

EVIDENCE-BASED
NUTRITION GUIDE

The GLP-1 Nutrition Blueprint

Your Complete Guide to Eating
Well
on Semaglutide & Tirzepatide

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CHASE WELLNESS · 2026 EDITION

MEDICAL DISCLAIMER

This guide provides general nutrition education and is not a substitute for individualized medical advice. Always consult your prescriber or healthcare team before making changes to your nutrition, supplements, or medication routine. The information here is based on current evidence and clinical best practices as of 2026.

What's Inside

SECTION 1 Welcome — Why This Guide Exists

SECTION 2 How GLP-1 Medications Actually Work

SECTION 3 The 3 Biggest Mistakes GLP-1 Patients Make

SECTION 4 The Protein Priority Protocol

SECTION 5 Fiber & Gut Health on GLP-1s

SECTION 6 Hydration & Micronutrients

SECTION 7 The Eating Window Strategy

SECTION 8 The 7-Day Meal Plan

SECTION 9 Supplement Guide

SECTION 10 What to Expect — Month by Month

SECTION 11 Next Steps

SECTION 1

Welcome — Why This Guide Exists

Hi, I'm Dan.

I'm a Registered Dietitian, and I spend my days helping people on GLP-1 medications figure out how to actually *eat well* — not just eat less. That means building sustainable eating habits that make the most of your medication. Sometimes that means learning to eat *enough* — because when your body isn't getting what it needs, it can work against you. The medication creates an incredible opportunity, and the right nutrition strategy helps you make the most of it.

If you're reading this, you're probably on (or considering) a medication like Ozempic, Wegovy, Mounjaro, or Zepbound. And if your experience has been anything like what I hear from hundreds of patients, it probably went something like this:

Your doctor prescribed the medication. Maybe you watched a quick injection tutorial. You got some basic instructions — "eat smaller meals, stay hydrated" — and then you were sent on your way.

Nobody sat down with you and said: *"Here's exactly how your nutrition needs to change now. Here's how much protein you need to protect your muscles. Here's how to eat when you're not hungry. Here's how to handle the nausea, the constipation, the food aversions that come and go."*

THAT'S THE GAP THIS GUIDE FILLS.

I wrote this because I kept having the same conversation with patients over and over. They'd come to me months into their medication, dealing with hair thinning, muscle loss, fatigue, or digestive issues — and almost every time, the root cause was the same: they weren't getting the nutrition their body needed, *and* they weren't aware of how to change their eating habits to minimize the pain points and side effects that come with these medications. It's not just a nutrition gap — it's a

lack of guidance on how to adapt your habits to work *with* the medication instead of struggling against it.

Not because they were doing anything "wrong." But because nobody told them what "right" actually looks like on these medications.

What This Guide Covers

In the next several sections, you'll learn:

How GLP-1 medications actually work (the simple version — no biochemistry degree required)

The 3 biggest mistakes I see GLP-1 patients make with food

The Protein Priority Protocol — exactly how much protein you need and when to eat it

How to support your gut health while your microbiome adjusts

The Eating Window Strategy — meal timing that works *with* your medication, not against it

A full 7-day meal plan with protein-forward, fiber-rich meals you'll actually want to eat

A supplement guide so you know what's worth discussing with your doctor (and what's a waste of money)

What to expect month by month so you're not blindsided by the totally normal ups and downs

This isn't about restriction. It's not about willpower. It's about giving your body what it needs so you can feel *good* — energized, nourished, strong — while your medication does its thing.

Let's get into it.

SECTION 2

How GLP-1 Medications Actually Work

Before we talk about food, let's quickly talk about what's happening in your body right now. Understanding this will make everything else in this guide click.

The Basics

GLP-1 stands for **glucagon-like peptide-1**. It's a hormone your body naturally produces in your gut after you eat. Your medication (whether it's semaglutide or tirzepatide) mimics this hormone — but in a much more powerful, longer-lasting way.

Here's what that means in plain language:

SEMAGLUTIDE (OZEMPIC, WEGOVY)

- Slowing how quickly food leaves your stomach (so you feel fuller, longer)
- Signaling your brain that you've had enough to eat
- Helping your body regulate blood sugar more effectively
- Reducing some of the "food noise" — those constant background thoughts about eating

TIRZEPATIDE (MOUNJARO, ZEPBOUND)

Does all of the above *plus* mimics a second hormone called GIP, which adds additional effects on appetite and how your body processes energy.

It's Not Just About Eating Less

Here's what most people get wrong: they think the medication just makes you eat less, and that's the whole story.

It's not.

These medications change your **relationship with hunger**. They change how quickly you digest food. They can change which foods appeal to you and which ones suddenly don't. They affect your gut bacteria. They influence how your body processes nutrients.

That's a *lot* of changes — and your nutrition needs to adapt to all of them, not just the "eating less" part.

How These Medications Affect Your Blood Sugar (And Why It Matters)

Here's something that doesn't get talked about enough: one of the most important things GLP-1 medications do is change how your body handles blood sugar and insulin.

When you eat, your blood sugar rises. In response, your body releases insulin to move that sugar into your cells for energy. In many people — especially those carrying extra weight — this system doesn't work as smoothly as it should. Blood sugar spikes, insulin overcompensates, and you end up on an energy rollercoaster: spike, crash, craving, repeat.

GLP-1 medications help smooth this out. They improve how your body releases insulin (more when you need it, less when you don't) and help keep blood sugar more stable throughout the day. That's actually a big part of why cravings and "food noise" decrease — your body isn't constantly riding that blood sugar wave and sending you urgent signals to eat.

This matters for your metabolism too. When blood sugar and insulin are more stable, your body is better positioned to use stored fat for energy instead of constantly demanding quick fuel. It's not a magic switch, but it creates a more favorable environment for your body to do what it does naturally.

THE TAKEAWAY

These medications aren't just suppressing your appetite — they're helping your entire metabolic system work more efficiently. And when you pair that with the right nutrition (stable meals, adequate protein, consistent timing), you're supporting that process instead of working against it.

The Nutrition Gap Nobody Fills

Here's the thing that frustrates me as a dietitian: these are incredibly effective medications, and they work even better when paired with the right nutrition strategy. Research consistently shows that people who prioritize protein, stay well-nourished, and manage side effects through food choices get better outcomes — more fat loss relative to muscle, fewer side effects, more sustainable results.

But most prescribers don't have the time (or honestly, the specialized nutrition training) to walk you through all of this. That's not a criticism — they're managing your medication, monitoring your labs, adjusting your dose. That's their job. Nutrition is mine.

50–70%

of people prescribed these medications discontinue them within the first year. Many stop because they can't manage the side effects — and don't have the nutritional guidance to work *through* those early challenges.

This guide exists to help bridge that gap — because the difference between sticking with your medication and giving up on it often comes down to knowing how to eat your way through the tough parts.

Think of it this way: Your medication is doing heavy lifting. This guide helps you make sure your body has the raw materials it needs to keep up.

SECTION 3

The 3 Biggest Mistakes GLP-1 Patients Make

After working with hundreds of patients on GLP-1 medications, I see the same three patterns come up again and again. These aren't character flaws — they're totally logical responses to what these medications do to your appetite. But they can lead to real problems if you don't course-correct.

Mistake #1: Not Eating Enough Protein

This is the big one. If you take nothing else from this guide, take this.

When you're eating less overall (which most people do on GLP-1s), your body has to get its energy from somewhere. Ideally, it's pulling from stored fat. But if you're not giving it enough protein, it *will* break down muscle tissue for energy instead.

WHY THIS MATTERS

- **Muscle loss slows your metabolism.** Less muscle means your body burns fewer calories at rest — which can set you up for regain down the road.
- **Muscle loss affects how you feel.** Fatigue, weakness, difficulty with everyday activities — these aren't "just getting older." They can be signs of inadequate protein.
- **Muscle loss affects how you look.** Many patients describe feeling "soft" or "deflated" even after significant changes on the scale. This is often lean mass loss, not a lack of progress.

Research on GLP-1 medications shows that anywhere from 25-40% of the weight people lose can come from lean mass (including muscle) rather than fat. That number gets *much* better with adequate protein and some form of resistance exercise.

✓ THE FIX

Section 4 (The Protein Priority Protocol) gives you exactly what you need.

Mistake #2: Eating Too Little Overall

I know this sounds counterintuitive. "I'm on a medication that reduces appetite — isn't eating less the point?"

Not exactly.

There's a difference between eating *less than before* and eating *too little to function*. I regularly see patients who are eating 600-800 calories a day — not because they're trying to restrict, but because they genuinely aren't hungry. Their medication is working so well that food just doesn't occur to them.

WHAT HAPPENS WHEN YOU CONSISTENTLY UNDEREAT

- Your body downshifts your metabolism (metabolic adaptation). It becomes more "efficient" — which sounds good but actually means it's burning less energy at rest.
- You lose more muscle (see Mistake #1 — it gets worse when calories are very low).
- You miss out on essential nutrients — vitamins, minerals, fiber — that your body needs to function.
- Your energy tanks. Brain fog, fatigue, irritability, poor sleep.
- Hair thinning. This is one of the most common complaints I hear, and it's almost always linked to inadequate nutrition — specifically protein and certain micronutrients.

✓ THE FIX

Even when you're not hungry, you still need to eat. I know that's easier said than done, which is exactly why Section 7 (The Eating Window Strategy) exists — it gives you a practical framework for getting enough nutrition in even when your appetite is MIA.

A rough floor: Most of my patients need at least 1,200-1,400 calories per day as a minimum, and many need more than that. Your individual needs depend on your size, activity level, and other factors. If you're consistently below 1,000 calories, that's a red flag worth discussing with your care team.

Mistake #3: Not Managing Side Effects Through Food Choices

Nausea, constipation, acid reflux, bloating — these are common, especially in the first few months or after dose increases. Most patients just white-knuckle through them.

But here's the thing: **how, when, and what you eat can dramatically reduce these side effects.**

For example:

- Eating a very large meal on a GLP-1 is a fast track to nausea — because your stomach is emptying more slowly, so food sits there longer.
- Not drinking enough water while your digestion is slowed? Hello, constipation.
- High-fat meals tend to be the hardest to tolerate — not because fat is "bad," but because it takes the longest to digest, and your digestion is already slower.
- Eating too fast doesn't give your brain time to register fullness, so you overshoot and feel terrible.



THE FIX

The patients who manage their side effects well aren't tougher or luckier — they've just figured out the food strategies that work with their medication instead of against it. That's what Sections 5, 6, and 7 are all about.

SECTION 4

The Protein Priority Protocol

If this guide has a "most important section," this is it. Protein isn't just another nutrient when you're on a GLP-1 — it's your number one nutritional priority.

Why Protein Matters MORE on GLP-1 Medications

Let's be direct: when you're losing weight from any approach, you lose a mix of fat and muscle. That's just physiology. But the *ratio* of fat-to-muscle loss varies enormously based on how much protein you eat and whether you do resistance exercise.

On GLP-1 medications specifically:

- Your appetite is lower, so your total food intake is lower
- Lower total food intake often means lower protein intake — unless you're intentional about it
- Muscle preservation requires adequate protein *and* some stimulus (movement/resistance training)
- Protein is also the most satiating macronutrient — it helps you feel satisfied with smaller volumes of food

BOTTOM LINE

Prioritizing protein protects your muscle mass, supports your metabolism, keeps you feeling fuller, and reduces the risk of the "skinny fat" outcome that some GLP-1 patients worry about.

How Much Protein Do You Need?

The clinical recommendation for adults on GLP-1 medications is higher than the general population:

1.2 – 1.6 g/kg body weight per day

Aim for 25–40g of protein at every meal, and 10–15g at each snack.

For most people, this works out to roughly 80–120+ grams of protein per day, depending on your body size. That might sound like a lot — and compared to what most people eat, it is. The average American gets about 60–70 grams per day. You need more.

A Quick Protein Math Example

Let's say you weigh 200 pounds (about 91 kg):

- **Low end (1.2g/kg):** $91 \times 1.2 =$ about 109 grams/day
- **High end (1.6g/kg):** $91 \times 1.6 =$ about 146 grams/day
- **Good target:** Around 120–130 grams/day

Spread across 3 meals and 1–2 snacks, that might look like:

- Breakfast: 30g
- Lunch: 35g
- Snack: 15g
- Dinner: 35g
- Evening snack: 10g
- **Total: 125g ✓**

Important Note: Adjusted Body Weight for Higher BMIs

FOR BMI OVER 30

If your BMI is over 30, using your actual body weight can overestimate your protein needs. In clinical nutrition, we use something called **Adjusted Body Weight (ABW)** to get a more accurate target.

Step 1: Calculate your Ideal Body Weight (IBW) using the Devine formula:

- **Males:** 110 lbs for 5'0" + 5.1 lbs for each inch over 5'0"
- **Females:** 100 lbs for 5'0" + 5.1 lbs for each inch over 5'0"

Step 2: Calculate your Adjusted Body Weight:

- **ABW = IBW + $0.4 \times$ (your actual weight – IBW)**

Step 3: Use ABW for your protein calculation (1.2–1.6 g/kg)

Here's a worked example:

Let's say you're a 5'6" female weighing 250 pounds:

- **IBW:** $100 + (6 \text{ inches} \times 5.1 \text{ lbs}) = \sim 131 \text{ lbs}$ (about 59.5 kg)
- **ABW:** $59.5 + 0.4 \times (113.4 - 59.5) = 59.5 + 21.6 = \sim 81 \text{ kg}$
- **Low end (1.2g/kg):** $81 \times 1.2 = \text{about } 97 \text{ grams/day}$
- **High end (1.6g/kg):** $81 \times 1.6 = \text{about } 130 \text{ grams/day}$
- **Good target:** Around 110 grams/day

Without the adjustment, you'd be calculating based on 250 lbs (113 kg) and aiming for 136–181g/day — which is much harder to hit consistently, especially when your appetite is suppressed. The adjusted target is more realistic and still fully supports muscle preservation.

If your weight is at or below your ideal body weight, just use your actual weight — no adjustment needed.

You can skip the math entirely and calculate your personalized target at chase-wellness.com using our free Protein Calculator — just enter your height, weight, sex, and activity level.

Protein at Every Meal and Snack

This is the key habit: **never eat a meal or snack without a protein source.** Not because there's anything wrong with carbs or fat, but because when your total food intake is lower, every eating occasion needs to count.

Here's what that looks like in practice:

INSTEAD OF THIS	→	TRY THIS
Toast with jam	→	Toast with peanut butter + a hard-boiled egg
A banana	→	A banana with Greek yogurt
A salad with croutons	→	A salad with grilled chicken and chickpeas
Crackers	→	Crackers with cheese and turkey slices
A bowl of pasta	→	Pasta with ground turkey and a side of edamame

Best Protein Sources

ANIMAL-BASED

- Chicken breast or thighs (31g per 4 oz)
- Ground turkey (22g per 4 oz)
- Eggs (6g each — easy to add to anything)
- Greek yogurt (15-20g per cup)

PLANT-BASED

- Tofu (20g per cup, firm)
- Tempeh (31g per cup)
- Lentils (18g per cup, cooked)
- Chickpeas (15g per cup)
- Edamame (17g per cup)

- Cottage cheese (14g per ½ cup)
- Black beans (15g per cup)
- Fish — salmon, tuna, shrimp, cod (22-28g per 4 oz)
- Lean beef or pork (25-28g per 4 oz)

CONVENIENT OPTIONS (FOR LOW-APPETITE DAYS)

- Protein shake or smoothie (20-30g — see Supplement Guide)
- Protein bar (look for 15-20g+ protein, minimal added sugar)
- String cheese (7g per stick)
- Jerky (10-15g per serving)
- Pre-cooked rotisserie chicken (shred and keep in fridge)
- Hard-boiled eggs (batch cook on Sunday)

Sample Protein-Forward Meals

Breakfast Ideas (25-35g protein each):

- 2 eggs scrambled + ½ cup black beans + avocado on a tortilla
- Greek yogurt parfait: 1 cup plain Greek yogurt + berries + granola + 1 tbsp hemp seeds
- Protein smoothie: protein powder + banana + spinach + milk + peanut butter
- Cottage cheese bowl with sliced peaches and a sprinkle of walnuts

Lunch Ideas (30-40g protein each):

- Turkey and hummus wrap with veggies
- Chicken salad over mixed greens with avocado and a grain (quinoa, farro)
- Lentil soup with a side of cheese and whole grain bread
- Tuna salad stuffed in a bell pepper with crackers

Dinner Ideas (30-40g protein each):

- Salmon with roasted sweet potato and broccoli
- Stir-fry with tofu or shrimp, vegetables, and rice
- Ground turkey taco bowls with beans, salsa, and cheese
- Chicken thighs with roasted vegetables and quinoa

Fiber & Gut Health on GLP-1s

Your gut is going through a lot right now. Let's talk about how to support it.

Why Fiber Matters (Especially Now)

GLP-1 medications slow gastric emptying — the speed at which food moves from your stomach to your small intestine. This is part of how they work, but it also means your entire digestive timeline shifts. Food moves more slowly through your system, which can lead to:

- Constipation (the #1 GI complaint on GLP-1s)
- Bloating and discomfort
- Changes in your gut microbiome — the trillions of bacteria that live in your digestive tract

Fiber helps with all of this. It adds bulk and moisture to your stool (sorry, we're going there), feeds beneficial gut bacteria, and helps keep things moving. Research also shows that a healthy, diverse gut microbiome may actually support how well your medication works.

How Much and What Kinds

25 – 35g fiber per day

Most Americans get about 15g — so there's work to do. But *increase slowly*: aim to add about 3-5 grams per week.

There are two types of fiber, and you need both:

SOLUBLE FIBER (DISSOLVES, FORMS GEL)

INSOLUBLE FIBER (ADDS BULK)

- Oats, barley
- Beans, lentils
- Apples, citrus, berries
- Chia seeds, flaxseeds
- Sweet potatoes
- Whole wheat, bran
- Nuts and seeds
- Vegetables (especially skins)
- Brown rice

Benefits: Feeds gut bacteria, helps with blood sugar regulation, adds gentle bulk

Benefits: Keeps things moving through your digestive tract

How to Increase Without Worsening GI Side Effects

This is where most people go wrong — they hear "eat more fiber" and go all-in on raw vegetables and bran cereal, then wonder why they feel terrible.

- 1 Start low, go slow.** Add one new fiber source at a time. Give your body a few days to adjust before adding more.
- 2 Cook your vegetables.** Raw veggies are harder to digest when your stomach is already working overtime. Roasted, steamed, or sautéed vegetables are much gentler. You can work back toward raw as your body adjusts.
- 3 Drink water with fiber.** Fiber without adequate water is like adding cement without water — it just... hardens. More on hydration in Section 6.
- 4 Chia seeds are your friend.** Soak them in liquid (water, milk, yogurt) for at least 15 minutes before eating. They become a gel that's incredibly gentle on digestion while packing 10g of fiber per ounce.
- 5 Beans can be easier than you think.** Canned beans (rinsed well) are easier to digest than dried. Start with lentils — they're the most digestible legume. Work up to larger beans over time.

Practical Fiber-Rich Food Swaps

INSTEAD OF	→	TRY
White rice	→	Quinoa or brown rice (start with half-and-half mix)
Regular pasta	→	Chickpea pasta or lentil pasta (bonus: extra protein too)
White bread	→	Whole grain bread or sourdough
Juice	→	Whole fruit (the fiber is in the pulp and skin)
Iceberg lettuce	→	Spinach, arugula, or mixed greens
Chips	→	Popcorn (yes, popcorn is a whole grain!)
No snack	→	Apple slices with almond butter

INSTEAD OF



TRY

Plain oatmeal



Oatmeal with chia seeds, berries, and walnuts

The Power Combo: Fiber + Protein

When you combine fiber and protein at meals, you get the best of both worlds: sustained energy, better blood sugar response, and better satiety. This is especially valuable when your appetite is reduced and you want to make every meal count.

FIBER + PROTEIN EXAMPLES

- Lentil soup (fiber from lentils + protein from lentils — they do double duty!)
- Apple slices with peanut butter
- Bean and cheese quesadilla on a whole wheat tortilla
- Greek yogurt with berries and chia seeds
- Chicken stir-fry with lots of vegetables and brown rice

SECTION 6

Hydration & Micronutrients

This section isn't glamorous, but it might be the difference between feeling "okay" and feeling *great* on your medication.

Dehydration Risk on GLP-1s

You are at higher risk of dehydration on GLP-1 medications. Here's why:

- **Reduced food intake = reduced water intake.** About 20% of our daily water comes from food. When you eat less, you drink less without realizing it.
- **GI side effects.** Nausea, vomiting, and diarrhea (especially early on or after dose increases) deplete fluids faster.
- **Slower gastric emptying.** Some patients drink less because they feel full — including full from fluids.

SIGNS OF DEHYDRATION TO WATCH FOR

- Dark yellow urine (aim for pale yellow — like lemonade, not apple juice)
- Headaches
- Dizziness or lightheadedness
- Constipation (dehydration is a major contributor)
- Fatigue
- Dry mouth or skin
- Difficulty concentrating

How Much Water You Need

64 oz (8 cups) minimum

Better guideline: Take your body weight in pounds, divide by 2, and drink that many ounces per day.

That said, this formula often overestimates needs if you're in a larger body — but it's a decent reference point for simplicity. The real indicator is your urine color and how you feel. If you're consistently pale yellow and feeling good, you're probably in the right range.

PRACTICAL HYDRATION TIPS

- **Front-load your water.** Drink 16 oz first thing in the morning before anything else. You're already dehydrated from sleeping.
- **Sip, don't chug.** Drinking large volumes at once when your stomach is emptying slowly can worsen nausea. Small, frequent sips throughout the day work better.
- **Separate fluids from meals.** Try drinking most of your water *between* meals rather than *during* meals. This helps avoid that overly-full feeling and can reduce nausea.
- **Make it interesting.** Water doesn't have to be plain. Try: sparkling water, water with cucumber/lemon/mint, herbal tea (hot or iced), broth-based soups (they count!).
- **Track it.** Use a water bottle with time markings, or set phone reminders. It sounds basic but it works.

Key Micronutrients to Monitor

When you're eating less food overall, you're also getting fewer vitamins and minerals.

Here are the ones I pay closest attention to with my GLP-1 patients:

Iron

- **Risk:** Lower intake from eating less red meat, beans, and fortified grains
- **Signs of low levels:** Fatigue, weakness, pale skin, cold hands/feet, brittle nails
- **Good sources:** Red meat, spinach, lentils, fortified cereals, dark chocolate

Vitamin B12

- **Risk:** Especially important if you're also on metformin, which can deplete B12
- **Signs of low levels:** Fatigue, tingling in hands/feet, memory issues, mood changes
- **Good sources:** Animal products (meat, fish, eggs, dairy), fortified plant milks

Vitamin D

- **Risk:** Many people are already low before starting GLP-1s; reduced food intake makes it worse
- **Signs of low levels:** Fatigue, bone pain, muscle weakness, low mood
- **Good sources:** Fatty fish, egg yolks, fortified dairy — but most people need a supplement (discuss with your doctor)

Folate

- **Risk:** Lower vegetable and grain intake
- **Signs of low levels:** Fatigue, mouth sores, poor concentration
- **Good sources:** Leafy greens, legumes, fortified grains, avocado

Calcium

- **Risk:** Reduced dairy intake + lower food volume overall
- **Signs of low levels:** May not have symptoms early on, but long-term can affect bone health
- **Good sources:** Dairy products, fortified plant milks, broccoli, sardines, tofu made with calcium sulfate

Zinc

- **Risk:** Relevant for hair health — and hair thinning is a common concern
- **Signs of low levels:** Hair loss, poor wound healing, frequent colds, changes in taste
- **Good sources:** Meat, shellfish, legumes, seeds, nuts

When to Get Labs Checked

I recommend asking your prescriber about checking these levels:

- At baseline (when you start your medication, or at your next appointment)
- At 6 months
- Annually after that

A basic panel might include: complete metabolic panel (CMP), complete blood count (CBC), vitamin D, B12, iron/ferritin, and thyroid function. Your prescriber will determine what's right for you.

SECTION 7

The Eating Window Strategy

One of the most common things I hear from patients is: *"I know I need to eat more protein. I know I need to eat enough. But I'm just not hungry. How do I eat when food doesn't appeal to me?"*

This is where meal timing becomes your best friend.

Why Meal Timing Matters on GLP-1s

On these medications, you can't rely on hunger cues the way you used to. Your appetite signal is significantly dampened — that's literally what the medication does. So waiting until you're hungry to eat means you might not eat until 2 PM, then try to cram all your nutrition into a few hours, then feel nauseous because you overate in one sitting.

Sound familiar?

THE SHIFT

Instead of eating based on hunger, you eat based on a schedule — a structure that ensures your body gets what it needs, spread across the day in manageable amounts. This isn't about rigid rules or "eat at exactly 7:32 AM." It's about having a loose framework so you don't accidentally go 8+ hours without eating and then wonder why you have zero energy.

The "Small and Frequent" Approach

On GLP-1 medications, most patients do much better with **4-6 smaller eating occasions** rather than 2-3 large meals. Here's why:

- **Smaller volumes are easier to tolerate.** Your stomach is emptying more slowly. Putting a lot of food in at once = feeling uncomfortably full or nauseous.

- **More eating occasions = more opportunities for protein.** It's much easier to get 25g of protein five times than 60g twice.
- **Steadier energy.** Spreading nutrition across the day prevents the energy crashes that come from eating too little for too long, then too much at once.
- **Better blood sugar.** Smaller, more frequent meals keep blood sugar more stable — which matters for energy, mood, and how well your medication works.

Managing Nausea Through Timing

If nausea is an issue for you (especially after dose increases), these timing strategies can help:

1. **Eat something small within an hour of waking** — even if it's just a few bites. Starting your day with food sets a better tone for the rest of the day. A few spoonfuls of Greek yogurt, a handful of nuts, half a protein bar — anything counts.
2. **Don't eat within 2 hours of bedtime** if reflux is a problem. Lying down with a full stomach + slower emptying = acid reflux.
3. **On injection days**, many patients find that eating a small, easy-to-digest meal *before* their injection and keeping meals especially light for the rest of that day helps manage the nausea spike.
4. **If you feel nauseous, don't skip — downsize.** Instead of skipping a meal entirely, have something small and bland: a few crackers with peanut butter, a small smoothie, broth with toast. Something is always better than nothing.
5. **Separate eating and drinking.** Try not to drink large amounts of liquid with meals. Instead, hydrate between meals. This reduces the "too full" feeling that triggers nausea.

Sample Daily Eating Schedule

Here's what a typical day might look like. Adjust the times to your own schedule — the spacing matters more than the specific hours.

TIME	MEAL	PROTEIN TARGET
7:00 AM	Breakfast — Greek yogurt with berries and granola, or eggs with whole grain toast and avocado	25–30g
10:00 AM	Mid-Morning Snack — String cheese + apple slices, or small protein shake	10–15g
12:30 PM	Lunch — Turkey wrap with veggies, or salad with grilled chicken and quinoa	30–35g
3:30 PM	Afternoon Snack — Hummus with veggies and a few crackers, or cottage cheese with fruit	10–15g

TIME	MEAL	PROTEIN TARGET
6:30 PM	Dinner — Salmon with sweet potato and roasted broccoli, or ground turkey stir-fry with vegetables and rice	30–35g
8:30 PM	Evening Snack (optional) — Small handful of almonds + dark chocolate, warm milk with honey, or herbal tea with banana and peanut butter	5–10g



DAILY TOTAL
~110–140g protein across the day ✓

A Note About Evenings

I want to call this out because a lot of my patients feel weird about eating in the evening. There's so much messaging out there about "not eating after 7 PM" and "the kitchen is closed."

Here's my take: **if you're hungry in the evening, eat.** Especially on GLP-1 medications where you may have undereaten during the day. An evening snack that includes a little protein can actually support muscle preservation overnight.

The goal isn't to eat large quantities late at night. It's about tuning in to what your body needs and responding with nourishment — not restriction. Evenings can be a great time to slow down, enjoy something satisfying, and close out the day feeling taken care of.

SECTION 8

The 7-Day Meal Plan

Here it is — a full week of meals designed specifically for GLP-1 patients. Every meal is protein-forward, includes fiber, and uses real food you can actually find at a regular grocery store.

A FEW NOTES BEFORE WE DIVE IN

- **These meals are a starting point — a protein-forward base.** Add vegetables, whole grains, and fiber-rich sides as tolerated. The goal is to build FROM here, not limit yourself TO here.
- **These are suggestions, not rules.** Swap things around. Repeat days you liked. Skip things that don't appeal to you. The goal is a template, not a prescription.
- **Portions are meant to be generous.** This isn't about eating as little as possible. If you can only eat half, that's fine — but the portions reflect what your body actually needs.
- **Prep tips are included.** I've designed this so that Sunday prep sets you up for the week.
- **Evening snacks are included.** Because evenings matter and nourishing yourself at the end of the day is a good thing.

Sunday Prep (30–45 minutes)

Do this once and your weekdays get dramatically easier:

1. **Hard-boil 8 eggs** — Store in the fridge. Instant protein all week.
2. **Cook a batch of quinoa** (2 cups dry → 4 cups cooked) — Use across multiple meals.
3. **Bake or grill 2 lbs chicken breast or thighs** — Season simply (salt, pepper, garlic powder, olive oil). Slice when cooled. Use for salads, wraps, bowls.

4. **Wash and chop vegetables** — Bell peppers, cucumbers, broccoli, carrots. Store in containers.
5. **Make overnight oats** for Monday and Tuesday — Mix oats + milk + chia seeds + protein powder in jars.
6. **Cook a pot of lentils or black beans** — Use throughout the week for soups, bowls, and sides.

Day 1 — Monday

~149g protein · ~36g fiber

BREAKFAST

Overnight Protein Oats

½ cup rolled oats + ½ cup milk (any kind) + 1 scoop vanilla protein powder + 1 tbsp chia seeds — mixed the night before. Top with ½ cup mixed berries and 1 tbsp almond butter.

~35g protein, 10g fiber

MID-MORNING SNACK

Apple + String Cheese

1 medium apple, sliced + 2 string cheese sticks

~14g protein, 4g fiber

LUNCH

Chicken & Quinoa Power Bowl

4 oz pre-cooked chicken (from Sunday prep), sliced. ¾ cup quinoa (from prep). Handful of spinach, cucumber, cherry tomatoes, ¼ avocado. Drizzle with olive oil + lemon juice + salt.

~38g protein, 8g fiber

AFTERNOON SNACK

Hard-Boiled Eggs + Veggies

2 hard-boiled eggs + raw carrots and bell pepper slices + 2 tbsp hummus

~14g protein, 3g fiber

DINNER

Lemon Herb Salmon with Sweet Potato

5 oz salmon fillet, baked with lemon, garlic, and dill. 1 medium sweet potato, roasted and split open. 1 cup steamed broccoli with a drizzle of olive oil.

~36g protein, 8g fiber

EVENING SNACK

Warm Cinnamon Banana

1 banana, sliced and warmed in a pan with a sprinkle of cinnamon. 1 tbsp peanut butter drizzled on top + small glass of milk.

~12g protein, 3g fiber

BREAKFAST**Overnight Protein Oats (from prep)**

Same as Monday — switch to blueberries and 1 tbsp sunflower seed butter if you like variety

~35g protein, 10g fiber

MID-MORNING SNACK**Cottage Cheese + Peaches**

½ cup cottage cheese + ½ cup sliced peaches (fresh or canned in juice)

~14g protein, 1g fiber

LUNCH**Turkey & Avocado Wrap**

Whole wheat tortilla + 4 oz sliced turkey + ¼ avocado + lettuce, tomato, mustard. Side of baby carrots.

~32g protein, 7g fiber

AFTERNOON SNACK**Protein Smoothie**

1 scoop protein powder + 1 cup frozen mango + handful of spinach + 1 cup milk

~25g protein, 3g fiber

DINNER**Turkey Taco Bowls**

5 oz ground turkey, seasoned with cumin, chili powder, garlic, paprika. ½ cup black beans (from prep). ¾ cup brown rice. Salsa, shredded cheese, lettuce, a squeeze of lime.

~40g protein, 9g fiber

EVENING SNACK**Dark Chocolate + Almonds**

1 oz dark chocolate (70%+) + small handful of almonds

~5g protein, 3g fiber

BREAKFAST

Veggie Egg Scramble

3 eggs scrambled with sautéed spinach, bell peppers, and onions. 1 slice whole grain toast with butter.

~24g protein, 4g fiber

MID-MORNING SNACK

Greek Yogurt + Walnuts

¾ cup plain Greek yogurt + 1 tbsp honey + 2 tbsp chopped walnuts

~16g protein, 1g fiber

LUNCH

Lentil Soup + Cheese Toast

1.5 cups lentil soup (homemade from prep or store-bought — Amy's brand is good). 1 slice sourdough bread with 1 oz melted cheddar.

~28g protein, 12g fiber

AFTERNOON SNACK

Turkey Roll-Ups

3 oz sliced turkey rolled around cucumber sticks + 1 tbsp cream cheese

~18g protein, 1g fiber

DINNER

One-Pan Chicken & Roasted Vegetables

5 oz chicken thigh (from prep or fresh). Roasted zucchini, red onion, cherry tomatoes, and bell peppers tossed in olive oil. ½ cup quinoa.

~40g protein, 6g fiber

EVENING SNACK

Peanut Butter Banana Bites

1 banana sliced into rounds, each topped with a dab of peanut butter

~5g protein, 3g fiber

BREAKFAST**Cottage Cheese Breakfast Bowl**

1 cup cottage cheese + ½ cup mixed berries + 2 tbsp granola + 1 tbsp ground flaxseed

~30g protein, 5g fiber

MID-MORNING SNACK**Hard-Boiled Egg + Whole Grain Crackers**

2 hard-boiled eggs + 6-8 whole grain crackers

~15g protein, 2g fiber

LUNCH**Chickpea & Tuna Salad**

1 can tuna (drained) + ½ cup chickpeas + diced celery, red onion, lemon juice, olive oil. Served over mixed greens or in a whole wheat pita.

~38g protein, 7g fiber

AFTERNOON SNACK**Edamame**

1 cup edamame (shelled), sprinkled with sea salt

~17g protein, 8g fiber

DINNER**Shrimp Stir-Fry**

5 oz shrimp, sautéed with broccoli, snap peas, carrots, and garlic. Served over ¾ cup brown rice. Sauce: soy sauce + sesame oil + ginger.

~34g protein, 6g fiber

EVENING SNACK**Warm Milk + Honey**

1 cup warm milk (dairy or fortified plant-based) + drizzle of honey. Small handful of cashews.

~12g protein, 1g fiber

BREAKFAST**Protein Smoothie Bowl**

1 scoop protein powder + 1 frozen banana + ½ cup frozen berries + splash of milk — blend thick. Top with: sliced banana, 1 tbsp chia seeds, 1 tbsp almond butter, granola.

~32g protein, 8g fiber

MID-MORNING SNACK**Cheese + Pear**

1.5 oz cheddar cheese + 1 medium pear

~11g protein, 6g fiber

LUNCH**Black Bean & Sweet Potato Bowl**

½ cup black beans + ½ roasted sweet potato, cubed + quinoa. Topped with salsa, a dollop of Greek yogurt (instead of sour cream), and cilantro.

~22g protein, 11g fiber

AFTERNOON SNACK**Jerky + Dried Fruit**

1 oz beef or turkey jerky + small handful of dried apricots

~12g protein, 2g fiber

DINNER**Baked Chicken Parmesan**

5 oz chicken breast, breaded with whole wheat breadcrumbs and parmesan. ½ cup marinara sauce + melted mozzarella. Side: sautéed green beans with garlic.

~42g protein, 4g fiber

EVENING SNACK**Yogurt + Berries**

½ cup Greek yogurt with a handful of raspberries and a drizzle of honey

~10g protein, 4g fiber

BREAKFAST

Weekend Egg Bake

2 eggs + 1 egg white, scrambled with diced ham, mushrooms, and cheese. Served with 1 slice whole grain toast and ½ avocado.

~32g protein, 5g fiber

MID-MORNING SNACK

Trail Mix

¼ cup mixed nuts + 2 tbsp pumpkin seeds + a few dark chocolate chips

~8g protein, 3g fiber

LUNCH

Mediterranean Plate

½ cup hummus + falafel (3-4 pieces, store-bought is fine) + whole wheat pita. Sliced cucumber, tomato, red onion + feta cheese.

~24g protein, 9g fiber

AFTERNOON SNACK

Protein Bar

Look for one with 15-20g protein, under 8g added sugar (RXBar, Built Bar, Barebells, etc.)

~17g protein, 3g fiber

DINNER

Slow-Cooker Beef Stew

5 oz beef stew meat + potatoes + carrots + celery + onion in beef broth. Serve with a slice of crusty whole grain bread. (Toss everything in the slow cooker in the morning — dinner makes itself.)

~38g protein, 6g fiber

EVENING SNACK

Popcorn + Parmesan

3 cups air-popped popcorn tossed with a little olive oil and grated parmesan

~6g protein, 4g fiber

BREAKFAST

Smoked Salmon Toast

2 slices whole grain toast + 3 oz smoked salmon + cream cheese + capers + red onion. Side: sliced tomato.

~26g protein, 4g fiber

MID-MORNING SNACK

Smoothie

1 scoop protein powder + 1 cup frozen strawberries + 1 tbsp peanut butter + milk

~27g protein, 3g fiber

LUNCH

Chicken Sausage & Veggie Sheet Pan

2 chicken sausage links (like Aidells brand), sliced. Tossed with roasted Brussels sprouts, red peppers, and sweet potato chunks. Drizzle with olive oil and balsamic.

~28g protein, 8g fiber

AFTERNOON SNACK

Caprese Bites

Fresh mozzarella + cherry tomatoes + basil + balsamic drizzle

~14g protein, 1g fiber

DINNER

Pasta Night (Protein-Style)

Chickpea pasta (like Banza) with ground turkey meat sauce. Side salad with mixed greens, cucumber, and balsamic vinaigrette.

~42g protein, 10g fiber

EVENING SNACK

Warm Apple Slices

1 apple, sliced and warmed with cinnamon + 1 tbsp almond butter + small glass of milk

~10g protein, 5g fiber

Weekly Summary

DAY	PROTEIN	FIBER
Monday	~149g	~36g
Tuesday	~151g	~33g
Wednesday	~131g	~27g
Thursday	~146g	~29g
Average	~140g	~32g

DAY	PROTEIN	FIBER
Friday	~129g	~35g
Saturday	~125g	~30g
Sunday	~147g	~31g
Average	~140g	~32g

A NOTE ABOUT THESE NUMBERS

This meal plan is designed to show what a high-protein day *can* look like — and these targets reflect the higher end of the range, typically appropriate for someone in a larger body. Most people won't need this much protein, and that's completely fine. Use your personalized target from Section 4 (or our free Protein Calculator) and adjust portions accordingly. On days when your appetite is low, lean on protein shakes, smoothies, and easy grab-and-go options to close the gap. The goal isn't perfection — it's consistency.

SECTION 9

Supplement Guide

Let's talk supplements. This is an area where there's a LOT of noise and not a lot of helpful signal. I'll tell you what's worth *discussing with your healthcare provider*, what's probably a waste of money, and how to think about filling nutritional gaps.

IMPORTANT

Supplements are supplements. They supplement a solid food foundation — they don't replace it. If you're not eating enough protein from food, a multivitamin isn't going to fix that. Focus on food first, then fill in gaps — and always talk to your doctor or care team before adding anything new.

Worth Discussing With Your Healthcare Provider

The supplements below aren't prescriptions — they're starting points for a conversation with your doctor. What's right for you depends on your bloodwork, your other medications, and your individual situation.

1 Protein Powder

This isn't technically a "supplement" in the traditional sense — it's just a convenient food product. But it may be the single most useful addition for many GLP-1 patients, especially on low-appetite days.

- **Whey protein** (if you tolerate dairy): Well-absorbed, complete amino acid profile, usually tastes good. Try isolate if concentrate causes bloating.
- **Plant-based protein** (pea, rice, soy blends): Good option if dairy is an issue. Look for blends (not just one source) for a complete amino acid profile.
- **Collagen protein:** Popular, but NOT a complete protein — it's missing key amino acids for muscle preservation. Use it *in addition to* whey or plant protein, not instead of.
- **What to look for:** 20-30g protein per serving, minimal added sugar (under 5g), third-party tested (NSF, Informed Sport).
- **How to use:** Blend into smoothies, mix into oatmeal, stir into yogurt, or just shake with water/milk when you need a quick protein boost.

2 Probiotic

Your gut microbiome is adapting to both your medication and your changed eating patterns. A quality probiotic may be helpful during this transition — it's worth discussing with your provider, especially if you're dealing with persistent GI issues.

- Look for a multi-strain formula with at least 10-20 billion CFUs
- Strains to look for: Lactobacillus and Bifidobacterium species
- May be especially helpful if you're dealing with constipation, bloating, or irregular digestion
- Consider starting after the first month, once your body has done its initial adjustment

3 Vitamin D

One of the most common deficiencies I see — GLP-1 patients or not. Reduced food intake can make it worse.

- Most adults may benefit from 1,000-2,000 IU daily; some need more based on blood levels
- Take with a meal that contains fat (it's fat-soluble)
- Get your level checked — your doctor can tell you exactly how much you need and whether supplementation makes sense for you
- Combined D3 + K2 formulas are an option worth asking about

4 B-Complex or B12

May be worth discussing if you:

- Are eating significantly less animal protein
- Are also on metformin (which can deplete B12)
- Are experiencing fatigue, brain fog, or tingling
- A B-complex covers all your bases
- Sublingual B12 is well-absorbed if you want to target B12 specifically
- Your doctor can check your B12 levels to determine if supplementation is needed

5 Magnesium

Often overlooked but may be helpful for GLP-1 patients — talk to your healthcare provider about whether it's appropriate for you:

- **Magnesium citrate** or **glycinate** may help with constipation (citrate has a mild laxative effect)
- Supports sleep, muscle function, and stress response
- Many people are low in magnesium even before starting medications
- 200-400mg daily is a common range — start low
- Glycinate form is generally better tolerated and gentler on the stomach; citrate may be preferable if constipation is your main concern

Probably Not Worth the Money

Skip These

- **Appetite suppressant supplements:** You're already on a GLP-1. You don't need garcinia cambogia, green coffee bean extract, or any "fat burner." Save your money.
- **Detox teas / cleanses:** Your liver and kidneys are already doing this job. These products are marketing, not medicine.
- **Hair, skin, and nails gummies (by themselves):** If you're experiencing hair thinning, it's almost certainly related to inadequate protein and calories — not a biotin deficiency. Fix the root cause first. Biotin alone won't overcome nutritional insufficiency.
- **Single-ingredient "super supplements":** Turmeric, apple cider vinegar pills, collagen-only supplements — none of these are harmful, but the evidence for meaningful benefits at supplement doses is weak. Your money is better spent on good food and the basics above.

The Bottom Line on Supplements

1. **Talk to your doctor or care team** before adding anything new, especially if you take other medications. This is non-negotiable.
2. **Get bloodwork done** to know what you actually need instead of guessing. Data beats assumptions every time.
3. **Focus on food first** — supplements fill gaps, they don't replace meals.
4. **Quality matters** — look for third-party testing (NSF, USP, Informed Sport, ConsumerLab).
5. **More isn't better** — a few targeted supplements, chosen in partnership with your healthcare provider, beat a drawer full of bottles you don't need.

SECTION 10

What to Expect — Month by Month

One of the most valuable things I can give you is realistic expectations. Knowing what's normal — and what might be a sign to check in with your care team — takes a lot of the anxiety out of this process.

Month 1: The Adjustment Period

Your body is meeting this medication for the first time. You're on a low starter dose, and your system is figuring out what's going on.

What's normal:

- Nausea (especially the first few days after injection, often improving through the week)
- Noticeably reduced appetite — sometimes dramatically so
- Some GI changes: bloating, constipation, or loose stools
- Food aversions — things you used to love might suddenly seem unappealing
- Feeling a bit "off" or fatigued as your body adjusts

What to focus on:

- Stay hydrated — this is your #1 job right now
- Eat something at each planned meal time, even if it's small
- Start building the protein habit — even if you can't hit your full target yet, practice making protein the priority at each meal
- Don't panic if your appetite disappears. It usually stabilizes.
- Keep notes on what foods sit well and which don't — this is valuable data

WHAT TO TELL YOUR DOCTOR

Persistent vomiting (not just nausea), inability to keep food or fluids down, severe abdominal pain. These aren't typical adjustment symptoms.

Months 2–3: Finding Your Rhythm

You're likely on a higher dose now. Your body is adapting, side effects are often improving (or shifting), and you're developing a sense of what works for you.

What's normal:

- Side effects leveling off for many people (though dose increases can bring temporary flare-ups)
- Your "new normal" appetite is establishing — you have a clearer sense of how much food feels right
- Food preferences may continue to shift
- Body composition changes becoming visible
- Energy is usually improving if you're eating enough

What to focus on:

- Dial in your protein targets — by now you should be consistently hitting 25-40g per meal
- Establish your meal timing routine (Section 7)
- Incorporate fiber gradually if you haven't yet
- Start or continue resistance exercise — even bodyweight exercises or resistance bands make a difference for muscle preservation
- Notice your patterns — when do you feel best? When do you struggle? This is all useful information

RED FLAGS

Continued inability to eat enough (consistently under 800-1,000 calories), persistent GI issues that aren't improving, signs of dehydration.

Months 3–6: The Plateau Phase (This Is Normal!)

Many patients experience a slowdown or temporary plateau. This is completely normal and does NOT mean your medication stopped working.

What's normal:

- Changes on the scale slow down or stall for weeks at a time
- Body recomposition — you might be losing fat and maintaining/gaining muscle (especially if you're exercising), which doesn't always show on the scale
- Appetite may slightly increase compared to the early months
- Feeling more "normal" — the medication becomes part of your routine, not the main event

What to focus on:

- **Do not** drop your calories further to "push through" a plateau. This is a trap that leads to muscle loss and metabolic slowdown.
- Focus on non-scale metrics: how clothes fit, energy levels, strength, sleep quality, lab values
- This is a great time to get labs checked (see Section 6)
- Continue prioritizing protein and resistance exercise
- Trust the process — plateaus are a normal part of how bodies adapt

TALK TO YOUR DOCTOR

If you've been at the same dose for a while and progress has completely stalled, your prescriber may consider a dose adjustment. But don't rush this — plateaus often resolve on their own.

Months 6+: Building Sustainable Habits

You're past the initial phase. The medication is part of your life, and the question shifts from "how do I survive this?" to "how do I build habits that last?"

What's normal:

- A more stable, predictable experience with the medication
- Your eating patterns feel more natural and automatic
- Some days your appetite is higher, some lower — this is normal variation
- Thinking about the long-term: many patients will be on these medications for an extended period

What to focus on:

- The habits you've built around protein, hydration, and meal timing are your foundation. Keep them.
- Continue monitoring your nutrition — it's easy to slip back into undereating without realizing it
- Regular check-ins with your care team (every 3-6 months)
- Explore new foods, new recipes, new ways of eating that bring you joy. This isn't about perfection — it's about nourishing yourself well.
- If you haven't already, this is a great time to work with a registered dietitian for personalized guidance.

A Note About Cravings

At any point on this journey, you may experience cravings. I want you to know: **cravings are information, not failure.**

A craving might be telling you:

- You're not eating enough overall
- You're low on a specific nutrient
- You're tired, stressed, or need comfort
- You simply enjoy that food and want to eat it

All of these are valid. None of them are problems to solve with willpower. The response to a craving is curiosity, not judgment. *"Interesting — what might my body be telling me?"*

Sometimes the answer is "I haven't eaten enough protein today." Sometimes the answer is "I just really want chocolate." Both are fine. Eat the chocolate. Move on with your day.

Next Steps

You now have more practical GLP-1 nutrition knowledge than most patients get from their entire care team. I mean that — and it's not a criticism of your care team. It's just a reflection of how new this field is and how little time most appointments allow.

Here's What I'd Suggest Doing Next

THIS WEEK

1. Pick ONE thing from this guide to focus on. I'd suggest the protein target. Start tracking your protein for a few days (even roughly) to see where you are.
2. Try the Eating Window Strategy — set up a loose meal schedule and see how it feels.
3. Hydrate. Seriously. Fill up a water bottle tonight and put it next to your bed for tomorrow morning.

THIS MONTH

4. Try a few meals from the 7-day meal plan. See what works for you and what doesn't.
5. Talk to your prescriber about checking your labs if you haven't recently.
6. Consider whether any of the supplements in Section 9 are worth discussing at your next appointment.

ONGOING

7. Keep learning. Keep paying attention to how your body responds. You are the expert on *your* body — I'm just here to help you interpret the signals.

If You Want Daily Support With This...

I built something for people in exactly your situation.

GLP-1 Sidekick

An app I created to give you the kind of day-to-day nutrition support that this guide introduces but can't fully provide in a PDF. It helps you:

- Track your protein intake in a way that's simple and actually useful
- Get personalized meal suggestions based on how you're feeling
- Navigate side effects with real-time guidance
- Build the habits from this guide into your daily routine
- Feel supported on the days when motivation is low

I built it because I can only work with so many patients one-on-one, and I wanted to bring this kind of evidence-based, compassionate support to everyone on a GLP-1 — not just the people who can access a specialized dietitian.



Download on the App Store

One Last Thing

You're doing a brave thing. Starting a medication, changing how you eat, navigating side effects, dealing with other people's opinions — none of this is easy.

But you don't have to figure it out alone. This guide is a starting point. Your care team is your partner. And if you want me in your corner too, I'm here.

Take care of yourself — you deserve it.

— Dan Chase, RD

Chase Wellness

Questions? Visit us for more resources, articles, and tools for
GLP-1 patients.

chase-wellness.com

Want daily support? Download *GLP-1 Sidekick* on the App Store
— built by Dan Chase, RD to help you build the habits from this
guide into your daily routine.

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