

Nutrition and Strength Support During Medical Weight Management

A printable patient guide for practices supporting GLP-1 and peptide-based care

The goal is not simply eating less

Medical weight-management therapies can reduce appetite substantially. The nutrition plan should protect hydration, nutrient intake, strength, function, and long-term cardiometabolic health while the treating clinician monitors medication response.

Four priorities

Protein	Include a protein-rich food at each meal or planned snack. Your clinician or dietitian should individualize the target, especially with kidney disease, liver disease, pregnancy, frailty, or a history of disordered eating.
Fluids	Sip fluids consistently through the day. Increase attention during heat, exercise, vomiting, or diarrhea. Ask your clinician whether heart or kidney disease changes your fluid goal.
Plants and fiber	Choose vegetables, fruit, beans, and whole grains as tolerated. Increase fiber gradually and pair it with adequate fluid.
Strength and movement	Resistance exercise helps preserve strength and lean tissue. Build a plan appropriate for your fitness level, balance, joints, heart health, and medical history.

A simple meal pattern

- **Start small:** use smaller portions and eat slowly; stop when comfortably satisfied.
- **Lead with protein:** eggs, Greek yogurt, cottage cheese, fish, poultry, lean meat, tofu, tempeh, beans, lentils, or another option that fits your needs.
- **Add color:** include vegetables or fruit when tolerated.
- **Choose supportive carbohydrates:** beans, oats, potatoes, brown rice, or whole grains in portions that fit your glucose and energy needs.
- **Include healthy fats thoughtfully:** nuts, seeds, avocado, olive oil, and fish can be nutritious but may worsen nausea if portions are large.

When nausea or fullness is prominent

- Use smaller meals, eat slowly, and avoid lying down immediately after eating.
- Choose lower-fat, bland, cool, or dry foods temporarily if they are better tolerated.
- Avoid forcing large meals. Contact the clinical team if low intake persists.
- Repeated vomiting, severe abdominal pain, fainting, inability to keep fluids down, or signs of dehydration require prompt medical guidance.

Clinic worksheet

Individual protein goal	_____
Individual fluid goal	_____
Resistance training plan	_____ _____
Foods that are working well	_____ _____
Symptoms to discuss	_____ _____
Next follow-up	_____

Call the clinical team when

- Vomiting or diarrhea is persistent
- You cannot drink enough to stay hydrated
- Urination is markedly reduced or you feel faint
- Constipation is severe or associated with significant pain
- You are regularly unable to meet basic nutrition needs
- You experience severe abdominal pain, chest pain, allergic symptoms, or another urgent concern

Important

This handout is general education. It does not replace medical care or individualized nutrition counseling. Medication changes must come from the prescribing clinician. Seek emergency care for severe or life-threatening symptoms.

Reference: Mozaffarian D, et al. Nutritional priorities to support GLP-1 therapy for obesity: a joint advisory. American Journal of Clinical Nutrition. 2025. <https://pubmed.ncbi.nlm.nih.gov/40445127/>