



**FAMILY
MEDICINE**

GLP-1 MEDICATION FAQ

1. What are GLP-1 medications and how do they work?

GLP-1 receptor agonists mimic a natural hormone (GLP-1) that helps regulate blood sugar and appetite. They:

- Stimulate insulin release when blood sugar is high.
- Reduce glucagon secretion.
- Slow stomach emptying.
- Increase feelings of fullness and reduce cravings. Originally for type 2 diabetes, they are now widely used for weight loss.

2. Who is a good candidate for GLP-1 therapy?

Typically:

- Adults with **obesity (BMI ≥ 30) or BMI ≥ 27 with weight-related conditions** (e.g., diabetes, hypertension, sleep apnea, fatty liver).
- People who have tried diet and exercise without lasting success.
- Must be prescribed and monitored by a clinician.

3. How effective are they for weight loss?

Most people lose **5–15% of body weight**, sometimes more, especially when combined with healthy diet and exercise. However, it is normal for some to experience no weight loss within the first month. They also improve blood sugar control and reduce cardiovascular risk.

4. How long do I need to take them?

GLP-1 medications are **long-term treatments** (often 6 months or longer). Stopping them usually leads to weight regain unless lifestyle changes are maintained.

5. What are common side effects?

- **Nausea, vomiting, diarrhea, constipation** (most common, usually improve over time).
- **Bloating, fatigue, headaches.**
- Rare but serious: **pancreatitis, gallbladder disease, stomach paralysis, thyroid tumors (in rodents) depression, mood swings, vision changes, may reduce the effectiveness of oral contraceptives.** Start at a low dose and increase gradually to minimize side effects.



FDA-approved medications undergo extensive pre-market review for safety, effectiveness, and manufacturing consistency. Compounded medications are not FDA-approved and are not reviewed by the FDA prior to patient use. They are regulated primarily by state boards of pharmacy and must comply with professional standards such as United States Pharmacopeia (USP) guidelines.



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6. Will I lose muscle along with fat?

Yes, rapid weight loss can cause **muscle loss**. To prevent this:

- Eat **adequate protein** (20–30 g per meal).
- Follow a regular **exercise program** that includes **strength training, resistance exercise** i.e. weights, bands, or your own body weight. **Always consult with your medical provider before beginning a new exercise program.**
- Stay hydrated.

7. What should I eat while on GLP-1 medications?

- Focus on **protein-rich meals** for muscle maintenance.
- Choose **slow-digesting carbs** (oats, sweet potatoes).
- Add healthy fats (olive oil, avocado).
- Avoid high-fat, fried foods to reduce nausea.
- Drink **2–3 liters of water daily**.
- Adequate fiber intake

8. Are there aesthetic concerns like “Ozempic face”?

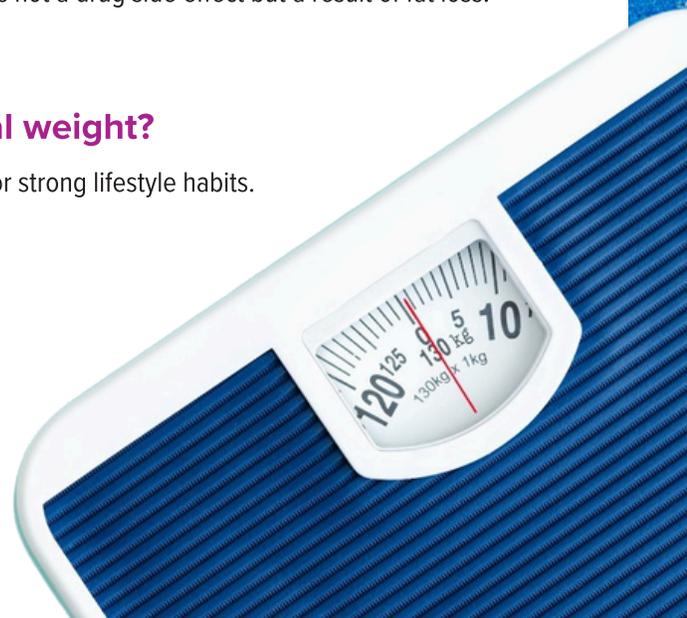
Rapid weight loss can lead to facial volume loss and sagging skin. This is not a drug side effect but a result of fat loss. Some people use fillers or skin treatments to address this.

9. Can I stop taking GLP-1 once I reach my goal weight?

You can, but most people regain weight without continued medication or strong lifestyle habits. GLP-1 therapy is best viewed as part of a **long-term health plan**.

10. Are GLP-1 medications safe?

They are FDA-approved and generally safe when prescribed and monitored. However, people with **gastroparesis, a history of pancreatitis, personal or family history of Medullary Thyroid Cancer or Multiple Endocrine Neoplasia Syndrome** should discuss risks with their doctor.



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