

Anything is  
**everything**  
Exercise Intelligence



EXI retrospective data analysis  
for users with **Obesity** + best  
practice implementation guide  
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## Introduction

To optimise outcomes and maximise the potential of EXI for the population living with obesity, it is crucial to seamlessly integrate into existing clinical pathways or established structured programmes including but not limited to Tier 2 or Tier 3 Weight Management, Diabetes Prevention, and Diabetes Remission.

45% of the sample population is linked to an organisation which signifies their participation in a structured programme. When accessed as part of an organisation, such as these, EXI offers a distinct advantage over direct-to-consumer usage. The other 55% of the sample population, who do not have access to support and accountability have less success, but remain in the data analysis.

### The following strategies can be implemented to optimise EXI Exercise Intelligence integration and maximise outcomes:

#### 1. Seamless Integration into Existing Clinical Pathways:

- Align EXI with Tier 3 Weight Management programmes, pre and post-bariatric surgery support, non-surgical weight loss interventions, and structured weight management initiatives like the NHS Diabetes Prevention Programme, Low Calorie Diet for Diabetes Remission, and Tier 2 Adult Weight Management.
- Enhance patient outcomes by seamlessly integrating EXI into established clinical pathways.

#### 2. Personalised Exercise Prescription at Scale:

- EXI enables healthcare professionals to prescribe personalised exercise at scale for large patient cohorts.
- Simplify the complexity of exercise prescription and provide tailored exercise prescriptions for patients with diverse needs.

#### 3. Seamless Data Flow to Clinical Data Portal:

- The EXI platform ensures a seamless flow of data to the clinical data portal.
- Access up-to-date and comprehensive patient information, empowering healthcare professionals to provide personalised care and make informed decisions for improved outcomes.

#### 4. Structured Follow-Up and Self-Management:

- Implement structured follow-up processes to keep patients engaged with their exercise prescriptions.
- Foster self-management by establishing regular check-ins, remote interactive patient support

- sessions, or utilising the EXI community.
- Sustain patient engagement and empower individuals to actively manage their weight and overall health.

#### **5. Resource Prioritisation:**

- Utilise EXI to support patients and allocate resources efficiently based on their needs.
- Patients who actively engage and demonstrate self-management capabilities require lighter touch support, allowing healthcare professionals to focus on patients requiring more intensive intervention.

Implementing these strategies ensures that EXI is seamlessly integrated into existing clinical pathways, enabling healthcare professionals to leverage its capabilities for personalised exercise prescription, seamless data flow, structured follow-up, and resource prioritisation.

#### **This approach offers the following advantages:**

**Clinician Empowerment:** Clinicians play a vital role in achieving optimal outcomes through guidance and support.

- **Improved Results:** Patients accessing EXI through a structured programme or clinical pathway demonstrate better outcomes compared to direct-to-consumer usage.
- **Enhanced Structure and Support:** Structured programmes provide a framework for patient engagement, adherence, and additional elements like nutrition guidance and follow-up support.
- **Accountability to Clinical Team:** Patients aligned to an organisation or structured programme have accountability to their clinical team, driving engagement and success.
- **Personalised Guidance:** Clinicians assign patients to the EXI platform as part of a structured programme, offering personalised guidance, progress monitoring, and tailored support.
- **Higher Engagement and Adherence:** Patients within a structured programme or clinical pathway experience increased engagement and adherence to their exercise prescriptions, leading to better overall condition management.

By adopting these best practices, clinicians can optimise the potential of EXI and deliver exceptional care that empowers patients on their weight loss journey.

## Summary

Obesity, recognised as the foremost condition straining healthcare systems worldwide.

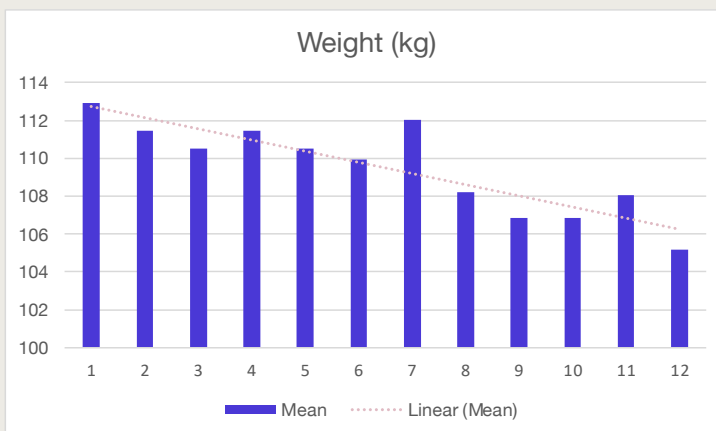
Presented is a comprehensive analysis of a large cohort comprising 8,200 individuals, focusing on the impact of structured clinical interventions in the management of obesity. Of particular interest is the finding that 45% of the participants were associated with an organisation delivering a range of structured interventions, including pre and post bariatric surgery, tier 2 adult weight management, and non-surgical weight loss approaches.

Furthermore, 91% of the cohort was found to have at least one long-term condition. Through a rigorous examination of this diverse and substantial dataset, we aim to shed light on the effectiveness of clinical interventions and provide insights into the management of obesity within the context of broader healthcare challenges.

- Total sample = 8200
- 45% are linked to a structured program, 55% of the population who do not have access to support and accountability have less success but remain in the data analysis. 91% have at least one additional health condition

## Descriptive Data

The following charts demonstrate positive trends over users' first 12 weeks of EXI.



### Weight

For users who self-reported weight at both week 1 and week 12, there was a significant decrease in weight compared to week one ( $t= 3.841, p<0.001, N=125$ ). The mean decrease was 4.67kgs (4.2%).



Total Sample:

8200

91%

At least one additional health condition

45%

Linked to a structured program (55% are not)

## Some Key Findings:

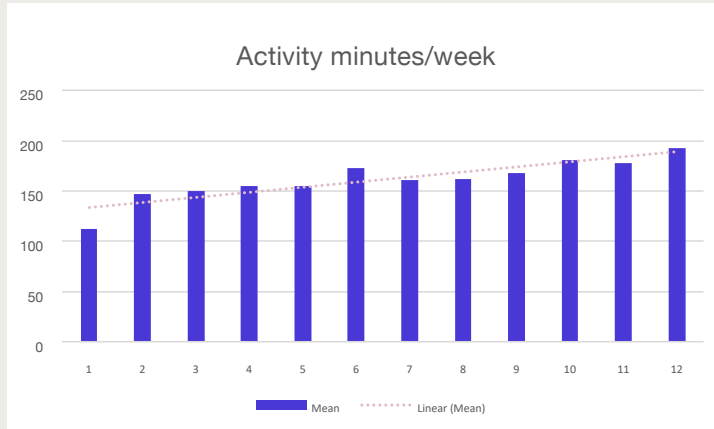
Weight

4.67



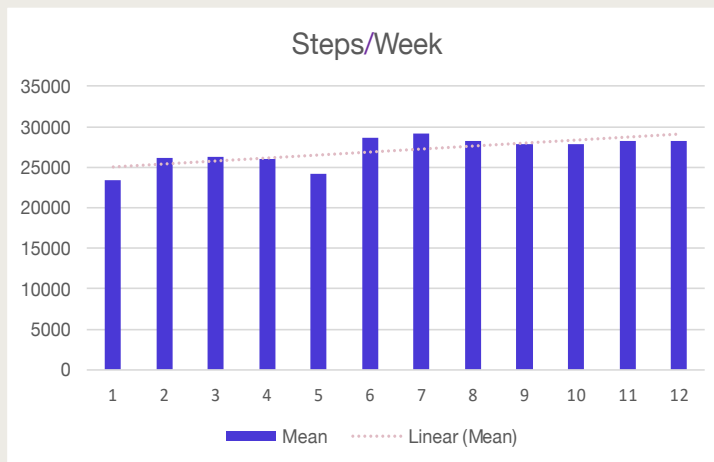
4.2%

Descriptive Data  
Continued



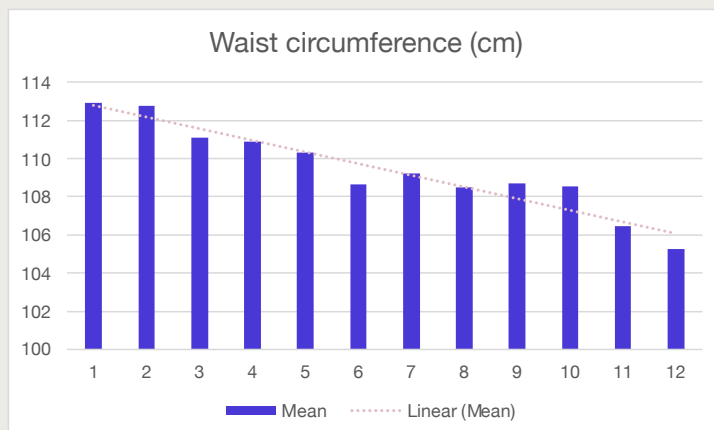
**Activity Minutes**

For users with wearable devices who recorded data at both week 1 and week 12, weekly activity minutes increased significantly compared to week one ( $t = -2.929$ ,  $p < 0.005$ ,  $N = 246$ ). The mean increase was 51 minutes (30%).



**Steps**

For users who recorded data at both week 1 and week 6, weekly steps increased significantly compared to week one ( $t = -2.159$ ,  $p < 0.05$ ,  $N = 1494$ ). The mean increase was 964 steps (3.4%).



Activity minutes

**51** mins  
↑ +30%

**Some Key Findings:**

Over 12 weeks from baseline

Steps

**964**  
↑ per week

Steps

**3.4 %**  
↑ per week

**Some Key Findings:**

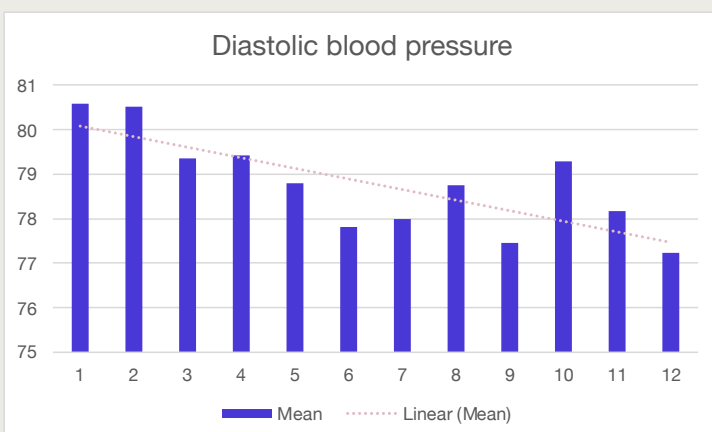
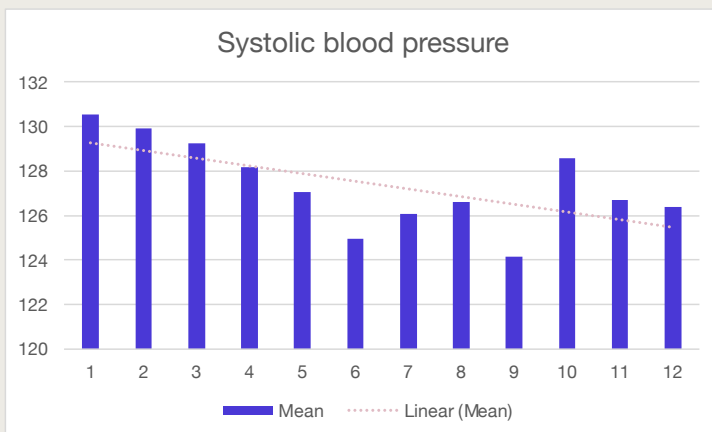
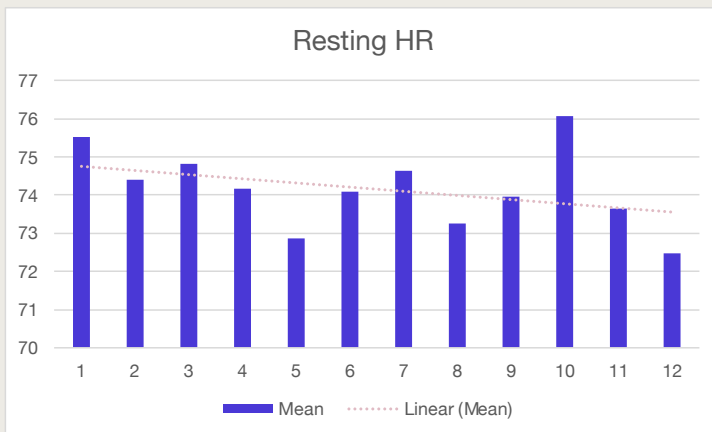
Waist circumference

**6.2** cm  
↓ -5.5%

**Descriptive  
Data  
Continued**

**Waist Circumference**

at both week 1 and week 12, there was a significant decrease in waist circumference compared to week one ( $t= 2.238, p<0.05, N=62$ ). The mean decrease was 6.2cm (5.5%).



**Blood pressure**

For users who self-reported blood pressure at both week 1 and week 12, there was a significant decrease in both systolic ( $t= 4.291, p<0.001, N=52$ ) and diastolic blood pressure ( $t= 2.498, p<0.05, N=51$ ), compared to week one. The mean decreases were 6.08 (4.6%) and 3.34 (4.1%) respectively.

**Some Key Findings:**

Blood pressure

Systolic

**4.6**  
↓ %

Diastolic

**4.1**  
↓ %



**Conclusion:**

**By working closely with the clinical teams, we aim to integrate EXI as a seamless component in established weight management pathways. We understand the challenges faced by clinical teams and have streamlined the onboarding process to ensure quick adoption and easy incorporation into existing pathways. Through our collective efforts, we can deliver a critical component for weight management, driving the best outcomes and empowering both clinicians and patients to achieve success.**

**About EXI**

EXI is Exercise Intelligence – a Software as a Medical Device (SaMD), part of the emerging field of digital therapeutics, that supports professionals to program and refer patients to exercise appropriately, and people with long-term health conditions to safely increase their physical activity. It's designed for people living with obesity and co-morbid physical and mental health conditions, including prevalent and serious non-communicable diseases (NCDs) such as cardiovascular disease, Type 2 diabetes, hypertension, stroke, asthma, COPD, depression, anxiety and stress.

Regulated and bringing together behavior change science with the latest clinical physical activity guidelines, it delivers safe, scalable, measurable health interventions that are medically proven, achievable for the end user, and quick and simple to program and monitor. It also harnesses behavior change support and rewards to engage people in their program, drive adherence and support sustained physical activity. A smartphone app supports end users while a secure data portal allows the professional to monitor outcomes and adherence.

This material has been prepared for clinician informational purposes only and is not intended to be relied upon as clinical, medical and professional advice. Please refer to your advisors for specific advice.

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