

metabolic

Redefining Chronic Disease Management Through Continuous, Integrated Care



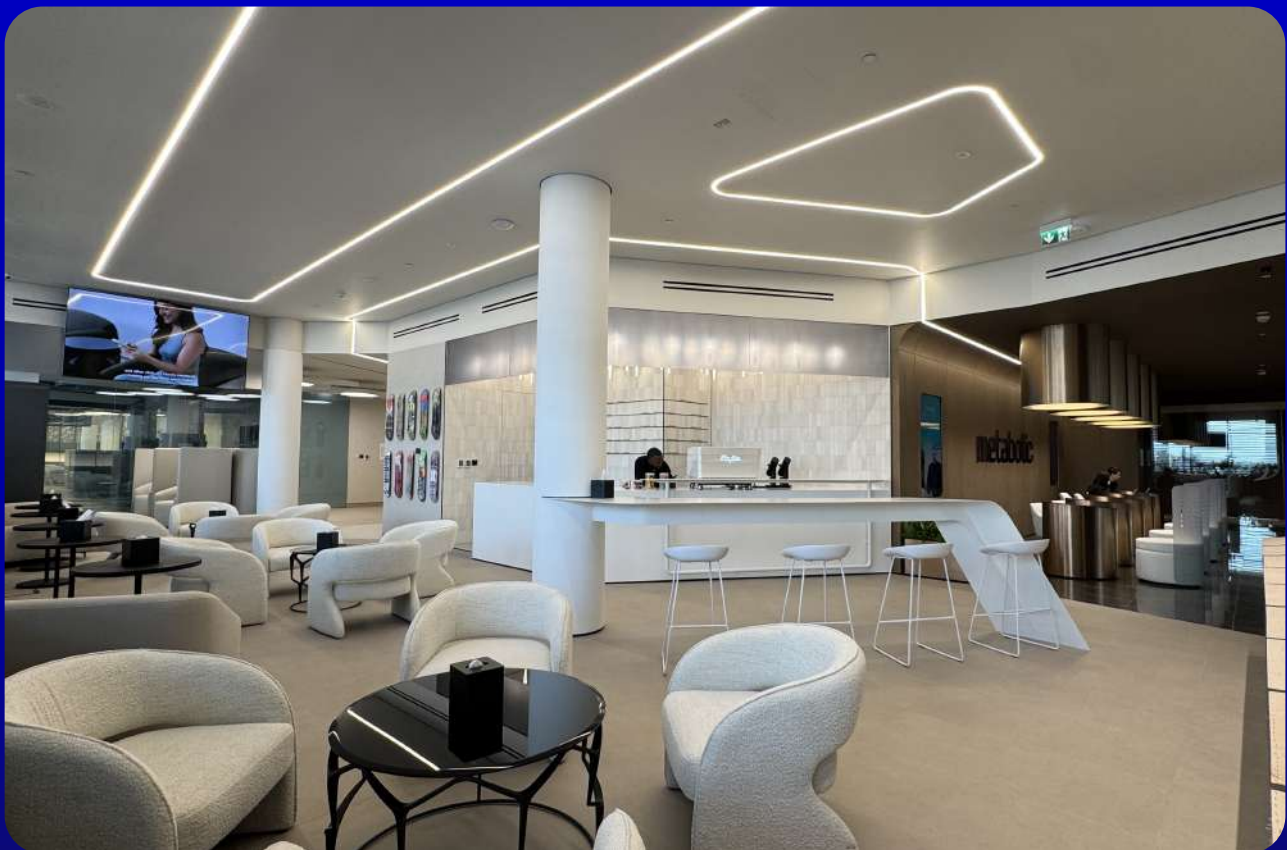
For healthcare systems across the Middle East and beyond, metabolic disease has become one of the defining clinical and economic challenges of the decade. Diabetes, obesity, pre-diabetes, PCOS, fatty liver disease, cardiovascular risk, and chronic inflammation do not develop in isolation, they are expressions of a single, interconnected biological system under sustained stress. Yet the prevailing model of care treats them as separate conditions, managed episodically by different specialists, with little integration and limited visibility into what happens between appointments. The result, predictably, is a system that generates data but not outcomes.

Metabolic was built to change that. Its research and innovation arm, GluCare, continues to generate the real-world evidence that drives the clinical model forward, making Metabolic one of the only providers in the region where research is not a byproduct of care, but the engine behind it. Operating from the UAE, the company delivers a hybrid model that integrates advanced diagnostics, AI-enabled decision support, continuous remote monitoring, and multidisciplinary clinical expertise into a single, governed care pathway. By embedding technology directly into clinical workflows rather than layering it on top, Metabolic has engineered a system where continuous data drives continuous action, and where the mandate is unambiguous: to be the world's most advanced metabolic risk management platform.

The Problem: Episodic Care in a Continuous Disease

The core failure of conventional metabolic care is structural, not technical. Across the region, patients with type 2 diabetes, obesity, and related conditions typically interact with the healthcare system through periodic clinic visits, isolated lab results, and fragmented specialist consultations. Care is snapshot-based. Data is siloed. Co-morbidities are addressed separately, or not at all.

The consequences are well-documented. Approximately 70% of type 2 diabetics in the region fail to reach HbA1c targets and remain uncontrolled, despite actively seeing a physician. This is not a failure of clinical knowledge; it is a failure of care architecture. Metabolic syndrome does not pause between appointments. It is continuous, behavioral, and driven by patterns that a quarterly visit cannot capture or correct.



Digital-only health platforms have attempted to fill this gap, but typically without the clinical depth to act meaningfully on the data they collect. What has been lacking is a model that integrates both, clinical rigor and continuous monitoring, in a single, coherent pathway.

The Hybrid Model: Measured Continuously, Managed Clinically



With over 20,000 visits to date, Metabolic's operating model is built around a structurally demanding premise: that effective management of metabolic conditions requires continuous measurement, not periodic assessment, and that care should be done with the patient, not to the patient.

At the center of the model is a proprietary platform that connects advanced diagnostics and AI-enabled decision support with continuous remote monitoring from connected devices, including continuous glucose monitors (CGMs), insulin pumps, and wearables that track glucose, sleep, stress, heart rate variability, and physical activity around the clock. This data flows in real time to a multidisciplinary care team comprising physicians, educators, dietitians, and wellness and exercise coaches, who access and act on it through the Metabolic app.

Engagement under this model is deliberately calibrated. Metabolic's own published research identifies 15 to 20 touchpoints per quarter between clinic visits as the clinical sweet spot, below which outcomes deteriorate, and above which returns diminish. That precision reflects a broader commitment to evidence-led design: not simply offering more connectivity, but engineering the right level of engagement to produce measurably better clinical results.

Outcomes That Define a New Standard

The model's clinical impact is documented through Metabolic's annual outcomes reporting, a practice that is itself rare among regional providers. The 2025 Outcomes Report captures results across its core patient populations.

In type 2 diabetes management, patients already in reasonably controlled ranges saw mean HbA1c improve from 6.67% to 6.08% over 12 months, with 87.9% achieving 70% or more Time-in-Range on CGMs, a level of sustained control that standard clinic-based care rarely delivers. Systemically, the same cohort recorded a 25% reduction in GGT, an 18.7% decline in triglycerides, and a 9.6% improvement in kidney function (eGFR), demonstrating that Metabolic's approach addresses the full metabolic picture, not a single marker.

In pre-diabetes, 63.6% of patients achieved true disease reversal, defined as HbA1c below 5.7%, within six months. In obesity, the trajectory of results makes the strongest case for the model's design. At three months, 18.6% of patients had achieved more than 10% total body weight loss. By twelve months, that figure had risen to 52.2%, a near threefold increase, with a mean reduction of 11.37 kilograms and, in many cases, reduced dependency on medication. This progression is deliberate: it reflects a model built for sustained engagement rather than early results that fade. Real-world data shows that over 70% of patients regain weight when obesity is managed through prescription-only approaches without ongoing clinical support.



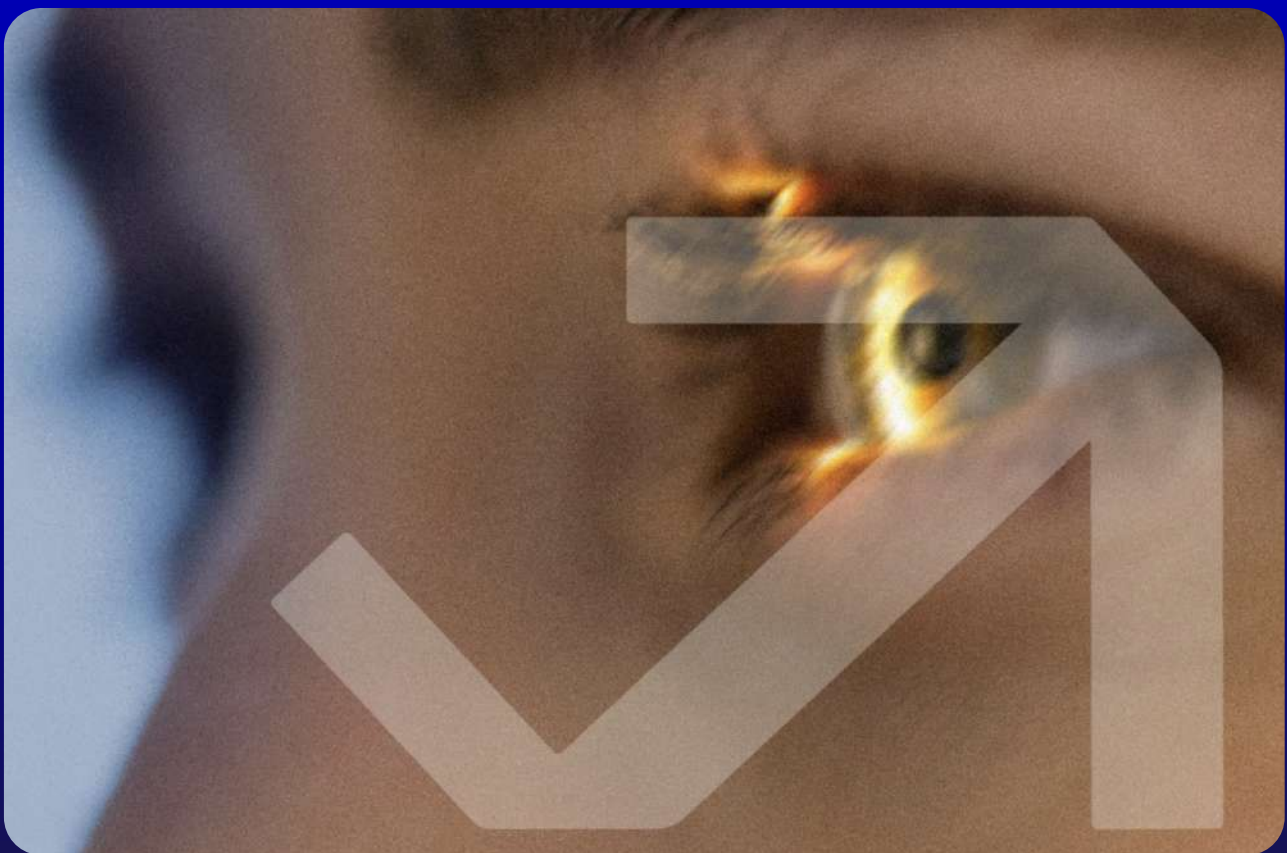
Beyond clinical biomarkers, the same report captures patient-reported quality-of-life measures that are rarely tracked at this level of consistency in regional healthcare. Across the weight management cohort, participants reported a 45.5% reduction in mobility limitations, a 28.3% reduction in pain and discomfort, a 23.9% decrease in anxiety symptoms, and a 52.8% reduction in high sleep apnea risk classification. These outcomes sit alongside the clinical data and together make the case that metabolic improvement, when sustained over time, extends well beyond the numbers on a lab report.

Technology as Clinical Infrastructure

What distinguishes Metabolic's technology approach is not the devices it integrates, but how that integration is operationalized. In conventional settings, data from wearables and CGMs typically sits in consumer applications, disconnected from clinical decision-making. At Metabolic, that data feeds directly into the clinical workflow.

The continuous stream of biomarker data, glucose patterns, sleep quality, blood pressure trends, activity levels, gives clinicians an early warning signal when metabolic control begins to drift, often weeks before traditional lab results or clinical symptoms would reveal the same shift. This allows the care team to adjust treatment plans, nutrition strategies, or lifestyle interventions before small deviations compound into larger clinical events.

It also enables a depth of personalization that episodic care cannot sustain. Two patients with the same diagnosis may have entirely different underlying metabolic drivers. Continuous longitudinal data surfaces those differences and allows clinicians to tailor protocols accordingly, rather than applying standardized pathways to non-standard biological profiles.



From Reactive Treatment to Proactive Risk Architecture

Metabolic's clinical philosophy is grounded in a straightforward but consequential recognition: glucose control, inflammation, liver fat, blood pressure, lipids, hormones, and cardiovascular risk are not separate problems managed by separate specialties, they are expressions of the same underlying dysfunction. The conventional siloed model of care is, as Metabolic's team notes, an artifact of how hospitals are organized, not how biology works.



The company's model is built to reflect biological reality. Advanced diagnostics, including modalities adopted years ahead of mainstream clinical practice, allow Metabolic to identify signs of disease before symptoms appear, including biomarkers that flag elevated risk of heart attack, stroke, and kidney damage. Critically, these risks are assessed not in isolation but against the shared metabolic drivers that connect them, enabling co-morbidities to be managed proactively and simultaneously rather than sequentially across separate care episodes. In practice, this manifests across 11 clinical specialties, among them adult and pediatric endocrinology, cardiology, thyroid disorders, women's health, men's health, sleep-related disorders, osteoporosis, ophthalmology, and preventive executive risk assessment. The breadth is not incidental; it reflects the reality that metabolic dysfunction rarely presents as a single-specialty problem.

This systems-level view of metabolic health is what transforms the model from a more effective treatment approach into a genuine risk management architecture, one oriented around identifying and addressing the underlying drivers of disease, not merely responding to its clinical expression.

Building a Governed Ecosystem



Delivering this model at clinical scale requires a connected ecosystem. Metabolic's partnerships span device manufacturers, Dexcom, Abbott (Libre), and Medtronic, consumer health technology including the Oura Ring, and pharmaceutical partners such as Novo Nordisk and Eli Lilly. These relationships ensure that continuous data streams from best-in-class devices feed into a single clinical pathway, and that the latest therapeutic options remain accessible to patients in the region.

Insurance partnerships are equally central to Metabolic's access strategy. One of the structural barriers to preventative metabolic care is that it has historically been an out-of-pocket proposition. By accepting most major UAE insurers, Metabolic enables multidisciplinary care, encompassing diagnostics, continuous monitoring, and ongoing clinical oversight, to reach a broader patient population without cost becoming a limiting factor. This matters particularly because metabolic conditions rarely present as single diagnoses; co-morbidities require coordinated, multi-layered intervention.

Underpinning all of this is an institutional commitment to research accountability. Metabolic is one of the only providers in the UAE for whom in-house research and outcome publication is standard practice, not an exception. The company holds ICHOM accreditation, placing it within a global framework for measuring outcomes that matter to patients. This discipline, generating real-world evidence, publishing results, and refining clinical pathways based on what the data shows, is central to Metabolic's identity as a provider, not peripheral to it.

Scaling a Proven Model

The past year marked a significant inflection point. Metabolic's research arm, GluCare, has now produced 45+ peer-reviewed publications validating its programs across diabetes, obesity, and pre-diabetes, among the strongest research outputs of any metabolic care provider in the region. It redesigned its diabetes care pathways six times over the course of the year, incorporating regional and global firsts including AI-driven body composition assessment, sleep apnea screening, and ultra-early kidney biomarker detection. It also opened its second flagship facility in Dubai, a digital gym-integrated clinic, extending its hybrid model into a new physical and operational format.



The next 12 to 18 months are focused on deepening clinical innovation while scaling access. Plans include an additional Dubai branch at Dubai Digital Park, international market entry into the United Kingdom in 2026, and expansion into the United States in 2027. Diagnostic capabilities will continue to evolve, with deeper AI and connected device integration into everyday care pathways, all in pursuit of the same mandate with which Metabolic began: to become the world's most advanced metabolic risk management platform.

Leadership Perspective

Metabolic was founded by Dr. Ihsan Almarzooqi, who previously built the Imperial College London Diabetes Centre from inception to \$300 million in annual revenue, alongside Ali Hashemi, who founded Amana Healthcare and scaled it to over 700 employees and \$110 million in annual revenue before its acquisition by Mubadala Healthcare. That operational depth informs the philosophy with which the model was built. The most consequential lesson the leadership draws from that experience is precise: preventative medicine only works when technology is embedded inside real clinical workflows, not layered on top of them. Data, devices, and AI are only valuable if they translate into earlier action, better patient engagement, and measurable outcomes, not simply more information. The risk in the current health technology landscape is building an operating system of disconnected apps, devices, and tests in the name of prevention, without the clinical architecture to convert information into meaningful intervention.

The second insight is structural: because the same metabolic drivers underpin diabetes, obesity, fatty liver disease, cardiovascular disease, and hormonal disorders, treating any one condition in isolation consistently misses the clinical picture. Integrated biology demands integrated care, and that integration cannot be retrofitted onto a fragmented care model; it has to be designed in from the start.

The third lesson, and perhaps the most transferable for innovators in this space, is to prove the model before scaling it. Metabolic has repeatedly rebuilt its care pathways based on real-world evidence, publishing outcomes and refining workflows before accelerating expansion. That discipline of evidence before scale has been central to both the clinical integrity of the model and its readiness for international growth.

