Considerations for the WEIGHT LOSS MAINTENANCE phase

1. Long-term support for weight maintenance is recommended.

2. A variety of weight loss approaches can be used equally effectively for weight management (e.g., continuous energy restriction, intermittent fasting) provided that they can be followed and meet nutritional requirements for protein, fat, micro–nutrient and fiber intake.

3. Adequate, high-quality protein intake is recommended – especially for patients at risk of obesity-related sarcopenia – to prevent insufficient protein intake and minimize muscle loss associated during rapid weight loss when calories are reduced.

4. Protein intake should be ≥0.8 g/kg actual body weight/day.

5. Nutritionally complete low-energy formula products can be used to replace 1 meal/day or 3–6 meals/week for longer-term weight-loss maintenance.

6. A high intake of soluble and insoluble fiber – from dietary sources such as fruits, vegetables, legumes, oats, whole grains, psyllium and supplements — may benefit weight management and cardiometabolic health.

7. High-calorie nutrient-poor snacking between meals should generally be avoided.

8. Consuming water between meals and choosing fiber rich foods may help increase fullness and reduce overeating.

9. GBTs may increase gallstone risk. Intake of healthy fats 25–60 g/day (for a 1200–1500 kcal/day diet) or 35–70 g/day (for a 1500–1800 kcal/day diet) is recommended to support the absorption of fat-soluble vitamins and stimulate gallbladder emptying.

10. Adults 65+ with adequate kidney function may need more protein than younger adults to maintain muscle and avoid sarcopenia.

GBT= GLP-1 based therapies

Citation: Sievenpiper, J.L. Ard, J. Blüher, M. et al. Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1 - based therapies: An expert consensus statement using a modified Delphi approach, Obesity Pillars, Volume 17, 2026, 100228, ISSN 2667-3681, https://doi.org/10.1016/j.obpill.2025.100228.