Considerations for the WEIGHT LOSS Phase

1. Inform the patient to be mindful about the timing and frequency of eating.

2. Dietary modifications may be easier to implement after hunger and food cravings are reduced.

3. Nutritionally complete low-energy formula products can be used temporarily as a ‘total diet replacement’ — replacing all meals, or ‘partial diet replacement’ by replacing 1–2 meals/day.

4. Monitor for adequate hydration, excessive weight loss, and GI adverse effects such as nausea, vomiting or diarrhea during the dose titration phase of GBT.

5. Protein intake recommendations: 1.2–1.5 g/kg actual body weight/day or equivalent to 25–30 % energy on a 1600 kcal/day diet.

6. Recommend eating mindfully and ending meals when feeling “comfortably full”.

7. Calorie intake step-down approach: start with reducing caloric intake by 500 kcal/day below the estimated caloric needs of the individual, with a minimum intake of 1000–1200 kcal/day.

8. Dietary fiber intake recommendations: ≥25 g per day for women and ≥30 g per day in men, or ≥35 g per day in people with diabetes

9. Adjusting the GBT dose and implementing structured meal plans may be necessary to avoid excessive weight loss.

10. A structured eating plan could be beneficial with frequent small meals containing a diet rich in plant-based foods and sources of lean protein.

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.