





GLP-1s:
Beyond the Prescription

A Physician's Guide to Counseling, Monitoring & Preventing Complications

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What Patients Are Taking

The four most prescribed GLP-1 medications in adults for
BMI >30 or BMI >27 with comorbidities (HTN, Hyperlipidemia, T2D, OSA, CVD)



Foundayo

Orforglipron
(nonpeptide GLP1 RA)
April 2026

- **Age 18 and older**
- **Weight management only**

~ 11% WEIGHT LOSS

0.8 mg	9 mg
2.5 mg	14.5 mg
5.5 mg	17.2 mg



Wegovy

Semaglutide (GLP1 RA)
December 2025

- **Age 18 and older**
- **Weight management**
- **CV-risk reduction**

~ 14% WEIGHT LOSS

1.5 mg	9 mg
4 mg	25 mg



Wegovy

Semaglutide (GLP1 RA)
(June 2021)
HD 7.2mg (since 4/2026)

- **Age 12 and Older**
- **CV-risk reduction**
- **MASH with F2-F3 Fibrosis**

~15% WEIGHT LOSS

0.25mg	1.7mg
0.5mg	2.4mg
1mg	7.2mg
	*



Zepbound

Tirzepatide
(Dual GLP/GIP agonist)
November 2023

- **Age 18 and Older**
- **Weight management**
- **Moderate to Severe Sleep Apnea**

~21% WEIGHT LOSS

2.5mg	10 mg
5mg	12.5 mg
7.5mg	15 mg



BENEFITS BEYOND THE SCALE

- Many effects only partially explained by weight loss: inflammation, BP, vascular function
- **Major cardiovascular effects down about 20%** (SELECT)
- **Kidney protection:** lower albuminuria and slow eGFR decline, less kidney failure, kidney death fell by 21% (FLOW)
- **Resolved steatohepatitis** (non cirrhotic MASH), liver stiffness improved, liver fat fell 5%, liver enzymes dropped
- **Improved HFpEF symptoms, OSA, knee osteoarthritis**
- Patients with and without diabetes, obesity, CKD, or HF all saw **lower all-cause mortality**
- Neuroprotective effect still under investigation.
- Anti-inflammatory effects: CRP falls with all GLP1s



The Right Patient and the Right Dose



01.

Where are Prescriptions Coming From?

Telemedicine vs. In Person. Compounded vs. Branded medications. lack of clinical screening and oversight. Easy access. 17% use an online website, 9% through a medical spa or aesthetic clinic.

02.

Appropriate Follow-up and Dosing

Study trials escalated dosing each month. Dose escalation is individualized. Balance of weight loss and appetite suppression with side effects. 1-2 lbs a week. Mitigate hair loss, gallstone formation, risk for malnutrition.

03.

Proper Screening

Patients not meeting FDA-indications (BMI >30 or BMI 27 with comorbidities) for medications are increasingly seeking out treatment. A secret-shopper study in JAMA showed 92% of online sellers issued a prescription with minimal clinical screening or video/phone consultations.

Screening History

These are questions I ask before they start

Baseline Health	Mental Health	Contraindications
Cancer Screening Sarcopenia (SARC-F) Sleep apnea (STOP-BANG) Osteopenia/porosis Gastroparesis Constipation Gyn history	Eating Disorders Depression (PHQ9) Anxiety (GAD7) Binge Eating (BEDS7) Nighttime Eating (NEQ≥25)	Pregnancy Trying to conceive Medullary Thyroid Carcinoma MEN II Syndrome H/o Pancreatitis

SCREENING AND MONITORING

Laboratory Testing

MICRONUTRIENTS	METABOLIC	ENDOCRINE
Vitamin D, 25-OH Vitamin B12 Iron Studies Ferritin	Comp Met Panel Lipid Panel Hemoglobin A1c Lipoprotein (a) Apolipoprotein B FIB-4 (age, AST, ALT, platelets)	TSH Males: Testosterone, Free and Total PCOS panel * Dexamethasone challenge with AM Cortisol * If clinically indicated

Other Evaluations

Consider evaluation prior to starting GLP-1 therapy
and if indicated by history

Exam Findings	Imaging	Referrals
Vitals Waist to Height Ratio Baseline Grip Strength Sit to Stand test Retinal Exam “Disc at Risk” Sleep Study Body Composition Scan	DEXA scan Thyroid ultrasound Liver/GB ultrasound Fibroscan	Physical Therapy Nutrition Fitness Trainer GI Sleep Medicine Dermatology Ophthalmology



Counseling Before the First Dose

- Script for nausea medication
- Proactive plan to reduce constipation
- Reduce sedentary behavior, walk after meal
- Stop eating before full
- Eat small meals, avoid UPF, greasy foods
- Time your shots properly
- Hydrate well
- Don’t lay down after eating
- Limit foods that promote gas
- Side effects improve with time









MOST COMMON GI SIDE EFFECTS

- Nausea
- Constipation
- Reflux
- Bloating
- Abdominal Pain
- Vomiting
- Diarrhea
- Indigestion
- Sulfur Burps

OTHER SIDE EFFECTS

- Gallbladder Disease
- Acute Kidney Injury
- Hypoglycemia
- Pancreatitis
- NAION
- Worsening diabetic retinopathy
- Dysesthesia
- Anhedonia

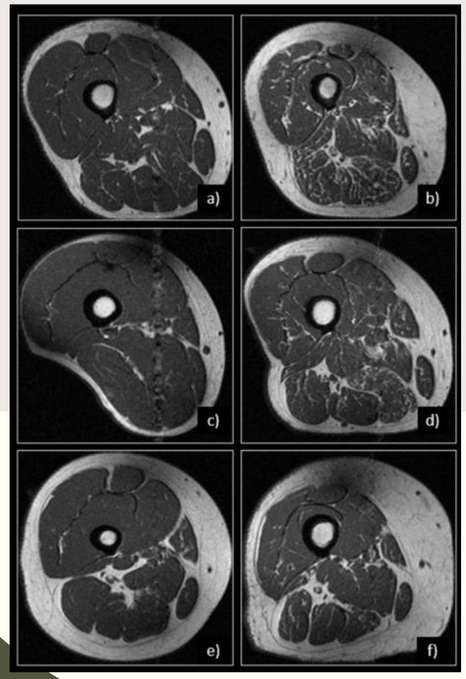


Tracking Lean Mass and Strength

Lean Muscle Mass makes up 25-39% of weight lost on a GLP-1







- Sit to Stand test
- Grip Strength
- Screen with SARC-F
- Loss of mass does not always correlate with loss of strength
- Lean mass includes extracellular fluid, liver and other organs
- Hand grip < 35.2lbs in Women
- Hand grip < 59.4 in men



Protein



01. Calculating Needs

At least 1.2-1.6 g /kg/day
At least 1.3 g/kg/day in older patients
Using actual body weight **overestimates need** in obesity
Or use simple target: **80-120 g / day**

02. Protein During Low Appetite

- Use shakes or bars when appetite is significantly suppressed, traveling, or etc
- Eat protein first

03. Protein Quality

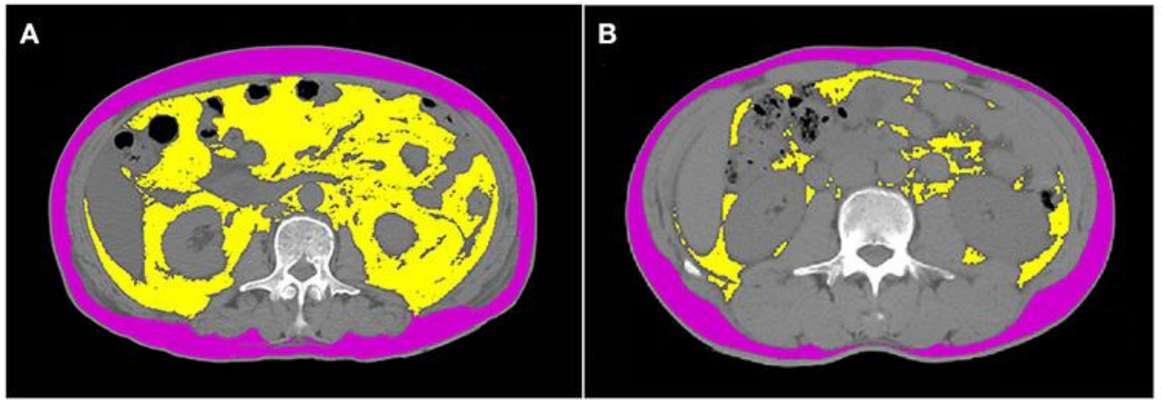
Favor plant protein, dairy, fish, eggs, poultry
Limit red meat and processed meat

04. Protein without Lifting Won't Protect Muscle

05. Spread Across Meals

- 20-30 grams per meal
- Muscle building saturates, urea excretion rises with excess protein intake

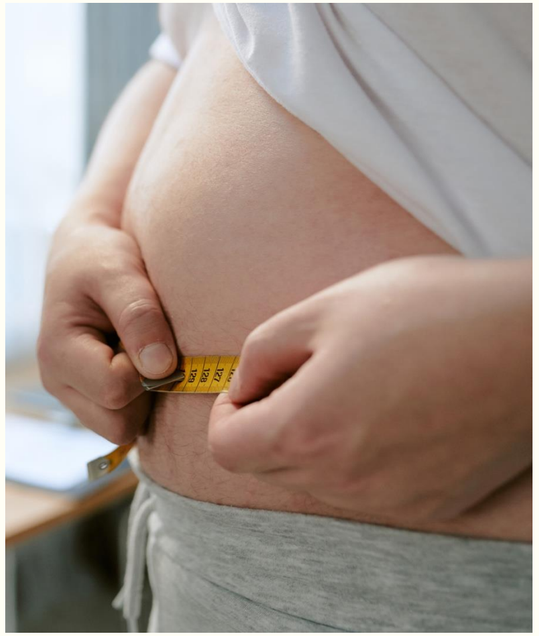
Benefits of Weight Loss



- 5%: better glycemia, BP, and triglycerides
- 10%: MASH, OSA, and knee pain improve
- 15% or more: remission of T2D, CV benefit
- Waist circumference and visceral fat matter more than BMI

Waist to Height Ratio

This cutoff works across ethnicities. Cut off 0.5 or greater is a better predictor of CVD risk



Exercise Prescription

Most at risk for sarcopenia: Frail individuals, older adults, low baseline muscle mass or strength, chronic kidney disease, low baseline physical activity, or rapid weight loss

Strength Training



- 30 minutes
- 2-3 times a week
- Progressive overload
- resistance training of all muscle groups

Tirzepatide ± resistance exercise (Green et al., Nature Medicine 2026

Progressive Overload



- gradually increase stimulus placed on a muscle over time: - more load, reps, sets, frequency, or effort
- It reliably increases muscle growth

Reduce Sedentary Behavior



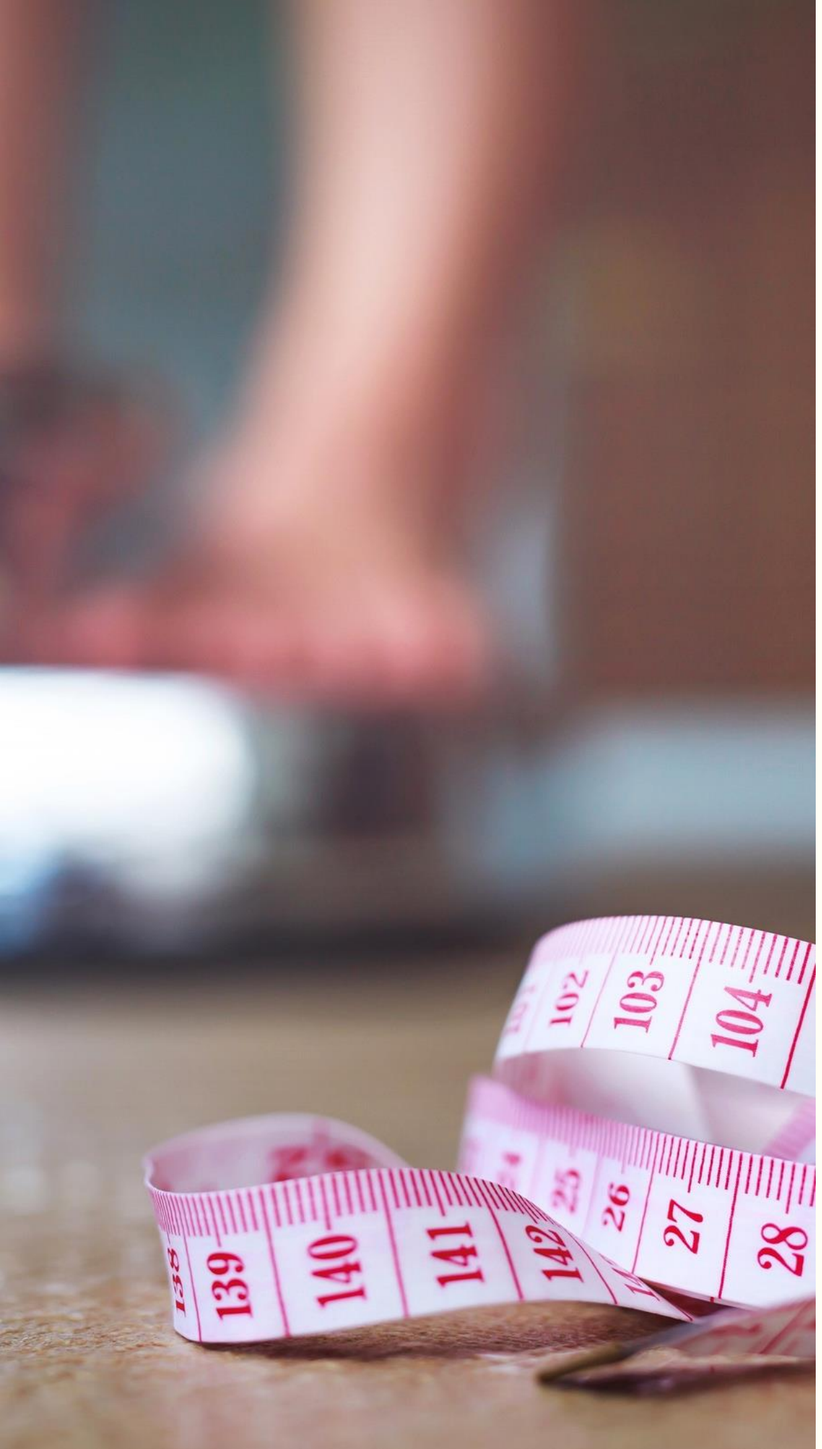
- Less sitting time
- Short walks after meals
- Break up sedentary time
- Standing desks
- Walking pads
- Tracking steps

Aerobic Exercise



150 min/week moderate

75 min/week vigorous



Maintenance and Weight Regain

01.

Regain after stopping is normal

About two thirds of lost weight returns within 1 year of stopping samglutide. Projected return to baseline weight about 1.5 years after stopping semaglutide or tirzepatide

02.

Shared Decision Making

Using lowest effective dose, giving medication intermittently, stopping with close monitoring are options. Consider cost, side effects, and patient preference

03.

Self-Monitoring and Re-escalation

Restart medication or raise dose if regain exceeds 5%
Keep an eye on weight, waist circumference, blood pressure, HbA1c, and lipids

Aronne LJ, et al. ATTAIN-MAINTAIN trial. Nat Med. 2026 Jul



Surgery, Pregnancy and Lactation

01.

Surgery and Endoscopy

Aspiration risk from retained gastric contents; clear liquid diet for 24 hours beforehand; hold for higher-risk patients, per your institution's protocol

02.

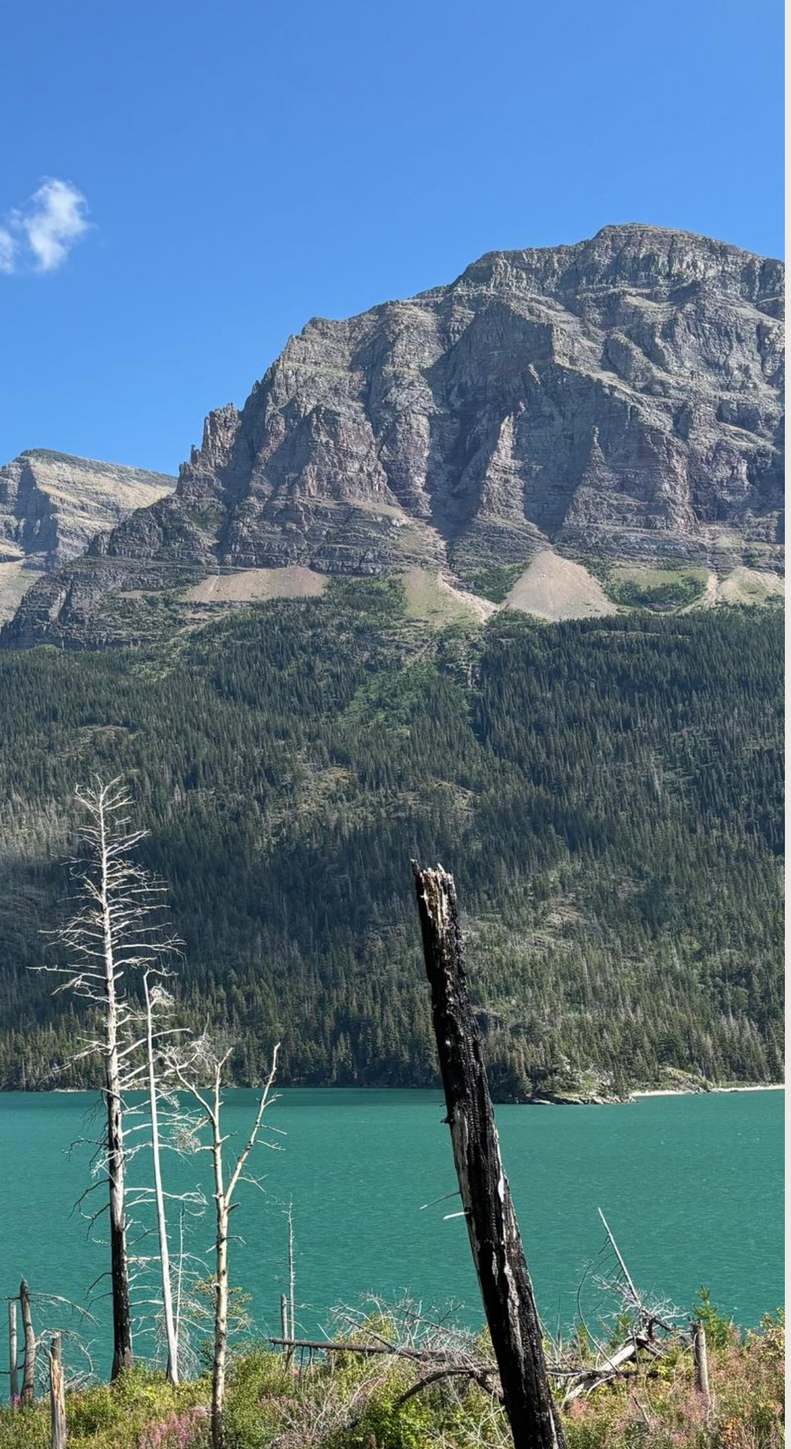
Pregnancy

Stop 1–2 months before conception (2 months for semaglutide); use contraception, since fertility rebounds

03.

Lactation

not a labeled contraindication; decide with the patient; avoid if the infant is under 1 month old or preterm (ACOG 2026); prefer injectable semaglutide over oral



THANK YOU! QUESTIONS?

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