STUDY SUMMARY

Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1 - based therapies: An expert consensus statement using a modified Delphi approach

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Background:

- GLP-1-based therapies (GBT) have revolutionized obesity management by significantly reducing caloric intake and achieving substantial weight loss, though real-world results are often less dramatic than clinical trials.
- Common side effects of GBTs are gastrointestinal in nature, typically mild and transient, but there are concerns about long-term impacts on muscle health and micronutrient deficiencies, especially in those with poor baseline nutrition.
- Many patients do not receive adequate dietary or physical activity support, and discontinuation rates for GBTs are high — reaching 50% at 1 year of treatment, highlighting the need for practical recommendations for healthcare professionals managing obesity, particularly in primary care or non-obesity specialist settings

Objective:

To develop clinical practice recommendations for healthcare professionals using a multidisciplinary, personalized approach that integrates GBT with tailored nutrition, lifestyle strategies, proactive monitoring and continuous support essential to guide patients through a healthy and sustainable weight loss journey before, during and after treatment.

Methods:

An international panel of 15 healthcare experts gathered in person and virtually between May 2024 and September 2024 to generate expert-based guidance on clinical support for patients treated with GBT. A scoping literature search and review was completed to cover publications from January 2021 through June 2025.

A modified Delphi consensus process was used to create statements around nutrition, physical activity and clinical care based on using an anonymous nine-point rating scale (9–absolutely agree, 1–absolutely disagree), with consensus priori defined as at least 67% of experts rating a statement 7 or higher.

The modified Delphi method was chosen because of limited direct evidence and the reliability on expert experience and clinical practice. Final statements were generated after 2 rounds of review.

All 15 panelists remained involved throughout the process.

Results:

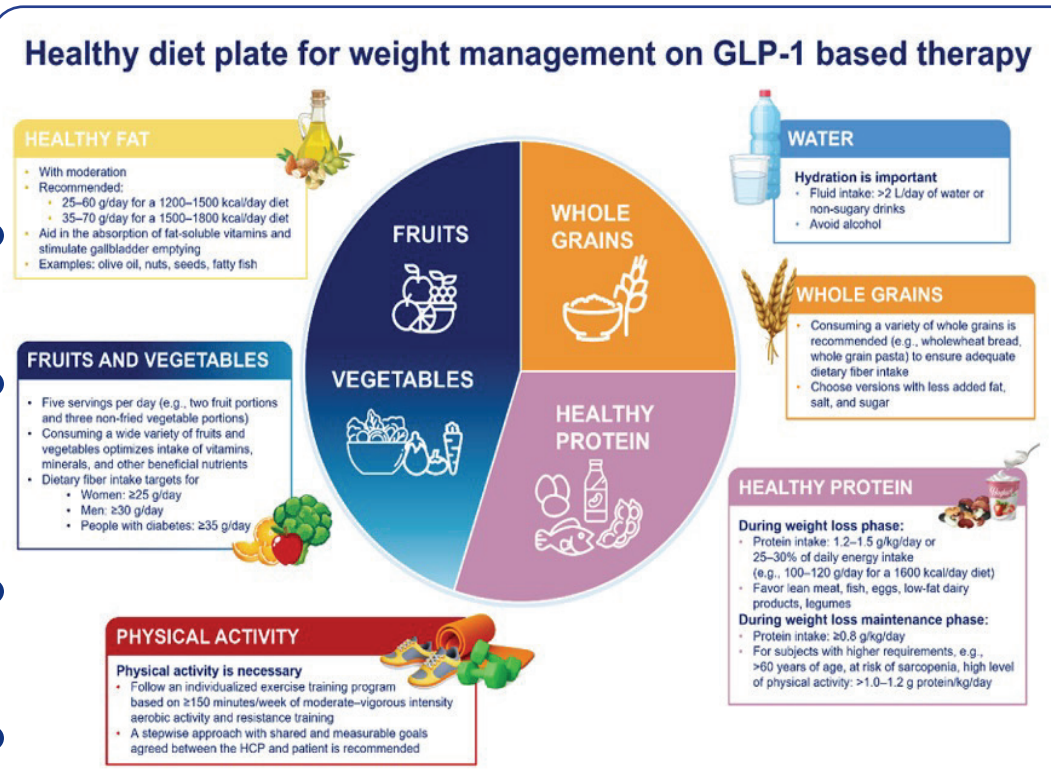
A total of 52 consensus statements were developed across 7 modules: nutrition, physical activity, **pre-treatment, during treatment, weight-loss maintenance** and **discontinuation phases**, as well as management of common adverse events.

Guidelines suggested a registered dietitian should be involved in the assessment, delivery, and evaluation of care wherever possible.

Importantly a personalized approach should be implemented to meet individual values, preferences and treatment goals focused on adequate nourishment and hydration, preserving lean muscle mass, and minimizing adverse effects.

A high level of consensus was noted within the nutrition and lifestyle consideration category.

Recommendations are described (at right).



Sievenpiper JL, Ard J, Blüher M et al. *Obes Pillars.* 2025 Nov 11;17:100228. doi: 10.1016/j.obpill.2025.100228

STUDY SUMMARY– continued

Limitations:

The consensus is limited by a search window potentially excluding the most recent literature, poor reporting of lifestyle interventions in existing GBT trials, insufficient high quality nutrition and physical activity data requiring reliance on adjacent guidelines and clinical experience, exclusion of next generation GBTs, and a lack of evidence from non-Western and underrepresented populations, reducing forward-looking insight and global applicability.

Conclusion:

These international consensus recommendations are intended to help support all healthcare professionals involved with obesity management to help patients achieve a healthy and sustained weight loss journey before, during and after treatment with a GBT.

Key Clinical Messaging from this paper:

1. **Combine GBT with a personalized nutrition and lifestyle plan aligned to patient goals and preferences.**
2. **Use a comprehensive approach: address nutritional gaps, promote physical activity, manage GI symptoms, and ensure long-term adherence with support from a registered dietitian.**
3. **Monitor and follow up regularly: assess diet, hydration, and activity; provide ongoing support through all phases — pre-treatment, active weight loss, maintenance, and potential therapy discontinuation.**

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Journal article may be accessed at:
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