GLP WEIGHT LOSS MEDICATIONS

***GLP-1 medications, used for weight loss and diabetes management, are not suitable for everyone. Individuals with a history of pancreatitis, severe gastrointestinal issues, certain thyroid cancers (or family history), or those who are pregnant or breastfeeding. ***

Semaglutide- Targets GIP receptors

- not as commonly used due to side effects of nausea, vomiting, constipation, delayed gastric emptying
- does improve ability to stay full, decrease cravings for sugar and alcohol
- not a candidate
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Tirzepatide- targets GIP and GLP receptors

- 15% more weight loss than Semaglutide, less side effect profile
- Increase the ability to stay full (satiated) for a long period of time
- Muscle loss, hair loss, has been reported,
- Because of this, its very important to recommend growth hormone or testosterone therapy to prevent muscle loss.
- High protein diets are CRUICIAL!!!

Retratrutide (G3) *the one we prefer due to lack of muscle loss and increased fat loss

- Has been proven to burn body fat, decrease fatty liver disease, keep you fuller for a longer period of time in order to stay in a caloric deficit, treats inflammation, and decreases cravings from food, alcohol and drugs.
- Targets the GIP (glucose-dependent insulinotropic polypeptide, GLP (glucagon-like peptide), and Glucagon hormones (increasing fat breakdown and energy expenditure)
- 30% more weight loss than any of the weight loss medications
- Little to no side effects

Drug	Mechanism	Typical Dosing Protocol	Key Benefits	Common Side Effects	Serious Risks / Notes
Semaglutide (Ozempic®, Wegovy®)	GLP-1 receptor agonist	Start: 0.25 mg SC weekly → 0.5 mg → 1 mg → up to 2.4 mg (for obesity)	• Potent weight loss (avg. 15% body weight in trials) Improved blood sugar (A1C ↓ by ~1–1.5%) Cardiovascular risk reduction	• Nausea, vomiting, diarrhea, constipation	• Rare pancreatitis, gallbladder issues • Possible thyroid C-cell tumors (rodent data) • Contraindicated in personal/family hx of medullary thyroid cancer
Tirzepatide (Mounjaro®, Zepbound®)	Dual GLP-1 & GIP receptor agonist	Start: 2.5 mg SC weekly → increase q4 weeks (5 mg → 10 mg → max 15 mg)	• Even greater weight loss (avg. 20–22%) • More potent glucose lowering (A1C ↓ up to 2.3%) • May improve lipid profile and insulin sensitivity	• Similar to semaglutide but often stronger: nausea, vomiting, diarrhea, appetite suppression	• Same rare risks: pancreatitis, gallstones, thyroid tumor risk • GI side effects often more pronounced early

Drug	Mechanism	Typical Dosing Protocol	Key Benefits	Common Side Effects	Serious Risks / Notes
Retatrutide (in clinical trials, not yet FDA-approved)	Triple agonist: GLP-1 + GIP + glucagon receptor	Studied: 1–12 mg SC weekly (dose-ranging studies; optimal TBD)	• Most powerful weight loss yet (~24%+ mean body weight reduction in Phase 2 trial) • Improves glycemic control and metabolic markers • May increase energy expenditure via glucagon agonism	• Similar GI side effects: nausea, vomiting, diarrhea • Some patients report mild ↑ heart rate	• Still experimental • Long-term safety (esp. glucagon effects on liver and heart) under study

Weekly Titration Chart

Week	Semaglutide (Wegovy/Ozempic)	Tirzepatide (Mounjaro/Zepbound)	Retatrutide (Trial Dosing)
1–4	0.25 mg SC weekly	2.5 mg SC weekly	2 mg SC weekly
5–8	0.5 mg SC weekly	5 mg SC weekly	4 mg SC weekly
9–12	1 mg SC weekly	7.5 mg SC weekly (optional step)	8 mg SC weekly
13–16	1.7 mg SC weekly	10 mg SC weekly	12 mg SC weekly (trial max)
17+ (maintenance)	2.4 mg SC weekly (obesity) 1–2 mg (diabetes)	12.5–15 mg SC weekly (depending on tolerance)	Optimal dose TBD; 8–12 mg being studied

Dosage titration depends on the patient, just because the chart recommendation states the above, listen to your patient, ask how they feel, are there any side effects, are they still feeling full with no cravings for the entire week or longer before titrating up. Always access caloric intake, is that client walking or exercising at least 3-4 times a week. Are they in a caloric deficit. These are must haves in order to help clients achieve a sustainable lifestyle change and not have to rely on this medication for the rest of their life.

Weight loss Consultation Questions

Start with telling the patient “the more truthful information you give me, the more I can help.”
How much do you currently weigh?
What is your goal weight?
What have you tried before for weight loss?
Have you had success with weight loss before? What did you do?
Are those same methods not working as it did before?
What do you do for exercise and how many times a week?
Do you work from home or sit a desk all day for work?
How is your diet? Do you count calories? If so how many calories are you eating a day including the among of protein, carbs and fats.
Do you know how to count calories?
How are your energy levels?
Do you suffer from any bloat?
Any food allergies or sensitivities? Have you ever had those checked before?
Have you ever had your hormones and blood work done? I say that because often times as you get older, your hormones slowly decrease over time each year in a healthy person. Much faster in those who are obese, autoimmune diseases, high stressed life, and bad eating habits.
Options for weight loss include: Tirzepatide, Retatrutide, Tesofensine, Contrave, Phentermine, AOD/Motsc, Tesamorelin/Ipamorelin, SLU-PP 332, Bam 115