

Nutritional Priorities to Support GLP-1 Therapy for Obesity

TRANSCRIPT

Narrator: Welcome to Abbott Nutrition Health Institute's Nutrition Research Reviews, highlighting current publications in the field of nutrition and clinical care. Four leading organizations, participated, Nutritional Priorities to Support GLP-1 Therapy for Obesity, the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and the Obesity Society.

Collectively, they have issued evidence based, consensus driven guidance to help clinicians optimize nutritional health of patients using GLP-1 receptor agonists. GLP-1 therapies have demonstrated significant benefits, including 8 to 22% average weight loss and improvements in metabolic and cardiovascular health.

We also know that success can be undermined by common challenges. These include loss of muscle and bone density, micronutrient deficiencies, gastrointestinal side effects, and poor long-term adherence. GLP-1 medications are more effective for obesity management when paired with structured lifestyle support.

However, clinicians often lack clear, nutrition focused implementation strategies. This publication offers expert-driven guidance to fill that gap, addressing key concerns and research needs. Its principles were developed with the U.S. in mind. Still, they can inform obesity care worldwide, adapting to diverse health care systems and cultural contexts.

The multidisciplinary consensus was published across four peer reviewed journals. It outlines eight practical nutrition strategies to support patients prescribed GLP-1 receptor agonists. Initiation of GLP-1 therapy with a patient-centered approach. Completion of baseline nutrition assessment and screening. Management of GI side effects. Navigation of dietary preferences and intakes.

Prevention and mitigation of nutrient deficiencies. Preservation of muscle and bone mass. Maximization of weight reduction efficacy. Promotion of other supportive lifestyle measures. Starting GLP-1 therapy should involve shared decision making, that considers the patient's health goals, lifestyle, and social context.

The 5A's framework, Assess, Advise, Agree, Assist and Arrange, can guide clinicians in tailoring treatment plans, setting realistic goals and addressing barriers to adherence. Nutrition screening

using a validated tool is a critical first step before initiating GLP-1 therapy. This should be followed by a comprehensive nutrition assessment that includes weight, history, personal goals, and any medical conditions that may affect nutritional needs or intake.

It is also important to evaluate current eating habits, food preferences, allergies, and cultural or household dietary practices. Clinicians should consider additional evaluation for individuals with a history of bariatric surgery, very low-calorie diets, or conditions affecting nutrient absorption.

Digital tools and pre-visit questionnaires can help streamline this process and support efficient patient-centered care. GLP-1 therapies often cause gastrointestinal symptoms like nausea, vomiting, constipation, and diarrhea, especially during dose escalation. These symptoms can be managed with gradual dose increases. Smaller and more frequent meals, hydration, and dietary adjustments such as reducing fatty or high-fiber foods early in treatment.

GLP-1s reduce appetite and may alter food preferences, often decreasing cravings for high fat, sugary or processed foods. Some individuals may experience food aversions or reduced enjoyment of eating. Nutrition counseling can help patients maintain nutrient intake, manage changes in taste, and avoid rebound cravings by encouraging regular, balanced meals with nutrient dense foods.

Due to reduced calorie intake, patients on GLP-1s are at risk for deficiencies in vitamins and minerals like iron, calcium, B12, and vitamin D. Clinicians should emphasize a diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats.

Supplements may be needed, and regular monitoring of nutrient status is recommended. Rapid weight loss with GLP-1s can lead to loss of lean muscle and bone density. To counter this, patients should consume adequate protein. Higher protein amounts have been proposed during intentional weight loss, with a range between 1.2 to 1.6 grams of protein per kilogram of body weight per day.

Combined with regular resistance and aerobic exercise. Monitoring tools like Bioelectrical, impedance analysis or DXA scans can help track muscle mass and further assist with determining protein needs. Combining GLP-1 therapy with structured lifestyle interventions enhances weight loss outcomes. Trials show that pairing medication with intensive nutrition and physical activity counseling can lead to greater and more sustained weight loss than medication alone.

Sleep, stress management, substance abuse, and social support all influence obesity outcomes. Clinicians should screen for these factors and refer patients to appropriate support services, including behavioral therapy and group visits.

By focusing on these eight nutritional priorities. Clinicians can address challenges associated with GLP-1 therapy. Prioritizing nutrition may also maximize therapeutic outcomes, including sustained

weight loss, metabolic improvements, and patient well-being. The American College of Lifestyle Medicine, American Society for Nutrition, Obesity Medicine Association, and the Obesity Society provide a roadmap for sustainable obesity management and improved patient health.

To learn more, scan the QR code on screen, or visit “Nutritional Priorities to Support GLP-1 Therapy for Obesity.”