

GLP - 1

BASED THERAPY FOR WEIGHT LOSS: POCKET GUIDE TO PATIENT SUPPORT



Nutrition • Side Effects • Lifestyle • Monitoring
For professional use only

GLP - 1

BASED DRUGS: THE BASICS

Approved agents:

Saxenda® (liraglutide) – **daily**

WeGovy® (semaglutide) – **weekly**

Zepbound® (tirzepatide) – **weekly**

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Indications:

Adults, BMI ≥ 30 or ≥ 27
with comorbidities;
adolescents ≥ 12
with specialist input

Dosing basics:

Start low, titrate slowly
to reduce GI side effects;
maintain at highest
tolerated dose

Route:

Subcutaneous injection
(abdomen, thigh, upper arm;
rotate sites)

Key benefits: Sustained
weight loss, improved
cardiometabolic risk,
appetite reduction



NUTRITIONAL PRIORITIES QUICK VIEW

VITAMINS

K

B1

B12

Folate

E

C

A

D

MINERALS






K

Mg

Zn

Ca

Fe

NUTRIENT	TARGET	PRACTICAL TIPS
 Meals	3 small meals/day	Avoid large volumes; eat slowly
 Protein	≥60–75 g/day (1.2–1.5 g/kg/day) during weight-loss phase	Include quality protein at every meal: eggs, lean meats, tofu, beans, dairy/fortified alternatives
 Fiber	Women: 21–25 g/day Men: 30–38 g/day	Mix soluble (oats, lentils, apples) + insoluble (veg, wholegrains)
 Fluids	6–8 cups/day (2–3 L), sugar-free	Spread through the day, more if active or hot weather
 Vitamins/minerals	Monitor, esp. iron, B12, vitamin D, calcium	Encourage varied, colorful diet; supplement if needed

Key message:

“Eat well to stay healthy and maintain weight loss when treatment ends.”

NUTRITIONAL DEFICIENCIES

Impact: Fatigue, poor wound healing, reduced muscle strength, mood and cognition changes, excessive hair loss

Assessment: Baseline diet history, bloods (esp. iron, B12, vitamin D, calcium, albumin); repeat at 6–12 months

Dietary adjustments: Increase protein-rich foods, encourage colorful fruit/veg, wholegrains, nuts, dairy/fortified alternatives

FOOD SUPPLEMENT ADVICE

Who needs food supplements?

Patients with low dietary intake

Protein, fiber, micronutrients

Rapid weight loss

Protein

Fatigue, older adults

Micronutrients

Recommended food supplements?



Tips: Monitor drug-nutrient interactions

“Your needs may change as you eat less – we’ll support you to stay strong and well.”

PRESERVING MUSCLE MASS

Risks: 10–30% of weight lost may be lean muscle tissue; higher risk in older adults, inactive, or low protein intake

STRATEGIES

- Ensure adequate protein, > 60-75 g/day (1.2–1.5 g/kg/day)
- Ensure adequate micronutrients (e.g. vitamin D, calcium, zinc, iron, B vitamins)
- Recommend resistance training + daily activity
- Maintain hydration



MANAGING GI SIDE EFFECTS – NAUSEA

Causes: delayed gastric emptying, food intolerance

ADVICE

- Small, bland meals
- Eat slowly
- Avoid high-fat, spicy, large-volume meals
- Avoid strong smells
- Eating crackers, apples, ginger/peppermint (e.g., tea) 30 min after medication may help



Escalation: *persistent nausea interfering with eating or hydration → review dose; consider antiemetic*

MANAGING GI SIDE EFFECTS – CONSTIPATION & BLOATING

- Increase soluble fiber (oats, lentils, berries, psyllium)
- Ensure adequate hydration
- Ensure healthy, balanced diet
- Recommend increased physical activity
- Consider pre- and probiotics

Escalation: Severe abdominal pain → rule out obstruction, gallbladder disease

MANAGING GI SIDE EFFECTS – RED FLAGS & WHEN TO REFER



▶ Persistent vomiting/dehydration

▶ Suspected gallbladder disease or pancreatitis

▶ Excessive/unintended weight loss with fatigue

▶ Nutrient deficiencies: hair loss, pale gums, cramps

Action: Review dose, order bloodwork, consider dietitian/specialist referral

PHYSICAL ACTIVITY – WHAT TO RECOMMEND

Goals: preserve lean mass,
maintain weight loss,
improve mood/metabolic health

Physical activity:
≥60 min/day

Step goals: +1000/day above
baseline; walk for 10 min after
eating, use stairs when possible

Resistance exercises: bands,
bodyweight, chair exercises

Exercise snacks:
5–10 min bursts across the day
(walking, squats, climbing stairs)

*“Move well to stay healthy and maintain
weight loss when treatment ends”*

BEHAVIOR CHANGE – CONVERSATION STARTERS



- Track wins beyond the scale: energy, sleep, confidence
- Encourage regular check-ins

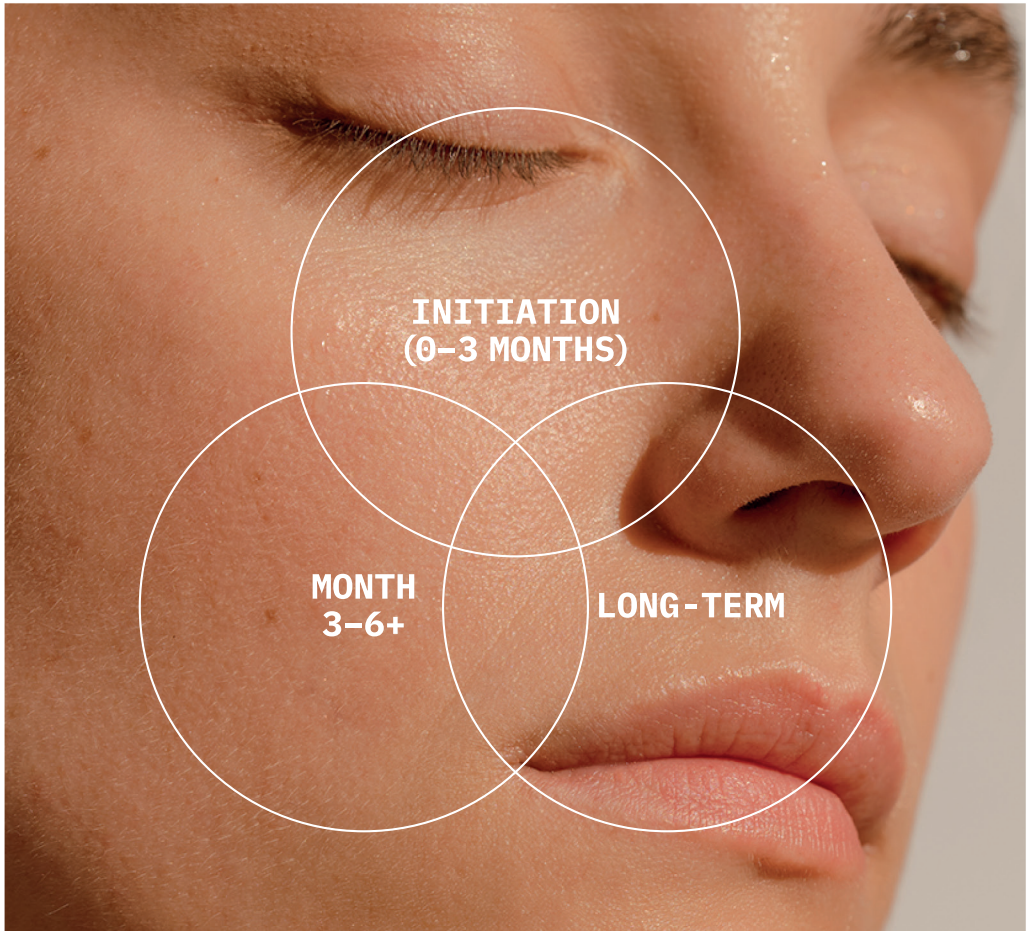
Notes:

PHASES OF TREATMENT

Initiation (0–3 months): Shared decision, start low/go slow titration, monitor side effects & nutrition

Month 3–6+: If $\geq 5\%$ weight loss \rightarrow continue; behavioral review.
If $< 5\%$ \rightarrow reassess continuation

Long-term: Consider maintenance vs. step-down; support for lifestyle if stopping therapy



COMMON QUESTIONS

ISSUE

ADVICE

Missed dose

Weekly: take within 5 days, else skip
Daily: next dose only, no doubling

Nausea

Smaller portions, slow eating, avoid fatty meals

Plateau

Check adherence, increase activity, review sleep and intake

Constipation

Increase fluids + soluble fiber, movement, consider supplements

Muscle weakness

Increase protein, resistance training, consider supplements



Nestlé Health Science is not a manufacturer of GLP-1 receptor agonist (RA) therapies. Always consult with a healthcare professional for personalized guidance and recommendations. It is important for patients taking GLP-1 therapies to consider their nutritional needs. The information provided herein is intended for educational purposes only and should not be construed as medical advice.