



Conversation Transcript: Nutrition as the Keystone During GLP-1 Treatment

Introduction

Today's conversation builds on the new whitepaper "Nutrition as the Keystone for Obesity Management Medication." GLP-1 receptor agonists reshape eating patterns. Without guidance, smaller portions can drop intake of protein, fiber, vitamins, and minerals below daily needs. Nutrition planning and smart supplementation are therefore integral to safe, sustained outcomes and long-term persistence on therapy.

Matt: How big is the shift we are seeing in obesity care?

Sarah: 2025 marked the end of the shortage era and the start of real, out-of-pocket demand at scale. In 2026 we expect further expansion as semaglutide loses patent protection in some markets and as the first oral prescription medicines for obesity launch. Both self-pay and reimbursed channels will mature quickly. In that environment, outcomes and persistence will depend on pairing pharmacotherapy with nutrition support that is easy to follow and easy to scale.

Matt: Why does nutrition deserve equal billing with medication in GLP-1 therapy?

Volker: GLP-1 medicines suppress appetite and slow gastric emptying. People often eat less total food. Less volume can mean less protein, fewer vitamins and minerals, and lower fiber unless diet quality and supplementation are managed deliberately. The most common shortfalls are vitamins D, K, C, and A, plus iron, magnesium, calcium, and potassium.

Sarah: Long-term use is becoming common. Deficits build over months, not days. Dose and duration effects raise the stakes for structured nutrition guidance and routine monitoring.

Matt: What does the science say about actual nutritional intake on GLP-1 medicines?

Volker: In controlled settings with oral semaglutide, participants consumed roughly 1,200 fewer kilocalories at a standardized meal versus placebo. That energy gap drives weight loss but heightens the risk of missing protein and micronutrient targets unless people prioritize nutrient-dense foods and add supplements.

Sarah: Cross-sectional data show many GLP-1 users fall short of the DRIs for fiber, calcium, magnesium, iron, potassium, choline, and vitamins A, C, D, E, and K. Protein can appear adequate as a share of calories but is often below target per kilogram of body weight during active weight loss. Lean mass can account for 15 to 45 percent of total weight lost in trials, which reinforces the need for explicit protein goals and resistance training from day one.

Matt: Which micronutrient deficiencies need close watch?

Volker: I think it is important to focus on the core set: vitamin B12, iron, and vitamin D. Reports link GLP-1 therapy with declining B12 and reduced iron stores over time, especially with added risks such as metformin use or prior bariatric surgery. Ferritin can trend down and a subset shows reduced iron absorption while on therapy.

Sarah: Clinically, that means risks of anemia and fatigue, neurologic symptoms with B12 deficiency, and bone-health concerns if calcium and vitamin D are not maintained. These are preventable through proactive screening and targeted supplementation.

Matt: Are there recommendations out there that HCPs and nutrition companies can lean on to build advice and plans for people using GLP-1s?

Volker: Based on peer-reviewed studies and practice guidance in this area we can summarize the following recommendations:

Protein Targets: Many sources report intake ranges around 1.0 to 1.5 grams of protein per kilogram of ideal body weight per day, with the higher end often cited for older or more active adults. Distributing protein evenly at approximately 20 to 30 grams per meal is frequently associated with supporting muscle protein synthesis when appetite is reduced.

Fiber And Hydration: Common literature thresholds describe at least 25 grams of fiber per day for women and 30 grams for men, alongside steady hydration throughout the day.

Meal Structure: Studies and expert guidance often describe beginning meals with protein and vegetables, then adding whole grains and fruit to help restore fiber and micronutrient intake.

Titration And Tolerance: Published clinical protocols typically escalate GLP-1 dose gradually. During titration, smaller, more frequent meals are frequently described as helpful. When nausea limits intake, short-term use of liquid nutrition is sometimes reported to help preserve protein and micronutrient adequacy.

Supplementation: A quality multivitamin as a base is often mentioned as recommendation. Targeted B12, iron, vitamin D, calcium, and magnesium are added when indicated by dietary patterns and laboratory results.

Strength And Movement: Evidence consistently associates twice-weekly resistance training and regular daily walking with the maintenance of lean mass, metabolic health, and gastrointestinal comfort.

These points summarize evidence trends from the scientific and clinical literature and are not individualized medical advice. Listeners should align any actions with their healthcare professional's guidance and personal health status.

Matt: What is the role of healthcare professionals in making this real for patients?

Sarah: Build a standard nutrition pathway into care which is based on the current scientific status:

- Start with baseline labs for B12, ferritin, and vitamin D, plus a short dietary screen.
- Set protein and fiber targets, define a supplement plan, and schedule follow-up every six to twelve months with repeat labs and, where available, body-composition checks.
- Refer early to dietitians so goals translate into meal patterns, product choices, and shopping lists that fit the person's preferences and culture.

Education multiplies impact. Provide clinic one-pagers, brief counseling scripts for prescribers, and accredited training for dietitians and pharmacists. Digital support pathways standardize quality and improve persistence on therapy.

Matt: What should the food and medical nutrition industry do now?

Volker: Innovate for nutrient density per bite. GLP-1 users tolerate small portions, so products should deliver high protein, added fiber, and targeted micronutrients from the core set above. Early launches of such products from some major nutrition companies confirm unmet need and first-mover advantage.

Sarah: Generate evidence. Partner with academia and/or CROs to run focused studies in GLP-1 cohorts. Prioritize endpoints such as lean-mass retention, B12 and ferritin trajectories, gastrointestinal tolerability, and adherence. Evidence-backed claims will earn clinician trust and differentiate brands in a category that maybe soon will be more crowded.

Matt: What about retail pharmacies and digital channels?

Volker: These are natural front doors for ongoing support. Bundle a nutrition screening, a curated GLP-1 product set, and a scripted ninety-day titration plan alongside prescribing and refills. Simple digital tools that track protein intake, symptoms, and supplement adherence help patients stay on plan and give clinicians actionable feedback.

Sarah: It is important to standardize the first ninety days. That is when appetite is most volatile. Small, consistent interventions in this window prevent deficits from forming and improve persistence.

Matt: If you had to distill your advice into a starter checklist that could be used by HCPs or offered by food and nutrition companies, what would it be?

Volker: Screen-Plan-Supplement-Strengthen.

Based on what we have seen in the literature we can recommend to:

- Screen baseline B12, ferritin, and vitamin D, then schedule repeat checks.
- Plan meals around protein and vegetables, with whole grains and fruit for fiber.
- Supplement with a multivitamin plus targeted B12, iron, vitamin D, calcium, and magnesium as indicated by diet and labs.
- Strengthen with twice-weekly resistance training and daily movement.

Sarah: Add cadence. A quick touchpoint every few months sustains progress, adjusts plans as weight stabilizes, and keeps nutrition on track.

Matt - Conclusion: Best-Practice Next Steps

Align clinical care, product innovation, and point-of-care education around one principle: medication initiates weight loss, nutrition sustains health.

- **For Healthcare Professionals:** Implement the pathway with labs, dietitian referral, protein and fiber targets, hydration guidance, and scheduled follow-ups with repeat labs and body-composition where available.
- **For Food And Medical Nutrition:** Design low-volume, high-density products fortified for GLP-1 needs and generate GLP-1 cohort evidence to support precise, compliant claims.
- **For Pharmacies And Digital Channels:** Bundle education and curated products into the prescribing and refill journey, and offer simple digital tracking to reinforce adherence and flag issues early.



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