DON'T make this mistake with GLP-1 Ozempic (OB/GYN Explains) Transcript

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Why the scale isn't the only goal on a GLP-1

If you are taking GLP If you are taking GLP or thinking about or thinking about it and are in it and are in perimenopause, the number perimenopause, the number on the scale is on the scale is not really the not really the success you success you expect. Because expect. Because how you lose how you lose weight matters far weight matters far more than how more than how much you much you lose. If lose. If you lose weight incorrectly, you lose weight incorrectly, you can become smaller in you can become smaller in size, but at the same time size, but at the same time seriously damage your seriously damage your metabolism. And it metabolism. And it can also negatively can also negatively affect your affect your hormones. So in this hormones. So in this video, I want to show you a video, I want to show you a simple simple simple two-part two-part two-part approach that will make approach that will make your weight loss your weight loss more efficient, so that you more efficient, so that you lose fat, lose fat, not muscle, and protect not muscle, and protect your metabolism in the your metabolism in the long term. I'm long term.

GLP-1s and weight loss in midlife women

I'm Dr.

Why GLP-1s aren't the whole solution

Jen, an obstetrician- gynecologist and integrative integrative medicine specialist, and I medicine specialist, and I prescribe these prescribe these medications to medications to middle-aged women every day and middle-aged women every day and monitor their condition. Here's the moment that. Here's the moment that surprises almost everyone. GLP is a powerful is a powerful tool. I tool. I prescribe them daily and prescribe them daily and most patients most patients get excellent get excellent results. But on their own, results. But on their own, they are not they are not ideal for ideal for burning fat. A burning fat. A significant portion of women significant portion of women actually lose actually lose muscle. And during muscle. And during perimenopause, you're already perimenopause, you're already losing muscle at an losing muscle at an accelerated rate, and that's something you can't, and that's something you can't afford to afford to sacrifice.

sacrifice. sacrifice. GLP drugs, such as GLP drugs, such as semaglutide, semaglutide, semaglutide, tirzepatide, and now the tirzepatide, and now the new retatrutide, are new retatrutide, are generally very, very generally very, very effective. They effective. They suppress " food noise". They food noise". They suppress appetite.

suppress appetite. They improve insulin sensitivity. And for insulin sensitivity. And for many women, they many women, they finally break the finally break the cycle of dieting, allowing them to cycle of dieting, allowing them to start losing weight.

start losing weight. They reduce They reduce inflammation, which is an inflammation, which is an important part of important part of menopause and menopause and perimenopause issues. If perimenopause issues. If you and your doctor decide that this is the right right right choice of medication, that's choice of medication, that's great. But here's what they do great. But here's what they do n't say on the n't say on the label.

The muscle-loss problem during rapid weight loss

When you label. When you lose lose lose weight quickly, especially when you weight quickly, especially when you eat much less, your eat much less, your body not body not only burns fat, it breaks down only burns fat, it breaks down muscle. Studies muscle. Studies have shown that a significant have shown that a significant portion of the portion of the weight lost when taking this weight lost when taking this medication may be medication may be muscle tissue. According to muscle tissue. According to some estimates, up to some estimates, up to 30%. This is

normal if 30%. This is normal if you are 25 and can you are 25 and can build build build muscle very easily. It's really hard muscle very easily. It's really hard when you're 47 and you're when you're 47 and you're losing muscle losing muscle faster than you can faster than you can gain it. This is even gain it. This is even harder to do. So, harder to do.

Why muscle is so important for metabolism

So, muscles are not just about a muscles are not just about a toned body. This is toned body. This is metabolically active metabolically active tissue. It burns tissue. It burns calories both at calories both at rest and while rest and while moving. In fact, it is moving. In fact, it is our best our best fat burner. This is fat burner. This is where the body where the body directs excess directs excess sugar; Muscle sugar; Muscle provides provides insulin sensitivity, and its insulin sensitivity, and its effect on bones is one effect on bones is one of the main factors of the main factors that maintains their that maintains their strength, which is important strength, which is important when estrogen levels fall when estrogen levels fall. Your risk of. Your risk of osteoporosis increases, osteoporosis increases, so when you so when you lose muscle, it lose muscle, it only exacerbates the only exacerbates the problem. We don't problem. We don't want to slow down want to slow down our metabolism. We our metabolism. We don't want to don't want to worsen our worsen our blood sugar levels, and we blood sugar levels, and we want to preserve our want to preserve our bones during bones during perimenopause. So, perimenopause. So, during during during perimenopause, it's a perimenopause, it's a double whammy, right double whammy, right? You lose?

Menopause, estrogen, and muscle loss

You lose muscle—that valuable muscle—that valuable longevity organ longevity organ you need. Declining Declining estrogen levels already estrogen levels already accelerate accelerate accelerate muscle loss and shift weight muscle loss and shift weight to the abdomen. That's why we to the abdomen. That's why we call it the " menopausal menopausal menopausal belly" or the " perimenopausal perimenopausal perimenopausal belly." And this will belly." And this will happen happen happen regardless of whether regardless of whether you accept anything or you accept anything or not. So, if you not. So, if you supplement GLP without a muscle protection strategy, you have two forces acting on your muscle protection strategy, you have two forces acting on your body at the same time body at the same time. This is. This is why some women why some women lose weight but often lose weight but often lose muscle, lose muscle, feeling weak feeling weak and more tired and more tired overall. So, here's the overall. So, here's the good news.

good news. Protecting muscle Protecting muscle while burning fat is while burning fat is easy. It all easy.

The 2-part strategy to protect muscle

It all comes down to two comes down to two things that you can things that you can start doing start doing literally today. I'll literally today. I'll tell you exactly how tell you exactly how to train and the to train and the protein mistake that is protein mistake that is imperceptibly hurting imperceptibly hurting many women on many women on this medication.

this medication. Stay with me Stay with me because this is the part that because this is the part that will change your will change your results. OK. results. OK.

Part 1: Strength training

Part One: Part One: Train with Train with weights like it's a weights like it's a prescribed medication. So, strength training, strength training means means means resistance training. I want resistance training. I want you to treat this you to treat this as a must, as a must, not as something not as something optional.

optional. optional. When you lift When you lift weights or do weights or do resistance training, it's the resistance training, it's the easiest way to easiest way to send your body a clear send your body a clear signal: save those signal: save those muscles. We will muscles. We will use them. We use them. We need them. Aim need them.

How often should you strength train?

Aim for two to four for two to four strength training sessions per strength training sessions per week. It depends week. It depends on whether on whether you train your whole body or divide you train your whole body or divide it into parts.

it into parts. Focus on Focus on compound exercises compound exercises that use large that use large muscle groups: muscle groups: squats, dips, squats, dips, deadlifts—and gradually deadlifts—and gradually add weight; This is what we add weight; This is what we call call call progressive progressive progressive overload. This overload. This progression actually progression actually not only preserves, but also not only preserves, but also builds muscle. You don't builds muscle. You don't need to spend an need to spend an hour every day at the hour every day at the gym. You can gym. You can combine this with combine this with your cardio. You can your cardio. You can also train your whole also train your whole body twice a week body twice a week or use or use different systems— depending on what depending on what works best for you. The works best for you.

Part 2: Protein

The second part is second part is protein, and this is where drugs protein, and this is where drugs can create a can create a problem. GLPs problem. GLPs suppress appetite, suppress appetite, so many women so many women simply stop simply stop eating. They don't eating. They don't get enough get enough nutrients, and nutrients, and usually their usually their protein intake protein intake drops. But protein is the drops. But protein is the raw material raw material your body needs your body needs to maintain muscle, and it's, and it's critical when you're critical when you're in a in a calorie deficit.

calorie deficit.

How much protein should you aim for?

So, make protein the So, make protein the foundation of every foundation of every meal you eat. meal you eat. Eat it first and don't Eat it first and don't let a reduced let a reduced appetite lead to appetite lead to accidental accidental accidental malnutrition. Many malnutrition. Many experts recommend experts recommend consuming 0.8 to 1 g of consuming 0.8 to 1 g of protein per kilogram of protein per kilogram of ideal body weight.

ideal body weight. And you can divide And you can divide this amount into three this amount into three meals. The goal is meals. The goal is simple: give your muscles a simple: give your muscles a reason and the resources reason and the resources to stay with you. So, when you make.

The GLP-1 + muscle-preserving stack

So, when you make protein the basis of protein the basis of every meal, every meal, it will not only help with it will not only help with the problem of reduced the problem of reduced appetite, but also appetite, but also allow you to build allow you to build muscle. So, muscle. So, GLP-1 drugs will reduce your GLP-1 drugs will reduce your appetite and promote appetite and promote weight loss. Strength weight loss. Strength training and protein training and protein determine whether determine whether you lose weight you lose weight through fat, through fat, muscle, or both. Medication muscle, or both. Medication moves the scales, moves the scales, but this approach but this approach decides what kind of body you decides what kind of body you get as a get as a result. Always result.

Work with your clinician

Always consult consult consult your doctor about your doctor about whether whether whether GLP drugs are right for you, what GLP drugs are right for you, what dosage is needed, and what dosage is needed, and what combination of exercises will be combination of exercises will be optimal, as it optimal, as it depends on your depends on your initial condition.

initial condition.

The #1 takeaway

So if you So if you remember just remember just one thing from this one thing from this GLP video: the weight GLP video: the weight will come off on its will come off on its own, but you have to own, but you have to keep the muscle. And it all keep the muscle. And it all comes down to two comes down to two things: lifting weights things: lifting weights or or or resistance training. Of course, resistance training. Of course, resistance training resistance training doesn't have to doesn't have to be lifting be lifting weights, but it's the weights, but it's the easiest way easiest way to get the workout you need to get the workout you need. But. But lift weights two to four times a four times a week and week and prioritize protein.

prioritize protein. Do this, and you Do this, and you will not only become will not only become slimmer, but also slimmer, but also significantly stronger. And significantly stronger. And you'll see results much faster because muscle is a because muscle is a metabolic organ.

metabolic organ.

The role of hormone replacement therapy

So, if there is one So, if there is one element that makes element that makes this complex even more this complex even more powerful, it is powerful, it is hormone replacement hormone replacement therapy. Yes, you therapy. Yes, you can actually can actually lose even more lose even more weight when your weight when your hormones are normal. This hormones are normal. This video I made video I made is called “GLP and is called “GLP and Hormone Replacement Hormone Replacement Therapy”: 30% Increase in Increase in Weight Loss Just from Weight Loss Just from Combining Them.

Combining Them. Watch this video, Watch this video, and I'll see you after it and I'll see you after it.