the trial (week 72), nearly half of women in all groups had shifted from obesity categories (body mass index ≥30 kg/m^2) to the overweight (body mass index ≥25 kg/m^2) or normal range weight categories (body mass index 18.5-24.9 kg/m^2). The average waist circumference reduction was 17.5%, 15.6% and 15.3% in pre, peri, and postmenopausal women, respectively, indicating major loss of dangerous visceral fat.

These findings indicate that treatment with semaglutide consistently benefits women with significant weight loss throughout all life stages and that early treatment, before the menopause transition begins, could lead to additional weight loss.

Average weight loss and waist circumference reduction at 72 weeks for women taking semaglutide 7.2 mg in the STEP UP trial

Menopausal stage	Weight loss*	Waist circumference reduction*
Premenopause	22.6%	17.5%
Perimenopause	19.7%	15.6%
Postmenopause	19.8%	15.3%

* Treatment effect if all people adhered to treatment

In a post-hoc analysis of the SELECT trial, perimenopausal and postmenopausal women with obesity and heart disease experienced meaningful risk reductions in heart attacks, strokes and cardiovascular death. The results were consistent with the overall SELECT trial findings and showed a numerically larger risk reduction in the perimenopausal women (42% lower risk compared to placebo) compared to the postmenopausal women (13% lower risk compared to placebo), although the difference between the groups was not statistically significant. These findings suggest that semaglutide can lower the cardiovascular risks significantly in women with obesity going through menopause, regardless of their menopausal stage.

“Menopause, associated weight gain and unwanted changes in cardiometabolic markers can significantly impact long-term health and well-being of women. Still, they remain one of the most neglected areas in obesity research,” said Dr Emilia Huvinen, Gynaecologist researcher and associate professor at the University of Helsinki. “Whether we look at cardiovascular outcomes or weight loss across menopausal stages, semaglutide appears to offer meaningful benefits for women with obesity that extend well beyond weight loss alone.”

Wegovy® and reduced risk of migraines[2]

As well as risks to physical health, obesity can drastically impact quality of life and is a recognised risk factor for chronic migraine – a debilitating condition that disproportionately affects women[11-13]. In a 1-year US real-world study of over 34,000 women during menopause took menopausal hormone therapy alone, Wegovy® alone or a combination of both. The women taking Wegovy® alone versus menopausal hormone therapy alone had an average 42–45% lower risk of migraine starting six months after initiation and continuing throughout the study, and 25% lower risk of depression, compared with those who took menopausal hormone therapy alone. Findings showed that taking Wegovy® with or without menopausal hormone therapy, was associated with a lower risk of migraine and depression compared to taking menopausal hormone therapy alone.

About obesity, women and menopause

Obesity affects approximately 504 million women worldwide – nearly 1 in 5 women globally[4]. Obesity is associated with increased risk of numerous serious health conditions, including cardiovascular disease (the leading cause of death in women worldwide according to the World Heart Federation), type 2 diabetes, certain cancers, osteoarthritis, sleep apnoea and mental health disorders[4,7,14].

Women face unique challenges related to obesity across the lifespan, including weight gain during pregnancy, the perimenopause/menopause transition (when hormonal changes promote abdominal fat accumulation and increase cardiometabolic risk), and higher rates of certain obesity-related complications such as migraine and depression[5,15-17]. An estimated 450 million women worldwide experience menopause or perimenopause symptoms, with roughly

80% reporting that menopause interferes with their lives and one-third experiencing depression during this transition[18,19].

About Wegovy®[20,21]

Wegovy® is approved as once-daily Wegovy® pill (semaglutide tablet 25 mg) by the FDA and once-weekly Wegovy® injection (2.4 mg and 7.2 mg) by the FDA, EMA and other regulatory authorities worldwide. The Wegovy® pill is currently pending marketing approval from the EMA and other regulatory authorities.

Wegovy® is indicated to reduce excess body weight and maintain weight reduction long term in adults with obesity or overweight and in the presence of at least one weight-related comorbid condition, and approved by the FDA to reduce the risk of major adverse cardiovascular events, such as death, heart attack or stroke in adults with known heart disease and either obesity or overweight. Furthermore, Wegovy® injection is indicated to reduce excess body weight and maintain long-term weight reduction in paediatric patients aged 12 years and older. It is approved by the FDA for the treatment of MASH in adults with moderate to advanced liver scarring (fibrosis), but not in those with cirrhosis of the liver.

About the STEP UP trials[22,23]

Novo Nordisk has completed two trials, STEP UP and STEP UP T2D, investigating the efficacy and safety of semaglutide 7.2 mg in people with obesity with or without type 2 diabetes. The 72-week STEP UP trial was a randomised, double-blinded, parallel-group, placebo-controlled, superiority trial designed to evaluate the efficacy and safety of semaglutide 7.2 mg compared to semaglutide 2.4 mg and placebo as an adjunct to lifestyle intervention. The trial included 1,407 adults with a BMI ≥30 kg/m^2 without diabetes. The primary objective was to demonstrate the superiority of semaglutide 7.2 mg against placebo on weight loss. Key confirmatory secondary endpoints included the number of participants achieving 10%, 15%, 20% and 25% weight loss, respectively. The 72-week STEP UP T2D trial investigated semaglutide 7.2 mg in 512 adults with obesity and type 2 diabetes, with the primary objective to demonstrate superiority of semaglutide 7.2 mg against placebo on weight loss.

About the SELECT trial[24]

SELECT was a randomised, double-blind, parallel-group, placebo-controlled trial designed to evaluate the efficacy of Wegovy® (semaglutide 2.4 mg) versus placebo as an adjunct to standard of care for the prevention of MACE in people with overweight or obesity and established CVD with no prior history of diabetes. People included in the trial were aged ≥45 years with a body mass index (BMI) of ≥27 kg/m^2. The primary objective of the SELECT trial was to demonstrate the superiority of Wegovy® compared to placebo with respect to reducing the incidence of 3-point MACE consisting of cardiovascular death, non-fatal heart attack (myocardial infarction) or non-fatal stroke.

About Novo Nordisk

Novo Nordisk is a leading global healthcare company founded in 1923 and headquartered in Denmark. Our purpose is to drive change to defeat serious chronic diseases built upon our heritage in diabetes. We do so by pioneering scientific breakthroughs, expanding access to our medicines, and working to prevent and ultimately cure disease. Novo Nordisk employs about 67,900 people in 80 countries and markets its products in around 170 countries. For more information, visit novonordisk.com, Facebook, Instagram, X, LinkedIn and YouTube.

Contacts for further information

Novo Nordisk Media:

Ambre James-Brown
+45 3079 9289
globalmedia@novonordisk.com

Liz Skrbkova (US)
+1 609 917 0632
usmediarelations@novonordisk.com

Novo Nordisk Investors:

Michael Novod
+45 3075 6050
nvno@novonordisk.com

Jacob Martin Wiborg Rode
+45 3075 5956
jrde@novonordisk.com

Sina Meyer
+45 3079 6656
azey@novonordisk.com

Max Ung
+45 3077 6414
mxun@novonordisk.com

Christoffer Sho Togo Tullin
+45 3079 1471
cftu@novonordisk.com

Alex Bruce
+45 3444 2613
axeu@novonordisk.com

Mads Berner Bruun
+45 3075 2936
mbbz@novonordisk.com

Frederik Taylor Pitter
+1 609 613 0568
fptr@novonordisk.com

References

1. Huvinen E, Jacobsen CSF, Abercrombie AK, *et al*. Body Weight Loss With Semaglutide 7.2 mg is Independent of Menopausal Status in Women With Obesity: A Post Hoc Analysis of the STEP UP Trial. Oral symposium presentation at the European Congress on Obesity (ECO) 2026; 12–15 May 2026; Istanbul, Türkiye.

2. Andrade MDH, Hjorth CF, Nance N, et al. Associations of Semaglutide, Alone or With Concomitant Menopausal Hormone Therapy, With the Onset of Menopause-Related Symptoms in a Real-World Cohort. Oral symposium presentation at the European Congress on Obesity (ECO) 2026; 12–15 May 2026; Istanbul, Türkiye.
3. Huvinen E, Michos ED, Horn DB, *et al*. Impact of Semaglutide 2.4mg on MACE in Perimenopausal and Postmenopausal Women With Obesity and Cardiovascular Disease. Oral symposium presentation at the European Congress on Obesity (ECO) 2026; 12–15 May 2026; Istanbul, Türkiye.
4. World Obesity. Prevalence of Obesity. Available at: https://www.worldobesity.org/about/about-obesity/prevalence-of-obesity Last accessed: April 2026.
5. Marlatt KL, Pitynski-Miller DR, Gavin KM*, et al.* Body composition and cardiometabolic health across the menopause transition. *Obesity (Silver Spring)*. 2022;30:14-27.
6. World Obesity Federation. World Obesity Atlas 2023. Available at: https://s3-eu-west-1.amazonaws.com/wof-files/World_Obesity_Atlas_2023_Report.pdf. Last accessed: April 2026.
7. Vogel B, Acevedo M, Appelman Y*, et al.* The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030. *The Lancet*. 2021;397:2385-2438.
8. El Khoudary SR, Aggarwal B, Beckie TM*, et al.* Menopause Transition and Cardiovascular Disease Risk: Implications for Timing of Early Prevention: A Scientific Statement From the American Heart Association. *Circulation*. 2020;142:e506-e532.
9. Ishaaya EC, Kinninger A, Schwarzman L*, et al.* CAC progression in men and women: Is there an inflection at menopause? *J Cardiovasc Comput Tomogr*. 2025;19:494-495.
10. Uddenberg ER, Safwan N, Saadedine M*, et al.* Menopause transition and cardiovascular disease risk. *Maturitas*. 2024;185:107974.
11. Pavlovic JM, Vieira JR, Lipton RB*, et al.* Association Between Obesity and Migraine in Women. *Curr Pain Headache Rep*. 2017;21:41.
12. Vetvik KG and MacGregor EA. Sex differences in the epidemiology, clinical features, and pathophysiology of migraine. *Lancet Neurol*. 2017;16:76-87.
13. Gelaye B, Sacco S, Brown WJ*, et al.* Body composition status and the risk of migraine: A meta-analysis. *Neurology*. 2017;88:1795-1804.
14. Blüher M. An overview of obesity-related complications: The epidemiological evidence linking body weight and other markers of obesity to adverse health outcomes. *Diabetes, Obesity and Metabolism*. 2025;27:3-19.
15. Waliszewska-Prosol M, Grandi G, Ornello R*, et al.* Menopause, Perimenopause, and Migraine: Understanding the Intersections and Implications for Treatment. *Neurol Ther*. 2025;14:665-680.
16. Turek J and Gasior L. Estrogen fluctuations during the menopausal transition are a risk factor for depressive disorders. *Pharmacol Rep*. 2023;75:32-43.
17. Opoku AA, Abushama M and Konje JC. Obesity and menopause. *Best Pract Res Clin Obstet Gynaecol*. 2023;88:102348.
18. Delanerolle G, Phiri P, Elneil S*, et al.* Menopause: a global health and wellbeing issue that needs urgent attention. *The Lancet Global Health*. 2025;13:e196-e198.
19. McKinsey & Company. Closing the data gaps in women's health. Available at: https://www.mckinsey.com/mhi/our-insights/closing-the-data-gaps-in-womens-health#/ Last accessed: April 2026.
20. Wegovy® (semaglutide): US Prescribing Information. [online]. Available at: https://www.novo-pi.com/wegovy.pdf. Last accessed: May 2026.
21. Wegovy® (semaglutide): Summary of Product Characteristics. [online]. Available at: https://www.ema.europa.eu/en/documents/product-information/wegovy-epar-product-information_en.pdf Last accessed: May 2026.

22. Wharton S, Freitas P, Hjelmesæth J*, et al.* Once-weekly semaglutide 7.2 mg in adults with obesity (STEP UP): a randomised, controlled, phase 3b trial. *Lancet Diabetes Endo*. 2025;13:949-963.
23. Lingvay I, Bergenheim SJ, Buse JB*, et al.* Once-weekly semaglutide 7.2 mg in adults with obesity and type 2 diabetes (STEP UP T2D): a randomised, controlled, phase 3b trial. *Lancet Diabetes Endocrinol*. 2025;13:935-948.
24. Lincoff AM, Brown-Frandsen K, Colhoun HM*, et al.* Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. *N Engl J Med*. 2023;389:2221-2232.

Novo Nordisk A/S
Global Communication

Novo Alle 1
2880 Bagsværd
Denmark

Tel: +45 4444 8888
www.novonordisk.com

CVR no: 24 25 67 90