



PATIENT EDUCATION · WEIGHT LOSS SUPPORT

Managing GLP-1 Side Effects

A Whole-Person Guide.

"Up to 97% of patients experience side effects when starting GLP-1 medications. You don't have to suffer through them. With the right nutrition, movement, and support — you can feel your best while achieving your goals."

A complete guide to managing nausea, constipation, fatigue, muscle loss, and nutritional gaps — from a real clinical practice that has helped hundreds of patients through GLP-1 therapy.

WHAT'S INSIDE — 4 CLINICAL SECTIONS

- 01** Personalized Assessment — labs to run before you start
- 02** Nutrition — what to eat, what to avoid, symptom-specific tips
- 03** Movement — preserving muscle, managing energy and digestion
- 04** Supplements — targeted support for deficiencies and GI symptoms



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Founder, Hello Gorgeous Med Spa & No Prior Authorization · Oswego, IL · nopriorauthorization.com

FREE

PATIENT RESOURCE



FROM DANIELLE

"I started our GLP-1 program because I watched too many patients get handed a prescription and then left to figure out the hard part alone. The nausea, the fatigue, the hair shedding, the muscle loss — none of these have to derail your progress. This guide is what I give every single patient who starts GLP-1 therapy at Hello Gorgeous. Use it. Bring it to your appointments. Ask the questions in it. You deserve the full picture — not just the prescription."

— Danielle Alcalá

Founder, Hello Gorgeous Med Spa · No Prior Authorization · Oswego, IL

97%

of patients experience at least one side effect when starting GLP-1 therapy

40%

of Americans are Vitamin D deficient — GLP-1 therapy can make this worse

1g/lb

of protein per pound of ideal body weight — non-negotiable to prevent muscle loss

What Are GLP-1 Medications?

GLP-1 receptor agonists (GLP-1RAs) are medications originally developed for type 2 diabetes that are now widely used for weight management. They work by mimicking a natural gut hormone called Glucagon-Like Peptide-1 — slowing gastric emptying so you feel full longer, reducing appetite signals in the brain, and improving insulin release. **This is not a diet drug and not a stimulant.** It corrects a biological signaling problem around hunger and satiety.

The most commonly prescribed GLP-1RAs are **semaglutide** (Ozempic/Wegovy) and **tirzepatide** (Mounjaro/Zepbound — a dual GLP-1 + GIP agonist). Both are weekly subcutaneous injections. Both are available as FDA-approved brands and as compounded versions from licensed pharmacies with a prescription.

Personalized Assessment

Labs your provider should run before you start — and why they matter

Before starting GLP-1 therapy, a comprehensive baseline assessment helps your provider personalize your protocol, identify existing deficiencies, and monitor what changes over time. These are the tests that matter most:

Lab Test	What It Evaluates	Why It Matters on GLP-1
Comprehensive Micronutrient Panel	Calcium, iron, magnesium, zinc, B12, Vitamin D	GLP-1 therapy reduces food intake — deficiencies that exist before starting will worsen. Know your baseline.
CBC (Complete Blood Count)	Hemoglobin, ferritin, WBC, platelets	Low ferritin is the #1 cause of hair loss in women — commonly missed. Check before starting.
Metabolic Panel	Fasting glucose, HbA1c, fasting insulin, liver enzymes, kidney function	GLP-1 directly affects blood sugar and insulin. Document your starting point.
Thyroid Panel	TSH, Free T3, Free T4, TPO antibodies	Thyroid dysfunction affects weight loss response. Get the full panel — TSH alone is insufficient.
Comprehensive Stool Test	Gut microbiome health, digestive function	GLP-1 affects gut motility. Pre-existing gut issues predict which GI side effects will be worst for you.

CLINICAL NOTE FROM DANIELLE

If your provider gives you a GLP-1 prescription without ordering any lab work first, ask for it. You are entitled to a baseline. And when your labs come back, ask for your actual numbers — not just "normal" or "fine." A ferritin of 12 ng/mL is technically "normal" but actively causing hair loss. Optimal ferritin for hair health is 70+. This distinction matters enormously on GLP-1 therapy.

Nutrition

What to eat, which nutrients to protect, and how to manage GI symptoms through food choices

Because GLP-1 therapy significantly reduces food intake, the quality of what you eat becomes even more important than usual. You are eating less — so every bite needs to work harder. These are the nutrients most commonly depleted during GLP-1 therapy and the best food sources for each:

- **Protein**

Chicken, fish, eggs, cottage cheese, tofu, beans. Target 0.8–1g per pound of ideal body weight daily. Non-negotiable.

- **Fiber**

Oats, lentils, vegetables, whole fruits, nuts, seeds. Aim 25g (women) or 38g (men) daily to prevent constipation.

- **Calcium**

Dairy, bone-in sardines, tofu, leafy greens. Reduced food intake puts bone density at risk over time.

- **Iron & Ferritin**

Red meat, fish, lentils, tofu, dark leafy greens. Monitor ferritin — not just iron. Hair loss is the warning sign.

- **Magnesium**

Nuts, seeds, whole grains, legumes, leafy greens, dark chocolate. Deficiency is extremely common and worsens fatigue.

- **Vitamin B12**

Fish, meat, poultry, eggs, dairy, nutritional yeast. B12 injection or supplementation is often warranted — especially if on Metformin.

- **Vitamin D**

Fatty fish (salmon, sardines), fortified milk, eggs, mushrooms. Over 40% of Americans are already deficient. Test and supplement.

- **Zinc**

Oysters, beef, poultry, beans, nuts, whole grains. Zinc deficiency impairs immune function, wound healing, and hair growth.

- **Vitamin K**

Leafy greens, broccoli, Brussels sprouts, natto. Works with calcium for bone health. Easy to miss on a restricted diet.

- **Vitamin C**

Citrus, strawberries, kiwi, bell peppers, broccoli. Immune support and collagen production — important during rapid weight change.

General Eating Habits on GLP-1 Therapy

Eat slowly and without distractions. Chew thoroughly. GLP-1 slows gastric emptying — rushing meals creates GI distress.

Smaller, more frequent meals. Three large meals create nausea. Four to five smaller meals are far better tolerated.

Stop eating when full. GLP-1 gives you the satiety signal you may have never had. Trust it. Stop. Put the fork down.

Avoid lying down after eating. Give food at least two hours to

Eat breakfast. Do not skip it. Skipping breakfast destabilizes

Don't drink during meals. Drink beverages 30–60 minutes before

begin moving through your stomach before lying down.

blood sugar and worsens nausea later in the day.

or after eating to reduce nausea and fullness.

Managing Specific GI Symptoms Through Food

Symptom	Dietary Strategies That Help
Nausea	Small meals every 3–4 hours. Limit high-fat and high-fiber foods in the first week of a new dose. Eat plain crackers or a few apple slices 30 minutes after injection. Ginger or mint tea. Inject at bedtime so you sleep through the peak nausea window.
Constipation	Gradually increase fiber to 25–38g daily. Drink 1.5–2 liters of water daily — fiber without hydration makes constipation worse. Daily walking helps gut motility significantly. Magnesium citrate supplement at night is safe and effective.
Diarrhea	Temporarily shift to easier-to-digest foods: chicken broth, white rice, cooked carrots, ripe banana. Avoid coffee, alcohol, and sugar alcohols (sorbitol, mannitol, xylitol — common in sugar-free products). Electrolyte replacement is important if diarrhea persists.
Gas & Bloating	Herbal teas with chamomile, ginger, lemon balm, or peppermint help move gas through the digestive tract. Eat more slowly. Avoid carbonated beverages. Reduce cruciferous vegetables temporarily if bloating is severe.
Fatigue & Low Energy	Prioritize protein at every meal. B12 injection or B-complex injection provides meaningful energy support. Check ferritin — low iron is a major contributor to fatigue on calorie restriction.
Hair Shedding	This is telogen effluvium — a temporary, stress-triggered hair cycle shift from rapid weight loss. It resolves. Protein, ferritin 70+, biotin (stop 48 hours before any lab work), and zinc are the key nutritional supports. It is not permanent.

Movement & Exercise

Preserving muscle mass, supporting digestion, and managing energy throughout therapy

The biggest risk of GLP-1 therapy that nobody talks about enough is **muscle loss**. When you lose weight rapidly — especially without adequate protein and resistance training — a significant portion of what you lose can be lean muscle mass, not just fat. This slows your metabolism, changes your body composition, and affects how you look and feel long-term.

Exercise is not optional on GLP-1 therapy. It is the mechanism by which you preserve the muscle you have while losing the fat you don't want.

Aerobic Exercise (Cardio)

Target at least **150 minutes per week** of moderate-intensity aerobic activity, spread across at least five days. If you are fatigued, shorter more frequent sessions are better than skipping entirely.

MODERATE INTENSITY

- Brisk walking
- Biking (leisurely)
- Swimming (recreational)
- Dancing
- Hiking on flat terrain
- Water aerobics
- Climbing stairs
- Light gardening

VIGOROUS INTENSITY

- Running or jogging
- Swimming laps
- Biking 10+ mph
- Jumping rope
- Basketball / soccer
- Rowing
- Rock climbing
- Yard work (raking, shoveling)

Resistance Training (Strength)

This is the most important category for GLP-1 patients. **Aim for at least 3 sessions per week** with at least one rest day between sessions. You do not need a gym — resistance bands and bodyweight exercises are highly effective.

- **Start with 8–10 exercises per session**
Combine upper body, lower body, and core movements. Fewer if you're just beginning.

- **2+ sets of 8–12 reps each**
With at least 30 seconds of rest between sets. Control the movement both up and down.

- **Always warm up first**
5–10 minutes of light aerobic activity or dynamic stretching before lifting. Reduces injury risk

- **You don't need a gym**
Dumbbells, resistance bands, or even laundry detergent containers as weights. Pushups and squats

significantly.

are free and highly effective.

ENERGY MANAGEMENT ON GLP-1

You may feel more fatigued than usual, especially when doses increase. Listen to your body and reduce intensity when needed. Even a 20-minute walk counts. Gradual progression is more sustainable than overexertion followed by weeks of inactivity. The goal is consistency, not intensity.

Stress Management & GI Support

Chronic stress worsens every GI symptom on GLP-1 therapy – nausea, constipation, bloating, and abdominal pain are all made significantly worse by elevated cortisol. These techniques are clinically supported for managing stress-related GI distress:

Acupressure (P6 point). Three finger-widths below the wrist crease on the inner arm. Firm pressure for 2–3 minutes. Acupressure bands are available at most pharmacies and are worn at the wrist.

Deep breathing (4–6 pattern). Inhale for 4 seconds, exhale for 6 seconds. Even 3–5 minutes daily lowers cortisol and reduces GI motility changes caused by stress.

Sleep protection. Poor sleep elevates cortisol, worsens insulin resistance, and directly undermines GLP-1 effectiveness. Target 7–9 hours. Injecting at bedtime helps you sleep through peak nausea.

Targeted Supplement Support

Evidence-based supplements to address deficiencies, protect muscle, and manage GI symptoms

Supplements do not replace a nutrient-dense diet — they fill specific gaps that are difficult to close through food alone when caloric intake is significantly restricted. These are the supplements most supported by evidence for GLP-1 patients:

Whey Protein

Essential for hitting protein targets when appetite is suppressed. Leucine-rich — directly stimulates muscle protein synthesis.

Creatine Monohydrate

3–5g daily. Preserves muscle mass and strength during calorie restriction. Most studied supplement in existence. Safe for everyone.

Probiotics

Supports gut microbiome during GLP-1 therapy. Reduces GI side effect severity. Look for multi-strain formulas with Lactobacillus and Bifidobacterium.

Ginger

Clinically validated for nausea reduction. Available as capsules, chews, or tea. Safe and effective for GLP-1-related nausea.

Calcium + Vitamin D

Bone protection is critical during significant weight loss. Take together — Vitamin D is required for calcium absorption. Test first, supplement to target 60–80 ng/mL.

Multivitamin

A comprehensive baseline. Does not replace targeted supplementation for documented deficiencies but ensures basic micronutrient coverage during restricted intake.

Injectable Support at Hello Gorgeous

At Hello Gorgeous Med Spa, our GLP-1 patients have access to vitamin injection support to address the most common deficiencies and side effects:

Injection	Why It Helps on GLP-1
B12 (Methylcobalamin)	Energy, nerve function, red blood cell production. GLP-1 patients eating less are at high risk of B12 depletion. The active methylcobalamin form doesn't require conversion.
B-Complex	All 8 B vitamins supporting energy metabolism, stress response, and hair/skin/nail health. Particularly important during calorie restriction.
MIC / Lipo-C	Methionine, Inositol, Choline — liver support and fat metabolism. Helps the liver process the fat being mobilized during weight loss. Often combined with B12 and L-carnitine.
Glutathione	Master antioxidant. Liver detox support, immune function, skin brightening. Excellent paired with NAD+ for cellular energy restoration during weight loss fatigue.
Biotin (B7)	Supports hair regrowth during and after GLP-1-related hair shedding. Stop biotin 48–72 hours before any lab work — it falsely alters thyroid, cardiac, and hormone test results.

Vitamin D (IM)

Loading dose for documented deficiency. IM delivery achieves therapeutic levels faster than oral supplementation. Recheck labs 8–12 weeks after loading.

ALWAYS DISCUSS SUPPLEMENTS WITH YOUR PROVIDER FIRST

Supplement plans should be personalized based on your lab results and health history. Not every supplement on this list is appropriate for every patient. The goal is targeted support based on what your specific labs show — not a shotgun approach. Your provider can help you identify what you actually need.

You're Not Alone in This

Side effects on GLP-1 therapy are common — but they are manageable. Most patients who experience significant nausea in the first 4–8 weeks find it substantially resolves as their body adjusts. The patients who do best are the ones who come in with a plan: the right labs, the right nutrition, the right movement protocol, and the right support system. That's what this guide is for. Bring it to your appointments. Use the questions. Advocate for yourself. We are here every step of the way.

— *Danielle Alcala & Ryan Kent, FNP-BC*

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