

# Taking Ozempic or other weight-loss meds? Watch your diet to avoid 'exchanging one problem for another,' says dietitian

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GLP-1 drugs such as Wegovy, Ozempic and Mounjaro have emerged as a game-changer for weight loss, slowing digestion and increasing how

satiated you feel after eating. But South Florida dietitians caution that taking weight-loss drugs can be risky if you don't have the right diet. Everything from your bones to your muscles can atrophy as you shed pounds too quickly. They guide patients on how to eat while on medications without causing their body harm.

"If someone does not know how to eat on these medications, they may be exchanging one problem for another," said Lillian Craggs-Dino, a licensed dietitian and support group coordinator for the Bariatric and Metabolic Institute at Cleveland Clinic Florida. "It's easy to become vitamin deficient."

## **The side effects are challenging**

Ten GLP-1 drugs, including a class of medications called semaglutides, are FDA-approved to treat either type 2 diabetes or [weight loss](#). Most are given by self-injection and work by regulating insulin production and lowering blood sugar levels.

The most common [side effects](#) are [gastrointestinal symptoms](#) including nausea, vomiting, diarrhea, and constipation. Dietitians say the symptoms often can be managed: diarrhea by drinking plenty of water and avoiding dairy products and [high-fiber foods](#), and constipation by eating more fiber and drinking plenty of water.

"It may not be the drugs, it may be your diet causing the nausea or constipation. Maybe someone is eating too fast or picking the wrong foods," Craggs-Dino said.

At Cleveland Clinic Weston, Craggs-Dino does a full assessment before someone starts weight-loss drugs to discover whether a patient has vitamin deficiencies, to learn their lifestyle habits and to find out their food allergies, likes and dislikes. She then creates an eating plan.

"Medications will help with behavior because you will feel full, but you still have to eat balanced meals with lean protein, fat, whole grains and vitamins," she said. "Some people are not hungry and don't eat. If you don't eat, you are not nourishing your body and you are losing muscle mass along with fat."

Some people need vitamin supplements, and others need a higher amount of "good fat," she said.

Losing weight rapidly without a proper diet and exercise can decrease bone density, and lower your resting [metabolic rate](#) which can lead to sarcopenia—the gradual loss of [muscle mass](#), strength, and function that makes it hard to do daily activities like walking up stairs. Dietitians say ideally anyone on these medications should consume about 25–30 grams of protein per meal to preserve muscle.

Although the internet is filled with photos of people shedding pounds on semaglutide [medication](#), taking weight-loss drugs without any education is a mistake, dietitians say. The medications are designed to be used in combination with a healthy diet and exercise.

"Education is a critical piece that many people are missing," said Amy Kimberlain, registered dietitian with the Miami Cardiac & Vascular Health Cardiometabolic Clinic at Baptist Health.

"You have to understand how the medications work, what's happening to your digestion and how to modify what and when you eat," she said.

"You want to mitigate the side effects that could be caused by what you are eating."

Since you are not counting calories, you should stack your plate with nutrient-rich foods, even when you are in maintenance mode, she said. She recommends high-quality protein sources such as fish, chicken,

eggs, tofu, tempeh, yogurt, cheese, and seafood. Food that should be avoided include pastries, sodas, processed foods, fatty cuts of meat, and foods high in sodium like pickles and deli meats. Fats and carbohydrates can be added into your diet eventually.

Surgical weight loss expert Dr. Christopher Thompson said some people aren't a good candidate for weight-loss medications, even with the right diet. Thompson, a Harvard medical professor and founder of Bariendo, recommends having your bone and muscle density checked before starting on them.

If your numbers are low, weight-loss surgery may be a better option, he said. Thompson performs a unique endoscopic stomach-tightening procedure for weight loss. However, he also prescribes medications, noting that patients who take them need a game plan that includes resistance training and long-term eating modifications.

"If you start this medication, intend to be on it the rest of your life," he said. Even after reaching a weight-loss goal, research shows that most people will need to stay on the medication indefinitely, likely at low doses. "Those who get off find weight regain is typically faster than the time it takes people to lose the weight in the first place," he said. "It will come back with a vengeance, and quickly."

## **Navigating the popularity and cost**

Ozempic, originally intended for type 2 diabetes, caught on for weight loss in 2023. With its popularity, the U.S. Food and Drug Administration approved a similar medication, Wegovy, for chronic weight management. The insatiable demand saw Mounjaro (tirzepatide) arrive at the end of 2023, and now a newer, reportedly more effective drug called retatrutide is in the pipeline. The challenges with these medications in South Florida and nationwide are cost and availability.

In South Florida, everyone from chiropractors to MedSpas to virtual doctors are prescribing them. The cost can be prohibitive—as much as \$1,000 or more a month—and finding needed doses can be difficult.

But compounding pharmacies are stepping in, making their own versions of semaglutide and tirzepatide drugs at lower costs and varied dosages.

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