GLP-1 Rebound Risk: A Cardiologist’s Plan to Keep Weight Off Transcript

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GLP-1 Off-Ramp Overview

Hey, listen to me closely right now. If your entire plan on a GLP-1 medication is simply take the shot, eat less, and hope for the best, let me tell you, hope is not a plan.

That's a setup. Because yes, GLPs can quiet your appetite. There's nothing about it. Studies have shown it But also you gave you right about this you gain the pounds but more than that the noise was by the nose was back.

The noise of what you're just standing there looking at the refrigerator and what can I eat what kind of eat, but they do nothing to teach your body how to maintain that weight once the appetite comes back It's gonna come back, it's going to come roaring back.

So today, we're doing the off-ramp. We're breaking down the diet strategy you need while you're on the medication and the exact protocol to coming off of it.

Without watching that scale creep right back up. I'm Dr. Columbus Batiste, an interventional cardiologist and a lifestyle advocate. You ready? Let's get into it.

Alright, quick check in before we start. I need you to type on ramp if you're currently taking the GOP-1. No shame, right? This is something that's been shown to be beneficial.

Type off ramp, if your trying to come off or keep the weight off without it, and tell me your number one goal. Is it just losing weight? Is is really losing that A1C or losing the cholesterol?

All right, let's get straight into the reality check because the headlines are all about the miracle drug.

Why Weight Regain Happens After Stopping

And we've seen it that GOP ones can help with cardiovascular disease, arrhythmias, heart failure, all these things. But the data is screaming something else entirely when you stop.

So what happens when people actually stop the GOPs ones? Well, we need to look at the scoreboard. What do I mean by the school board? I'm talking about their research.

That's where it's important. I'll tell you what the most talked about data set is a step one extension study. This is where people were on semi-glutide or Ozempic for 68 weeks, about 16 months, and they lost 17% of their body weight.

But here's the cliff edge. After stopping over the following year, the participants regained about 11.6% percent of that 17. That's roughly two-thirds of what they loss.

So they were left with a net loss of only 5% to 6% overall weight loss, let that sink in. You go through the injections, nausea, cost, whole nine yards, in a year later, you're barely holding on to 5%. Now, listen, if that doesn't motivate you for an off-ramp strategy, nothing will.

Now let's zoom out for a second because we now have a bigger reality check than any single trial. So in 2025, there was a systematic review and meta-analyses and it pulled 18 randomized trials with over 3,700 participants and looked at what happened after GOP1s were discontinued.

Here's what they found. In obese patients, stopping this medication was associated with an average 5.6 kilogram weight regain. That's 12 pounds in the a1c increase a point two five percent now your diabetics The average regain

was smaller about two kilograms or four pounds and a 1c increased a 0.65 percent So here's the warning label.

The rebound is bigger when the follow-up is longer Right? The further out you are, the more likely you're to regain the weight. So over 26 weeks, about 7.3 kilograms or 16 pounds regain versus 2.5 kilograms when that follow up is shorter.

This isn't about lack of discipline, this is frankly a lack a plan. Here's the darker side of the regain that really doesn't even show up in the commercials.

When you lose weight, especially this rapid weight loss on the GOP1 or maybe even some of the other dietary eating patterns. You aren't just losing fat, you're losing muscle.

That precious muscle, that expensive metabolic tissue that powers you. And without the high protein approach and resistance training, the data suggests 20 to 40% weight-loss on these meds can be lean mass.

Here's the catch, your muscle is your metabolic horsepower. It's the engine that burns calories at rest.

Muscle Loss and Metabolic Risk

That's almost like you wanna make money when you're not working, right? You want to burn calories when your not moving. So if you lose fat and lose muscle, your metabolism is now smaller than when started.

And this sets you up for a whole nightmare scenario. It means that you come off the drug, you appetite returns, and trust me it will, And now your engine is smaller.

so the weight doesn't just come back, it comes back as more fat. and you end up metabolically worse than on day one. Alright, quick check in. On your weight loss journey, Do you monitor your lean mass or only your weight?

Now if you do, how do you it? Is it with DEXA, InBody, or is it impedance measurements? is the body measurements, is progress photos? If you don't, comment no.

And I'll show you simply how you can get started. You can drop a message down inside the chat or you go to my website and download the link. Here's a strategy I want you to memorize about your off-ramp plan.

Protein is the floor. Your fiber, that's gonna be the ceiling. And plants, That's going to be your foundation. I'm calling this the three-pillar GOP1 plate, right?

No, let's build that plate. Now I mentioned protein first. Why? Well, because GOPs, they slow that gastric emptying, which means you get full fast. So that means if you start your meal with chips and bread and sweets or empty bites, kind of like if your eating out at a restaurant, or all the stuff, you do the, stuff your mom told you not to do with snacking, You run out of room before you, get the nutrients that will protect your muscles.

You have to understand that every bite is real estate. So the rule is simple, you have identify the protein and eat it first. Now listen, when it comes to protein, there's protein in so many different foods.

And I'm not trying to start a diet war, I am trying protect your heart. I try to help you protect you muscle without paying that saturated fat tax that can worsen insulin resistance over time, especially in many dietary eating patterns.

The Three-Pillar Off-Ramp Strategy

So here are three repeatable heart safe, I'm a cardiologist, protein anchors. Number one, extra firm tofu. It's roughly about eight grams of protein per 79 grams serving.

number two, tempeh, about 15 to 20 grams per 100 gram serving, and edamame. it's about 11 grams for 90 grams

a serving about half a cup. Simple, visible, trackable.

Once you pick one and just build that meal around it. Now the second pillar, second thing I want you to do, remember I told you it is fiber. This builds the off-ramp.

because fiber helps your gut produce and release more of your own GOP1 type satiety signals, as well as other fullness hormones that your body makes. On translation, you rebuild your bodies natural GOp1 support system so when the medication dose goes down, your appetite control doesn't fall off a cliff.

But you have to do it gradually. Now, if you go from zero to a mountain of fiber overnight while your stomach is slowly slowing down, you're going to feel miserable, hear me?

So you titrate the fiber up just like you would medication. Now the third piece, now I don't want you to miss this. It's not about eating, it's about lifting.

It is about exercise. So your protein, your fiber, they're the material. But lifting is a signal that stimulates the muscles to grow. Two to four days a week of pushing, pulling, squatting, hinging, carrying, could be your body weight.

Your body keeps the muscle while the scale is moving. I wanna tie this into my lane. Im trying to keep you out of my cath lab and keep this weight loss sustainable.

Why is that? Because studies have demonstrated that at increased weight, you have increased risk of high blood pressure. Increased weight? Increase your risk of arrhythmias.

Increased weight can increase your risks of heart failure. All right, quick recap before I give you the top five foods to eat in your off-ramp program.

We have to look at the scoreboard, right? And score board is the research. So we learned a couple things. Regain this common. The threat that's attacking us is a lean mass loss.

In the solution, protein first, fiber, and lifting. Now let's make it practical. What foods can we eat that can help with this off ramp? Well, food number one on top five is non-starchy vegetables.

Your broccoli, your brussels, you cabbage, or cauliflower. Because when you come off the drug, your stomach capacity will want to expand. And so you want that space filled with water and fiber.

You want it with nutrient-rich and calorie-poor foods, not calorie rich foods. So if you're nauseous, don't force a raw salad. Steam them, roast them.

Make soup. Remember, you wanna have your plate. Never forget, a friend of mine actually started on the GOP1s and they had struggled for many, many years with diabetes and their weight overall.

They were trying to use this as an opportunity to be healthy. And they start eating the big salads, but they got nauseated and they quit that by day three.

Top Foods for the Off-Ramp Plan

We connected and I told them, listen, switch over to vegetable soup base with broccoli and cabbage and spices and add in some tofu. The same nutrient target, But way easier on the stomach.

And guess what? They stayed consistent. Why does that matter? Because this protects the off-ramp by filling your stomach up with fiber and water. So when the hunger returns, you're full on low calorie volume, not on high dense snack foods.

Now a simple micro meal, vegetable soup, tofu cubes, and a side of steamed broccoli. Alright, what's number two on the top five list? Fruit. Fruit are important and berries are the gold standard.

But you can also have apples with skin, another one of my favorites. And avocado counts too. Yes, avocados are fruit. You have to know that fruit isn't the enemy, right?

So the sugar contained within the berries is wrapped in fiber and it releases slowly. Quick check in. I say already, berries are my favorite, right? I love blueberries are probably my favourite berry.

What's yours? Is it blueberries, strawberries, raspberries, blackberries? Drop that comment down below and how you like to eat it. Is frozen, is it fresh?

But remember, these fruits, they protect the off-ramp as well by giving you that sweet hit. with fiber, so cravings drop without blood sugar roller coaster.

So your micro meal, ah, this is my favorite. Unsweetened soy milk, frozen berries, a small amount of frozen banana. I throw in some silken tofu, blend that with some chia, I have my dessert, and I'm in heaven.

All right, what's top number three on the top five list? Intact cold grains. We're talking oats and barley and quinoa. Could be brown rice, red rice. Oats and barley specifically, they contain beta-glucan.

which is a form of soluble fiber that can help keep you full longer. So listen, if you're not on meds, you can have about a fist size, right? If you are on a med, try starting slow, half a fists.

And this once again as well will help protect that off-ramp because it keeps you satisfied longer, but here's the thing, it fuels the fire to help your body fight disease, also fuels to fire, to helps your workouts.

That means you can lift and keep the muscle. Now, easy micro meal, half a fist of oats, flax, soy milk, cinnamon, and get that down. That's gonna help your cholesterol, it's going to help you weight.

All right, what's up number four on the top five list? Nuts and seeds. Yes, nuts and small amounts have been shown to helps with weight loss. The chia and ground flex will help with your cardiovascular system and they have such a high impact.

And so we just have to make sure we measure them. This as well will protect that off-ramp because it is going aid in your satiety. It's got to you feel full as well as slow digestion.

So you don't feel empty an hour later. You can have this, you can simply have an apple slice with a piece of nut butter or chia in a smoothie as I mentioned before.

Number five on the top five list, it's my favorite, is the soy trifecta because we're getting the protein and the fiber. Talking tofu, tempeh, edamame, this as will protects that off-ramp plan because guess what?

It helps you hit that protein floor. The weight you lose is more fat and less of that muscle. That means you can have it as a tofu scramble if you're used to eating eggs.

You can it have as tempeh lettuce wraps. And now listen, how do you stop the shots without becoming a statistic?

Tapering the Dose and Building a Relapse Plan

You need an off-ramp plan, you need a off ramp protocol. You don't just stop cold turkey on a random Tuesday. But remember, do this with your doc. We work for you, You Don't Work For Us, right?

And so make sure that there's a nice connection that's there to make we adjust the medications appropriately because you want to taper down the dose while you taper the lifestyle up.

Now step one, Two to four weeks before lowering your dose, tighten up that routine, get it in place. Step two, establish a default breakfast. High protein, high fiber, same thing daily.

Get used to it. Now when that food noise comes back, and it will, you can't rely on willpower. Why? Because will power is finite. But guess what? Structure, planning, it's infinite.

It lasts forever. And step three, don't forget about lifting weights. Its non-negotiable. Two the four days a week. push, pull, squat, hinge, carry. And don't forget this last piece.

This is how you prevent a small drift from becoming a relapse. Some rebound, it starts within weeks of stopping. So you need the tripwire. That means you have to inspect what you expect.

I was off of the medications all last year and I gained 20 pounds because I wanted to test it because everybody was saying you're going to gain the weight, gain weight.

Now I'm going show them they're not going I'm gonna hike. I was taking it. Then I got off of it and then I gained three pounds and I gain five pounds again ten pounds before you know it And so as you weigh yourself if your weight is up three to five lbs from your low That's your signal.

It doesn't mean you failed, it's not failure, its data. You immediately run the protocol back because you planned for this. Seven to 10 days, default breakfast, two anchor meals, protein first, plant source, low calorie, high fiber, right?

No liquid calories. And you stabilize early before it becomes an avalanche. The goal is never just to lose weight, the goal was to build an eating pattern that survives when the hunger returns.

I want you to defy the research that's out there that says that you're destined to regain, right? Because hunger will return. The question is, will your habits, with your plan, be strong enough to meet it?

They will, if we plan and we have the support. So what you remember, If you want to go fast, yeah, you can go long, but if you wanna go far, Go together.

Let's go far together building healthier hearts and stronger communities. So like it, share it. Send it save a life. I'll see you next time.