

# How can we best support patients on glucagon-like peptide 1 (GLP1) based therapies (GBT)?

52 consensus statements guiding clinicians in supporting patients on their weight loss journey - research summary

Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1 - based therapies: An expert consensus statement using a modified Delphi approach

## Paper overview

It contains a total of **52** consensus statements outlining key considerations for obesity management and common complications with GBTs, focusing on:

- nutritional factors in relation to obesity
- body composition
- physical activity
- the management of common gastrointestinal symptoms such as nausea, vomiting, diarrhoea, and constipation

“These expert consensus recommendations offer healthcare professionals **practical guidance on nutritional and lifestyle interventions** for patients undergoing GBT-related weight management, complementing current recommendations.”

# Key recommendations - nutrition

- People with obesity are often at a higher risk of micronutrient deficiencies (**e.g., vit D, vit A, vit B1, vit B9, vit B12, iron, calcium, and magnesium**). This could be due to medications, poor intake of nutrient-rich foods, altered absorption, distribution or metabolism of nutrients
- If possible, vitamin and nutrient intake should be encouraged through diet, but if dietary adherence is doubtful, or weight loss is excessive, **micronutrient supplementation is recommended**
- A **registered nutritionist or dietitian** should be involved in the multidisciplinary team if possible to ensure adequate level of care



## Key recommendations - physical activity



- Physical activity should be **adjusted to individual needs**, preferences, capacity, body size, and health status of a patient, and be designed to sustain long-term adherence and avoid injuries
- **≥150 min** of moderate to vigorous intensity aerobic activity and resistance training per week is recommended to support long-term weight loss
- Aerobic activity and resistance training is important for **preserving muscle mass and preventing bone mineral density loss**. Adopting a high protein diet (1.2–1.5 g/kg of body weight per day) may further help



# Considerations before starting GBT for weight loss



- A **non-judgmental, stigma-free environment is key** in the weight loss journey. Experiencing weight loss stigma may increase the risk of depression, anxiety, low self-esteem. It may also discourage people from exercising and encourage unhealthy behaviours
- Obesity has **multifactorial causes** - including mental health, genetics, socioeconomic status, stress and more - identifying and addressing modifiable factors during assessment is crucial
- Setting **realistic weight loss goals** prior to commencing therapy is important. Weight loss targets should also align with health outcomes

## During the weight loss phase

- **Behavioural interventions**, such as mindfulness and therapy-based strategies can be an important aspect of the weight loss journey and should be encouraged if possible
- Hydration recommendations range from 2 to 4 L/day, or ~35 ml water/kg bodyweight (careful fluid intake monitoring may be needed for patients with renal disease or heart failure)
- Sufficient dietary fibre (**~30g/day**) intake is encouraged
- During the rapid weight loss phase, a protein intake of **1.2–1.5 g/kg of actual body weight/day** or to 25–30 % energy on a 1600 kcal/d diet, is recommended



A useful guide to download  
from the paper!



## General recommendations for the journey on a GBT



### Nutritional support

- Personalize dietary advice and support
- Adequate fiber intake (women:  $\geq 25$  g/day, men:  $\geq 30$  g/day, those with diabetes:  $\geq 35$  g/day)
- Adequate hydration (2–4 L/day) and intake of nutrient dense food
- Limit high-calorie snacking between meals
- Minimize alcohol intake
- Involve registered dietician
- Practice shared decision making and discuss treatment goals



### Physical activity\*

- Create individualized plan with a stepwise approach
  - Recommend  $\geq 150$  min/week moderate-vigorous aerobic activity
  - Encourage moderate-high intensity resistance training (2–3 sessions/week)
- \*if the patient is able, and without risk of injury

## Entry criteria

BMI  $\geq 30$  kg/m<sup>2</sup> or a BMI  $\geq 27$  kg/m<sup>2</sup> +  $\geq 1$  weight-related comorbidity



## Baseline assessments before starting GBT

- Assess patient in a non-judgmental manner
- Medical history and obesity-related complications, root causes of obesity
- Screen for contraindications and conditions relevant to GBT use or to identify a risk of malnutrition (e.g., eating disorders, GI disorders, renal insufficiency, sarcopenia, osteopenia)
- Address modifiable underlying factors
- Refer patient to appropriate support specialists, e.g., physical, mental, behavioral and/or social support professionals
- **Nutritional assessment:**
  - Dietary intake and preferences
  - Nutrient deficiency risk factors
  - Correct eventual nutritional deficiencies
- **Physical assessment:**
  - Body composition
  - Test muscle strength in at-risk patients
- **Lifestyle assessments:**
  - Social determinants of health, particularly those related to a risk of malnutrition (e.g., costs, transportation challenges, access to healthy food)
  - Lifestyle behaviors (e.g., physical activity, sleep, stress management, social network)



## Weight loss phase on GBT

(up to 12 months)

- Escalate GBT dose gradually to minimize AE incidence and severity
- Start step-down hypocaloric nutrient dense diet (500 kcal/day deficit) with at least 1000-1200 kcal/day
- Address hunger and food cravings before implementing behavioral changes
- Encourage mindful eating habits and structured meal planning
- Evaluate need for nutritionally complete low-energy formula products
- Ensure adequate protein intake (1.2–1.5 g/kg/day or 25–30% of a 1600 kcal/day diet)
- Assess for and manage nutritional deficiencies
- Monitor weight trajectory and GI AEs:
  - Excessive weight loss:  $>1.5$  kg/week
  - Check regularly (e.g., at 4, 12, and 24 weeks, then every 3–6 months)

## Adverse event playbook

- **Nausea, vomiting:**
  - Adjust GBT dose
  - Try dietary adjustments e.g., smaller, more frequent meals and avoidance of high-fat or spicy foods
- **Diarrhea:**
  - Adjust GBT dose
  - Implement individualized pharmacological and dietary approach
  - Adequate hydration
- **Constipation:**
  - Adjust GBT dose
  - Ensure adequate hydration and dietary fiber intake
- **Excessive weight loss:**
  - Adjust GBT dose
  - Screen for under-nutrition



## Weight loss maintenance on GBT

( $\geq 12$  months with monitoring every 6–12 months)

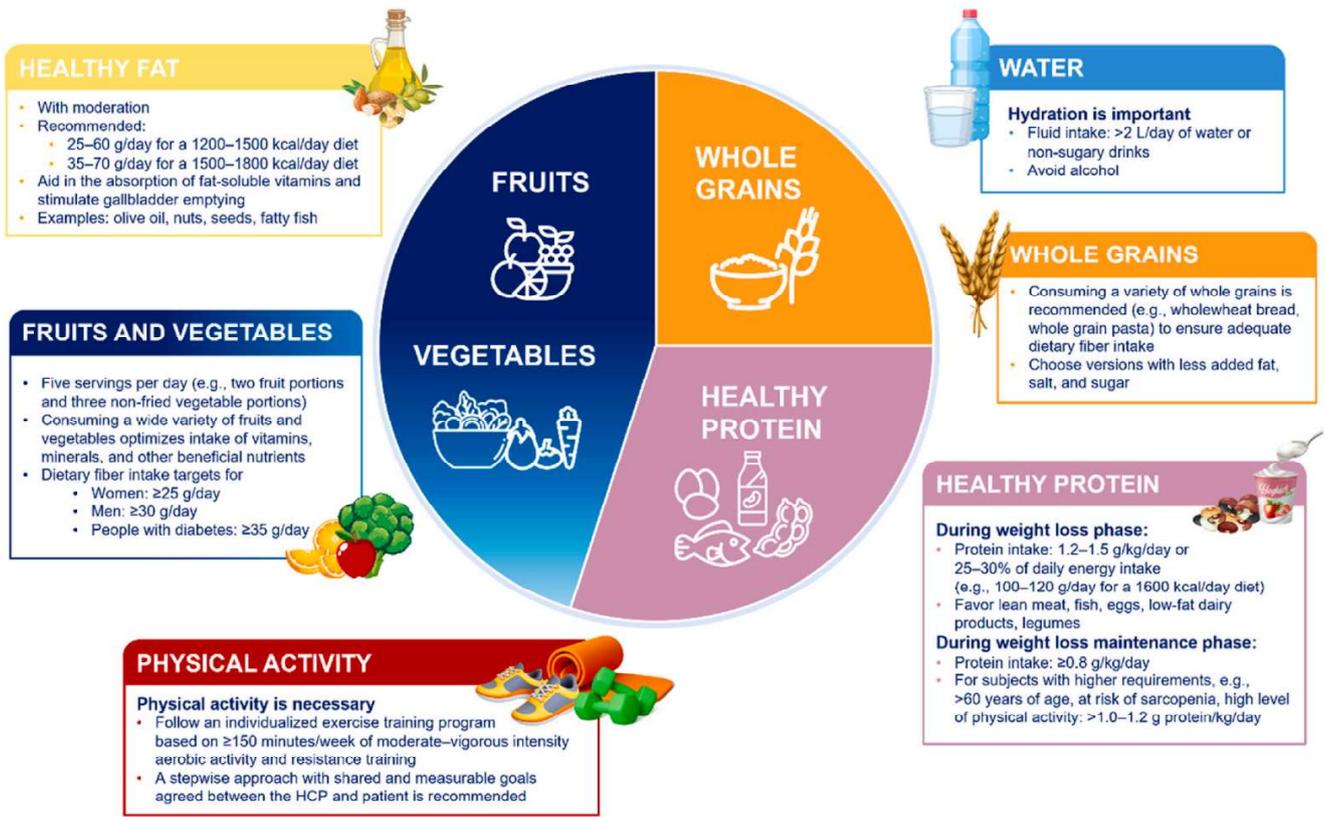
- Introduce guideline-approved dietary plan that meets macro- and micronutrient requirements
- Implement long-term, low intensity support for weight maintenance
- Ensure adequate protein intake ( $\geq 0.8$  g/kg/day or  $>1.0$ – $1.2$  g/kg/day in older subjects)
- Limit high-calorie snacking between meals



## Discontinuation safeguards

- Implement behavioral therapy supported by registered dietician and MDT
- Continue nutritional support and dietary interventions used during GBT
- Consider meal replacements to support weight loss maintenance
- Implement an individualized, sustainable physical activity program
- Monitor regularly for weight regain (e.g., every 6–12 months)

# Healthy diet plate for weight management on GLP-1 based therapy



A useful guide to download from the paper!





**It is key to understand that GLP-1-based therapies are not a one-size-fits-all or a stand-alone therapy.**

Different strategies - including adequate nutritional intake, physical activity, behaviour change, social support, appropriate side effects mitigation or therapy are all important components of the weight loss journey.

**If you are interested in learning more, stay tuned as we are preparing something special for all nutrition professionals working with patients undergoing GBT!**



**follow us to learn more!**