

How is lower intake constructed? Ingestive microstructure after semaglutide initiation. (ad interim analysis of the DIGRAT study)

Michele Serra

Principal Investigator for Ingestive Phenotyping in Metabolic Medicine

Department of Endocrinology, Diabetology and Clinical Nutrition

University Hospital Zurich, Switzerland

IFSO 2026 Session 1310 – Pharmacotherapy in the currently obesity treatment era

Toronto, the 3rd of September 2026

Who Pays?



Out-of-pocket, side effects, lost time



Drug cost, monitoring, switching



Delayed optimisation

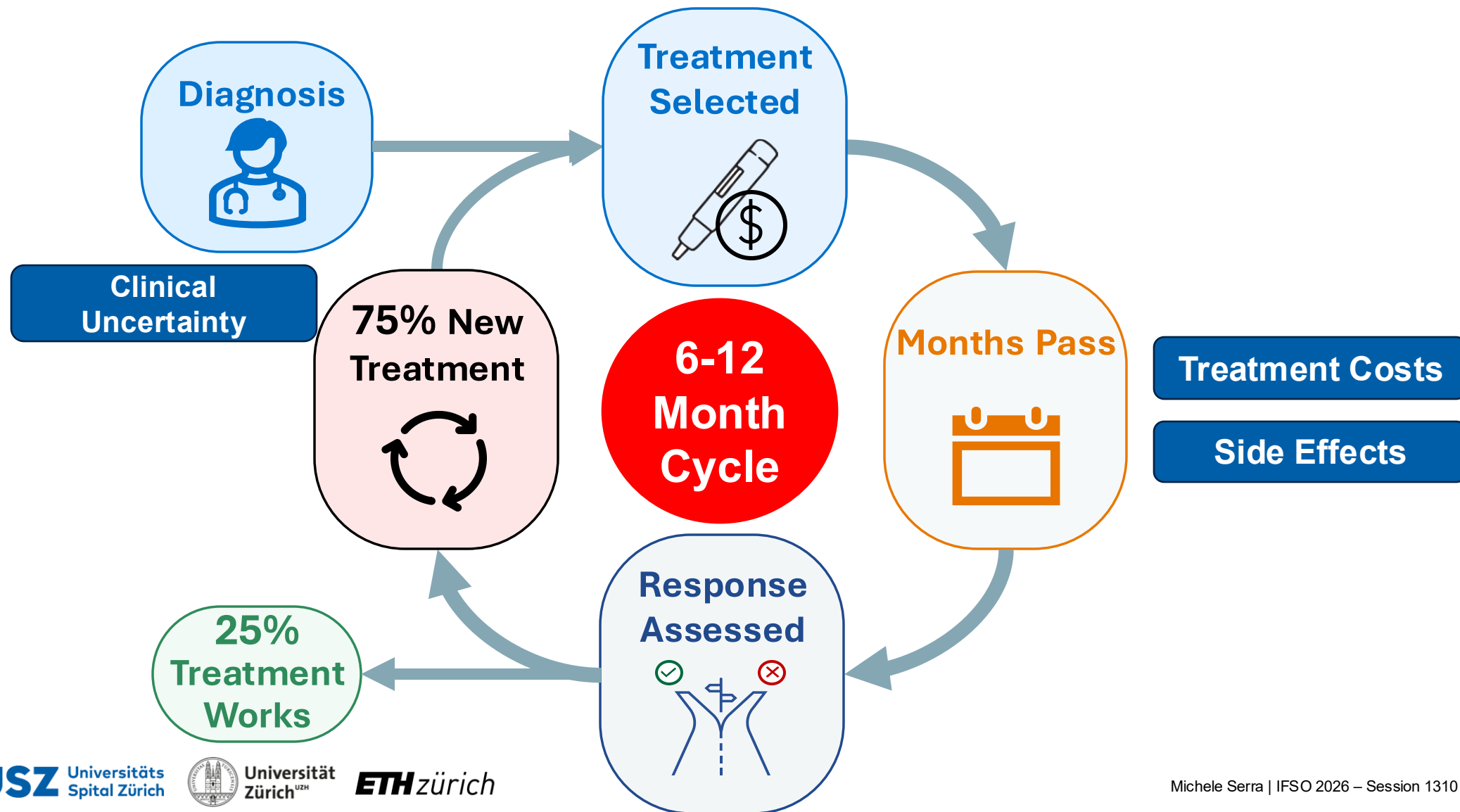


Taxpayer expenditure on research funding
US + EU | CHF 2.5B

**CHF 3.52
Trillion**



The Patient–Treatment Journey



The First Behaviour



Survival after birth Diseases later in life

Ingestive Phenotype



suction
waveform



burst
organisation



within-meal
ingestive dynamics

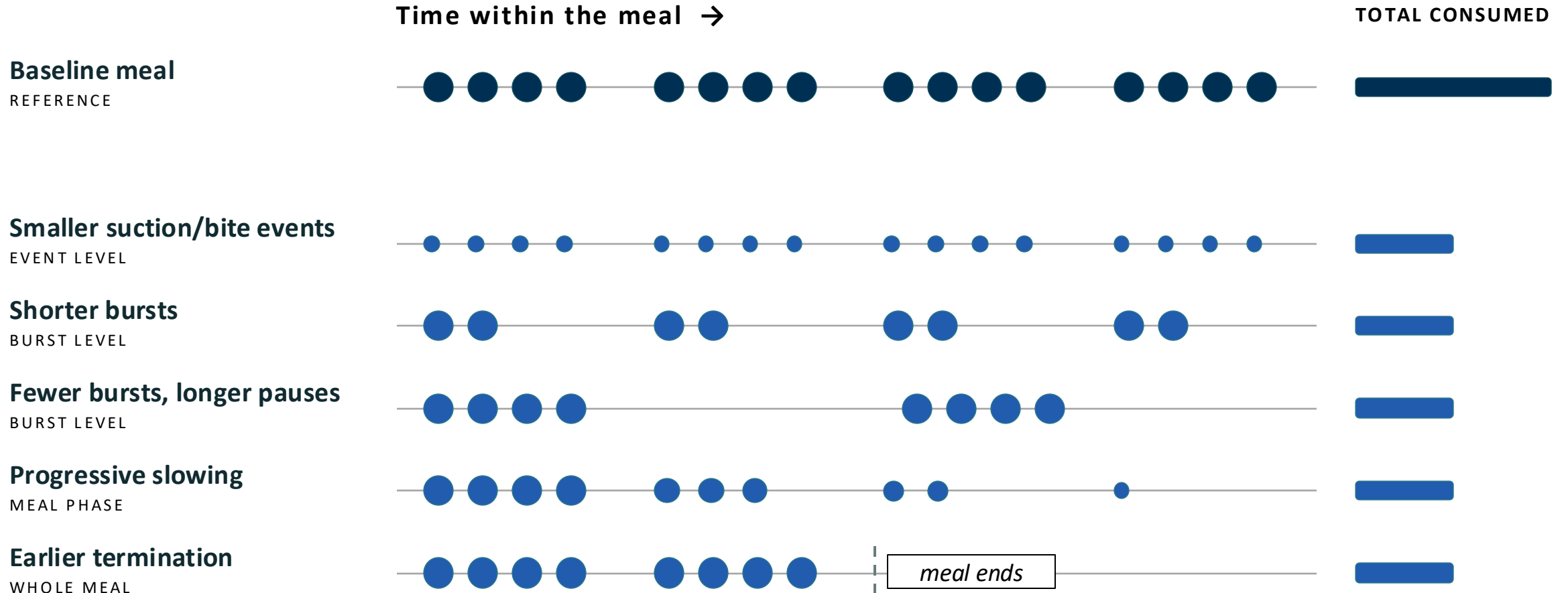


total intake
and duration

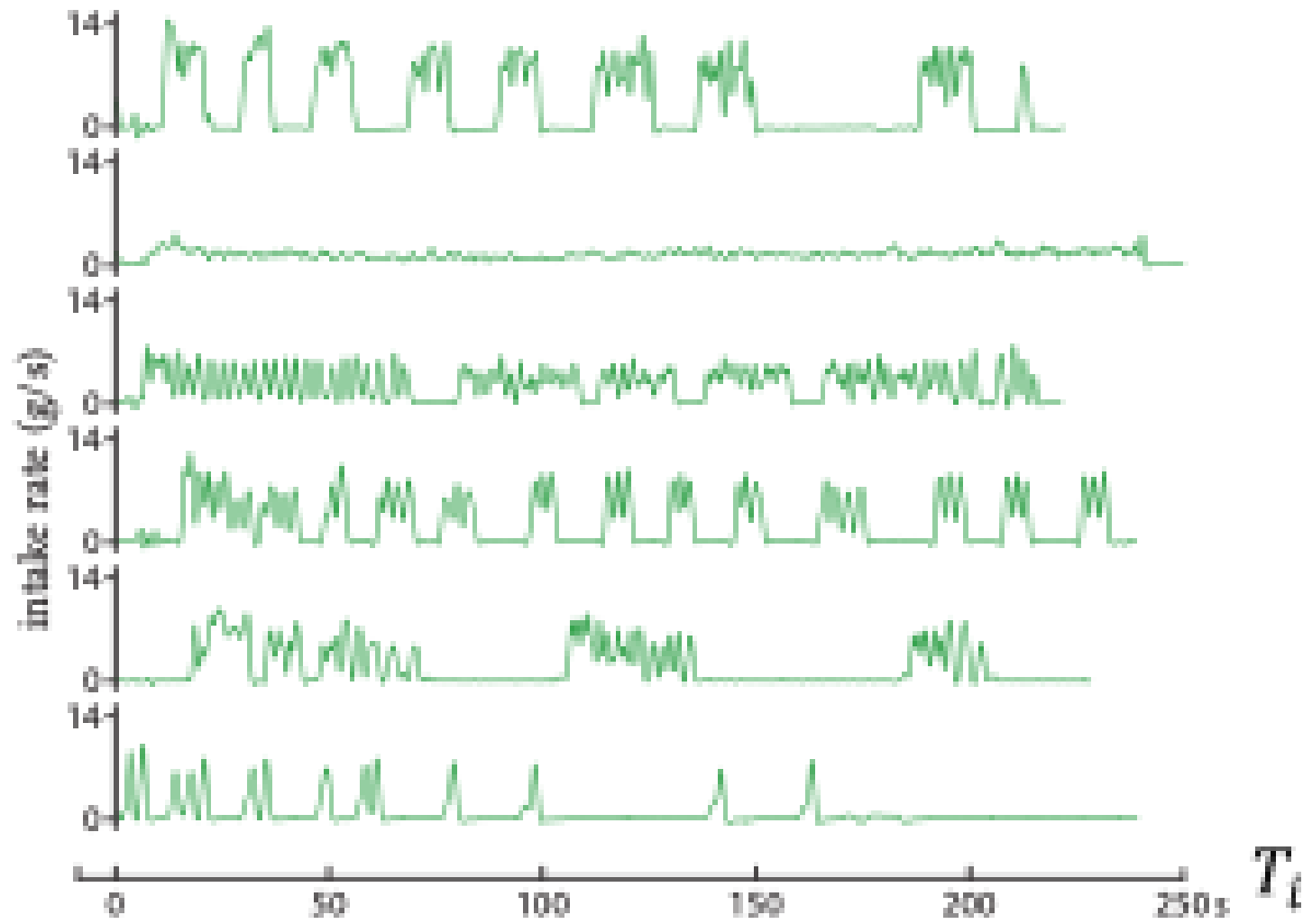
People keep eating less even when they no longer report less hunger

	Week 20	Week 40	Week 60
What they ate	–295 kcal lower than placebo	–250 kcal lower than placebo	–238 kcal lower than placebo
What they reported	Lower hunger and food preoccupation than placebo	No significant between-group difference	No significant between-group difference

The same lower total can be built in very different ways



Variability in the microstructure of ingestive behavior



Weight is the result, ratings are the feeling, the meal is the behavior



Accumulated outcome

Did the treatment work?

- Body weight
- Body composition
- Metabolic and clinical measures

Measured



Subjective experience

How does it feel?

- Hunger and fullness
- Prospective consumption
- Nausea and tolerability

Reported



Observed ingestive process

How is the meal built?

- Duration and ingestion rate
- Individual drinking events
- Burst organisation and progression

Recorded

COMPLEMENTARY LAYERS

Half the intake, half the time, at the same rate

–417 kcal
–127 s

Fewer drinking events, not smaller ones

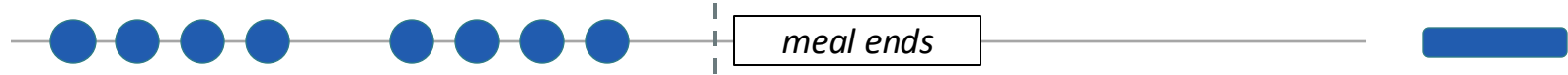
–43% events
–44% bursts

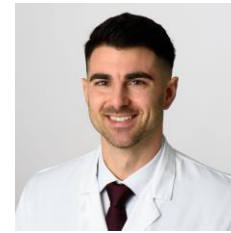
Two ingestive phenotypes at baseline, independent of body weight

Behavior reorganizes first, weight follows

Semaglutide causes earlier termination of the whole meal

Earlier termination
WHOLE MEAL





Dr sc med Michele Serra, PhD
Junior Principal Investigator
michele.serra@usz.ch



Marco Bueter
Prof, MD, PhD



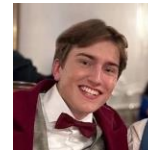
Andreas Thalheimer
Prof, MD, MHBA



Carel le Roux
Prof, MD, PhD



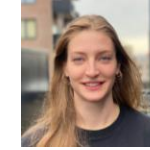
Ahmed Al-Humadi
MD, PhD



Anton Prinz



Ants Erik Nomper



Nicole Jucker



Samuel Müller



Owen Baumann



Johannes Odenthal



Finn Bogdan



William Widerberg



Nico Pulitano



Sebastian Elben



Panisara «Fay» Ruh



Selinay Sarikaya



Barbara McMahon



Jan Han



Emma Allera

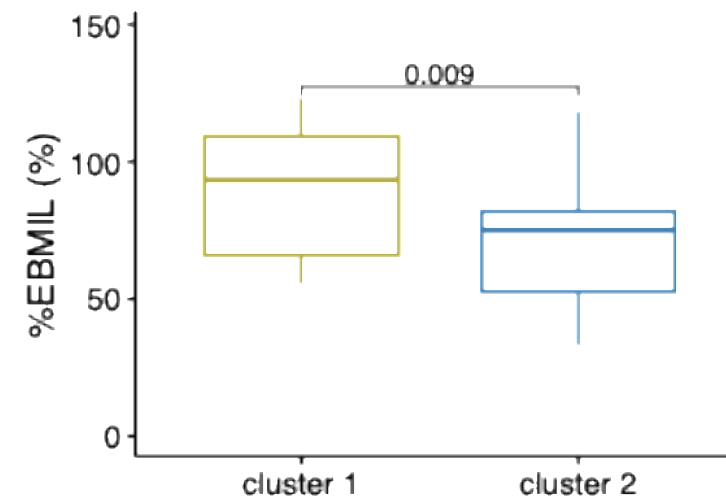
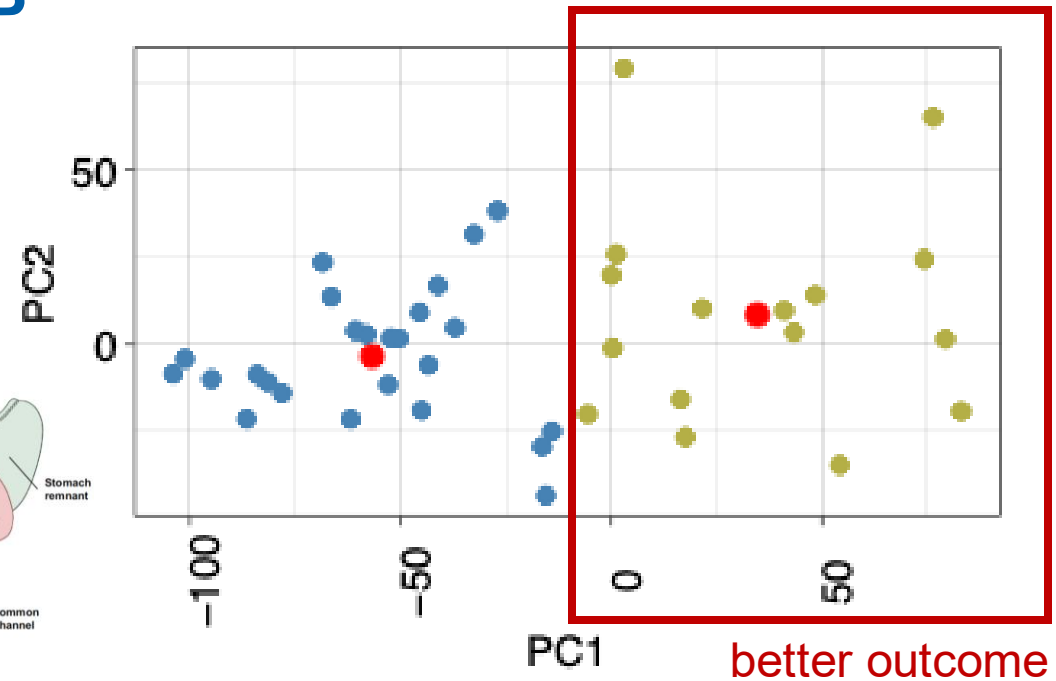
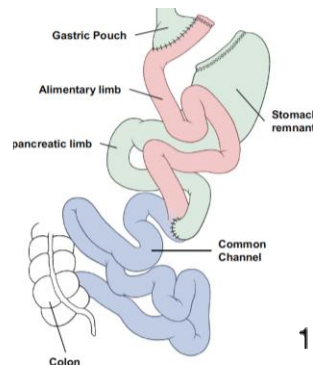
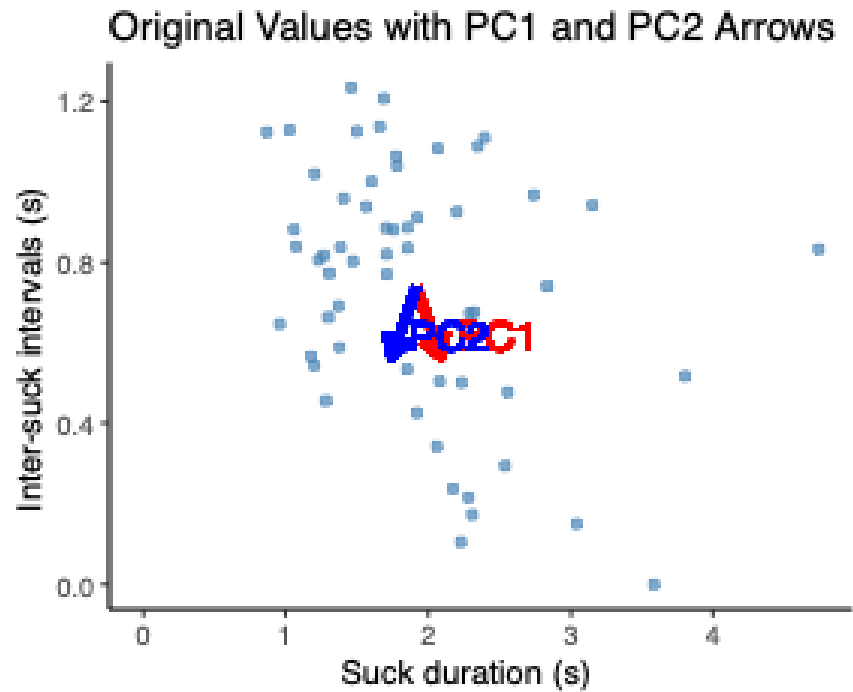


Thalia Grennan



Kyriakos Papasavas

Predictive value 5 years after RYGB



Electrophagography through combination of time series

