



A Comprehensive Guide to GLP-1 Medications for Sustainable Weight Loss

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Medication is one tool. Sustainable weight management also protects nutrition, hydration, strength, sleep, movement, and long-term health.

This patient guide does not replace individualized medical advice, current product labeling, or instructions from your clinician, pharmacist, surgeon, or anesthesia team.

GLP-1 Treatment at a Glance

GLP-1-based medications reduce hunger, increase fullness, slow stomach emptying, and affect glucose regulation. Semaglutide is a GLP-1 receptor agonist; tirzepatide acts at both GIP and GLP-1 receptors.

Medication safety	Protect muscle	Think long term
Use the exact prescribed product, concentration, dose, and device.	Protein helps, but structured resistance training is also needed to best preserve lean mass.	Plateaus and maintenance are expected phases of chronic weight management.

Current semaglutide formulations

- **Wegovy injection:** usual recommended adult maintenance dose is 2.4 mg once weekly; 1.7 mg is another maintenance option. For adults who tolerate 2.4 mg for at least 4 weeks and need additional weight reduction, the current label permits escalation to a maximum of **7.2 mg once weekly (Wegovy HD)**.
- **Oral Wegovy:** once-daily semaglutide tablets are now approved for adult chronic weight management. The labeled maintenance dose is **25 mg once daily** after escalation.
- **Ozempic:** semaglutide injection indicated for type 2 diabetes and certain cardiovascular/kidney-risk indications; dosing and device instructions differ from Wegovy.

Important Risks and Precautions

Pregnancy & contraception	Surgery / anesthesia
Weight-loss GLP-1/GIP medications are not recommended during pregnancy. Semaglutide should be stopped at least 2 months before planned conception. With tirzepatide, switch to a non-oral contraceptive or add a barrier method for 4 weeks after starting and for 4 weeks after every dose escalation .	Tell your surgeon, anesthesiologist, or endoscopist in advance. Current guidance favors individualized risk assessment rather than automatically holding treatment. Lower-risk patients can often continue therapy; higher-risk situations may use a 24-hour liquid diet, gastric ultrasound, anesthesia precautions, or a temporary hold.

Other important warnings

- **MTC/MEN2:** Semaglutide and tirzepatide products should not be used with a personal or family history of medullary thyroid carcinoma or MEN2.
- **Pancreatitis:** disclose prior pancreatitis. Severe persistent abdominal pain, especially radiating to the back, requires prompt evaluation.
- **Gallbladder:** report persistent right-upper-abdominal pain, particularly with fever, vomiting, or yellowing of the skin or eyes.
- **Kidney injury:** persistent vomiting or diarrhea can cause dehydration and worsen kidney function.
- **Vision:** report sudden or significant blurred vision or vision loss promptly.
- **Mood:** report concerning new depression or major mood changes; seek immediate help for thoughts of self-harm.
- **Low blood sugar:** risk is greater when GLP-1 treatment is combined with insulin or sulfonylureas.

Using Injectable Medication Safely

Syringe 'units' measure volume - they are not a standardized medication dose. A unit value is only meaningful when the exact vial concentration and syringe type are known.

If medication comes from a vial

- Check the medication name, expiration date, concentration in mg/mL, and prescribed dose before every injection.
- Use the syringe size and type specified for that prescription.
- Confirm the exact volume or syringe-unit instruction in writing. Do not assume a refill has the same concentration as the previous vial.
- If the amount looks different, the concentration is unclear, or you are unsure how to draw the dose, stop and call before injecting.
- FDA has received reports of serious dosing errors with compounded semaglutide, including patients administering several times the intended dose.

Basic subcutaneous injection sequence

1	2	3	4
Wash hands & inspect	Prepare exact dose	Choose/rotate site	Inject & discard sharps safely

Branded pens and vials have product-specific instructions. Use the Instructions for Use supplied with your exact device rather than transferring steps from another brand.

Current Labeled Dosing Schedules

Wegovy injection - adults

Phase	Dose
Weeks 1-4	0.25 mg weekly
Weeks 5-8	0.5 mg weekly
Weeks 9-12	1 mg weekly
Weeks 13-16	1.7 mg weekly
Week 17+	2.4 mg weekly is the usual recommended maintenance dose
If additional loss is clinically indicated	After tolerating 2.4 mg for at least 4 weeks, may increase to 7.2 mg weekly maximum

Oral Wegovy - adults

Days	Daily dose
1-30	1.5 mg
31-60	4 mg
61-90	9 mg
91+	25 mg maintenance

Take oral Wegovy in the morning on an empty stomach with up to 4 oz of water, swallow whole, and wait at least 30 minutes before food, other beverages, or other oral medicines.

Tirzepatide (Zepbound)

Weeks	Weekly dose
1-4	2.5 mg
5-8	5 mg
Then, if needed and tolerated	Increase in 2.5 mg steps after at least 4 weeks at the current dose
Maintenance options	5 mg, 10 mg, or 15 mg weekly; 15 mg maximum

Not every patient needs the maximum dose. Do not increase your dose on your own.

Protein, Muscle, and Resistance Training

Weight loss can include lean tissue as well as fat. Protein is important, but increased protein **without structured resistance training is not enough** to optimally preserve muscle during GLP-1-induced weight loss.

Protein targets need the right denominator

A range such as 1.2-1.6 g/kg/day can be useful, but applying it automatically to actual body weight in a person with obesity can overestimate protein needs. Your clinician may use adjusted body weight, ideal body weight, or lean mass instead. A practical absolute range for many adults is roughly **80-120 g/day**, individualized for body size, activity, kidney function, age, and clinical goals.

Prioritize	Why it matters
Protein across meals	Supports muscle repair and makes the daily target easier to tolerate.
Resistance training 2-3x/week	Provides the stimulus needed to preserve or build strength and lean tissue.
Progressive overload	Gradually increasing resistance or difficulty helps maintain adaptation.
Recovery	Sleep and recovery support training quality and muscle repair.

Kidney disease and some other medical conditions require individualized protein guidance.

Nutrition and Hydration

Build meals around

- A meaningful protein source
- Vegetables and fruit in a variety of colors
- Fiber-rich carbohydrates as tolerated
- Healthy fats such as nuts, seeds, avocado, and olive oil

Hydration

A practical lay estimate is about **0.35-0.50 oz of fluid per pound of body weight per day**. Many clinical recommendations are also expressed more simply as roughly 2-3 L/day. Needs vary with body size, climate, activity, food intake, and medical conditions.

Body weight	0.35-0.50 oz/lb estimate
120 lb	42-60 oz/day
160 lb	56-80 oz/day
180 lb	63-90 oz/day
200 lb	70-100 oz/day
240 lb	84-120 oz/day

Heart failure, kidney disease, or a prescribed fluid restriction overrides a general hydration target.

Foods that may worsen GI symptoms

Very large meals, greasy or fried foods, highly spicy foods, alcohol, carbonated beverages, and gas-producing foods can worsen nausea, reflux, bloating, or discomfort for some patients. These are not universal forbidden foods - use your own tolerance as a guide.

Common Side Effects: What Helps

Symptom	Try	Call sooner when
Nausea / fullness	Smaller meals, slower eating, stop at comfortable fullness.	You cannot maintain fluids or vomiting persists.
Reflux	Smaller portions; avoid lying down right after eating.	Symptoms are severe or persistent.
Constipation	Hydration, fiber as tolerated, movement, and prescribed bowel plan.	Severe pain, vomiting, distention, or inability to pass stool/gas.
Diarrhea	Fluids/electrolytes; simpler meals; avoid clear triggers.	Dehydration, blood, fever, or persistent diarrhea.

Movement, sleep, stress, and mindful eating

- Regular aerobic activity supports cardiovascular health, mood, and weight maintenance.
- Resistance training protects strength and muscle.
- Sleep and chronic stress influence appetite, energy, food choices, and recovery.
- Slow down during meals and notice hunger, taste, and comfortable fullness.
- Recognize stress, boredom, habit, and social cues that can drive eating without physical hunger.

Plateaus, Goal Weight, and Stopping Treatment

If weight loss plateaus

A plateau does not automatically mean the medication has stopped working. Weight loss lowers energy needs, and short-term scale changes may reflect fluid, constipation, sodium, menstrual changes, travel, or activity. Review medication use, nutrition, protein, resistance training, sleep, stress, and other weight-promoting medications before automatically cutting calories or increasing dose.

When you reach your goal

Maintenance is an active treatment phase. There is no requirement to stop medication simply because a target weight has been reached. A maintenance plan may include continued pharmacotherapy, an individualized dose strategy, resistance exercise, adequate protein, regular activity, and periodic monitoring.

If you are considering stopping

Appetite and weight-regulating biology can change after medication is withdrawn, and weight regain is common. Build the maintenance plan before stopping: meal structure, resistance training, aerobic activity, sleep, protein, and an agreed threshold for reassessment.

Exercise math

As body weight decreases, moving the body requires fewer calories. Exercise remains extremely valuable for health, strength, function, and maintenance, but it usually cannot fully offset a major return of appetite calorie-for-calorie. Treat exercise as one component of a maintenance system rather than a substitute for medication.

When to Contact EvolveMD

Contact your clinician	Seek urgent/emergency care
• Persistent vomiting or inability to hydrate • Significant or persistent abdominal pain • Questions about dose, vial concentration, or syringe units • Pregnancy planning or contraception questions • New significant vision changes • Right-upper-abdominal pain with fever/vomiting/jaundice • Concerning new depression or major mood changes	• Severe or rapidly worsening symptoms • Serious allergic reaction • Severe abdominal pain with systemic illness • Fainting or confusion • Sudden vision loss • Thoughts of self-harm

If something about your medication, dose, syringe, symptoms, pregnancy plans, or procedure instructions is unclear, ask before guessing.

12-Week Progress Tracker

Use only the measures that are useful to you. Look for trends rather than judging individual numbers.

Week	Dose	Weight	Waist	Strength / activity	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Selected clinical sources

Current Wegovy and Zepbound prescribing information; FDA communications on compounded semaglutide dosing errors; 2025 joint GLP-1 nutrition advisory from ACLM, ASN, OMA, and The Obesity Society; and current perioperative guidance.