GLP-1 Weight Loss Medications: The Good, the Bad and the Ugly Transcript

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Introduction to GLP-1s and New Year Goals

Welcome to Energize and Revitalize with Dr. Amy. I'm Dr. Amy Cooper-Smith, a doctor-prepared nurse practitioner, and this show is about empowering you to live a radiant, healthy, and balanced life.

Today we're going to talk about New Year's resolutions. As we step into a new year, a lot of people are thinking about fresh starts, setting goals, resetting routines, and for many, focusing on weight loss and metabolic health.

A conversation about weight loss wouldn't be complete without talking about the very controversial GLP-1 medications. Medications like semaglutide and terzepotide are everywhere, and for some people, they've been life-changing.

For others, they've raised real concerns. You've heard success stories, strong opinions, warnings, hype, and sometimes a lot of shame, often all at once.

So today, I want to slow the noise down. We're going to look at the good, the bad, and the ugly without judgment, without shame, and with science and compassion leading the conversation.

This episode is not about selling you on GLP-1s or scaring you away from them. It's about understanding them. Because for some people, GLP-1 medications can be a helpful tool.

For others, they're not the right fit. And for everyone, they should be discussed in the context of nutrition, movement, muscle health, hormones, and long-term metabolism, not quick fixes or New Year pressure.

If weight loss is one of your goals this year, my hope is that this conversation gives you clarity, reduces stigma, and helps you make informed decisions rooted in health, not guilt.

Let's start with the word obesity. What does it mean? Obesity is a complex disease defined as having excess body fat that poses a health risk, typically identified by a body mass index of 30 or higher.

BMI is measured using a person's height and weight, but it doesn't actually account for muscle mass or water weight. Another definition is using a waist measurement.

If our waist is more than 35 inches as a woman or more than 40 as a man, that can be considered obese. And finally, using a body composition scale, we can measure body fat percentage.

If we have more than 30% for women or 25% for men, that can be considered obese.

Understanding Obesity and Metabolic Risk

Obesity is a chronic progressive disease. And while lifestyle choices like diet and exercise can certainly contribute, other factors influence risk. like genetics, environment, and hormone status.

As a healthcare practitioner, I worry about clients with obesity not for cosmetic reasons, but because of the increasing risk for many severe conditions like diabetes, heart disease, stroke, sleep apnea, chronic pain, cancer, and a reduced lifespan.

Maybe more importantly, a reduced health span. where you don't necessarily die earlier, but you live sicker. So fat tissue is called adipose tissue, and it's not just for passive fat storage.

It's actually an active endocrine organ. It plays a powerful role in metabolism, inflammation, and hormone signaling.

Fat cells release hormones in signaling molecules that influence appetite regulation, insulin sensitivity, immune function, and even reproductive hormones.

When adipose tissue expands, especially the visceral fat around the belly and the organs, it can become metabolically dysfunctional, producing more inflammatory signals and disrupting normal hormone balance.

This is why unhealthy fat tissue is linked to insulin resistance, cardiovascular disease, chronic inflammation, and hormone disorders. I'd like to take a moment and talk about how hormone changes influence weight.

Many of my clients are women in menopause and perimenopause, and men in andropause. For some of us, as we age, the rules suddenly change. Weight gain becomes easier, muscle loss accelerates, blood sugar levels are harder to control, and what used to work simply doesn't.

I hear all the time, I haven't changed my diet, I haven't changed my exercise, but I'm gaining weight, especially around the middle. Here's why. During menopause and perimenopause, declining estrogen can lead to increased insulin resistance, more visceral fat storage, that's the storage around the belly, faster loss of lean muscle, changes in hunger and satiety signaling, and higher rates of depression and anxiety, which can increase our stress eating and our cravings.

This creates a perfect storm where calories are stored more efficiently, energy drops, and dieting backfires. With aging, testosterone levels also decline in men and in women.

This, again, reduces muscle mass, slows metabolism, increases insulin resistance and belly fat. When these levels fall, again, we become more efficient at storing fat and less responsive to diet and exercise.

So what do we do? In past episodes, we've mentioned the four pillars of healthy weight, nutrition, physical activity, mental wellness and sleep, and finally, medication management.

The rising popularity of weight loss medications, particularly shots, we're in some much closer discussion. We're talking about the GLP-1 agonist, semaglutide and terzapatide.

So what is a GLP-1 agonist? This is a class of prescription medication that mimics the natural gut hormone, glucagon-like peptide 1. This helps control blood sugar by boosting insulin from the pancreas and blocking glucagon from the liver.

Hormones, Aging, and Weight Gain

This is the hormone that makes glucose. When this happens, the body can use fat for energy. It slows stomach emptying, making us feel fuller longer. It reduces appetite.

Somaglutide, also known as Ozempic, works on the GLP-1 receptor. Trisapatide, or Monjaro, works on that GLP-1 receptor, but also an additional receptor.

Some people find that this class of medications is a little bit more effective. They are available commercially in a pre-filled pen or through a compounding pharmacy.

At Amethyst Wellness, we work with a compounding pharmacy that allows us to provide individualized dosing at a more affordable price for our clients. So let's start with the good.

As a practitioner, I like GLP ones. They have been a game changer for people who have struggled for years. I've seen people light up as they achieve their weight loss goals.

They have improved confidence. It impacts both their job performance and their relationships. I've seen people successfully lose up to 100 pounds. They look and feel amazing.

I've seen people get off blood pressure medication, off cholesterol medication, even after a modest weight loss. In addition to emotional well-being, I've witnessed people have vast improvements in their metabolic health.

So the benefits of GLP-1s. Some people lose significant weight, and especially people who have struggled for a long time. We see improved blood pressure control and improved insulin sensitivity.

So we know GLP-1s are a great treatment for people with diabetes and pre-diabetes, but many people who are struggling with obesity are what's called insulin resistance.

They're not using their insulin properly, and as a result, they make more insulin which creates a situation where fat is more likely to be stored. So now GLP-1s cause the pancreas to release more insulin.

I just said too much insulin can cause fat storage. So why does this work? Well, GLP-1s also decrease insulin resistance. This happens by decreasing inflammation inside the fat cells.

It also promotes glucose uptake in the muscles. and improves blood flow to the muscles and insulin delivery to those muscles. Also, when the liver is not able to release a lot of glucagon, the liver makes less glucose.

So the insulin's action is going to be more effective.

How GLP-1 Medications Work

We're gonna have less high blood sugar and the muscles are going to be able to take up those glucose. Now finally, GLP-1s reduce food noise and cravings.

So they're even finding use for this in addictions and disordered eating. So now beyond the scale. When most people hear about GLP-1 medications, they think weight loss.

But that's just one piece of the story. These medications were originally developed for metabolic disease. So their benefits can actually extend far beyond weight loss.

Let's start with the heart. The GLP-1 receptor agonists have some of the strongest cardiovascular outcome data that we've seen in metabolic medicine. Research has shown that they can reduce major adverse cardiovascular events like heart attack, stroke, or death from heart disease.

They improve endothelial function. This means that the inner lining of your blood vessels is healthier and more responsive. Your arteries are able to dilate properly and improve blood flow.

You can regulate your blood pressure and reduce inflammation, which reduces heart disease. And finally, by reducing visceral fat, the fat around the belly, we're able to decrease our risk because the fat around the belly actually can affect the heart.

Now the brain. GLP-1 receptors are found in the brain, especially in the areas involved with appetite regulation, reward and dopamine signaling, and impulse control.

So this is why we can get decreased food noise, decreased cravings, less emotional or compulsive eating, and improved focus around food choices. So basically a healthier relationship with food.

There's also emerging research for neuroinflammation, meaning that we think GLP-1s are actually decreasing inflammation in the brain. It may help protect against Alzheimer's and Parkinson's disease.

And again, it can be used in addictive behaviors. So this isn't an evolving area of research, but it's very promising and exciting. Now, inflammation.

We've talked before about how inflammation is a major risk factor for many diseases.

Benefits of GLP-1s Beyond Weight Loss

GLP-1 medications have been shown to reduce systemic inflammation, inflammation everywhere. We've talked about the insulin sensitivity. It can lower markers associated with metabolic syndrome.

And we talked about improving fat in the belly. Well, sometimes people who have, even not if they're overweight, some people can get an accumulation of fat in the liver.

We're seeing this quite a bit in these days. It's called fatty liver disease. So GLP-1s actually can improve this and even reverse it. So it's not just about eating less.

It's about improving how the body processes energy. Finally, we have the gut-brain metabolism connection. GLP-1 is a naturally occurring hormone produced in the gut.

When we use GLP-1 agonists, we're working with the body's physiology, not overriding it. So we can slow gastric emptying, which makes food stay in the stomach longer, which helps keep us full.

We can improve our post-meal blood sugar control. Again, it enhances satiety signals so we feel fuller longer and it supports metabolic flexibility. The gut-brain communication is why these medications work differently from traditional appetite suppressants.

So now let's talk about the bad. All medications can have side effects. These side effects can include nausea, vomiting, constipation, and reflux. I feel these can be controlled with certain modifications when people come in our clinic and they do have these side effects.

We adjust dose, we might adjust how often that the shots are administered, but they definitely can be worked through. Some people experience fatigue and low energy, especially if they're not getting enough calories in.

It can be difficult to eat enough, often enough, because they're not hungry. We can have loss of enjoyment of food. Sometimes social eating becomes an issue.

And we can have hair loss. Hair loss can happen during any rapid weight loss, including that with GLP ones. It's not the medication necessarily damaging the hair follicles.

What we're usually seeing is a stress response called telogen effluvium, which is triggered by calorie restriction, protein deficiency, and rapid fat loss, and sometimes nutrient depletion.

The good news is this type of hair shedding is usually temporary and reversible once nutrition and protein intake is reestablished. We're going to pause for a break from our sponsor.

You're listening to Energize and Revitalize with Dr. Amy. Don't go anywhere. We'll be right back. Welcome back to Energize and Revitalize with Dr. Amy.

Before the break, we were talking about New Year's resolutions, weight loss goals, and the controversial GLP-1 medications. We talked about many of the benefits of the GLP-1s, and then we talked about some of the side effects.

My biggest concern, and most people who aren't advocates of GLP-1s, the biggest concern is muscle loss. Studies show that 20 to 40% of weight lost on GLP-1 medications may come from lean body mass, not fat.

This occurs especially when protein intake and resistance training are inadequate. And here's why. Adults naturally lose three to 8% of muscle mass per decade after the age of 30. After menopause and andropause, this muscle loss accelerates.

Then if we add rapid weight loss on top of that, it becomes a problem. Muscle isn't just about strength. It's about

our metabolic rate, blood sugar control, bone health, longevity, and independence as we age.

People who lose too much muscle can become frail.

Side Effects and Muscle Loss Concerns

And it can become cosmetically unappealing. Many people who want to lose weight have a cosmetic reason for doing so. And when we lose too much of our muscle, we actually create a look that, frankly, people can criticize.

Studies have shown that people who lose muscle can have significant regain of the weight following stoppage of the medication. When that weight is regained, most of it comes back as fat, not muscle.

People end up with more inflammation and less metabolic flexibility than before. So it's imperative to monitor muscle composition for anyone using GLP-1s in their weight loss journey.

People can get caught up in the number on the scale, but body composition is so much more important. I want to touch on thyroid cancer in GLP-1 medications.

There is a black box warning on the medications because early animal studies showed an increase in medullary thyroid cancer in rodents. Now, this has not been replicated in any human studies.

And medullary thyroid cancer is extremely rare. Most people, when they do get a diagnosis of thyroid cancer, it's a different type that is fortunately treatable if detected early.

Now, if somebody does have a history of thyroid cancer, I do usually recommend they see their endocrinologist and make sure that they're not at risk. But it's usually not an issue.

People with other types of thyroid disease, Hashimoto's, thyroid nodules, and hypothyroidism do not have contraindications for GLP1s. However, if caloric intake is too low, our thyroid function can slow down just to compensate for that.

And signs of this can be fatigue and feeling cold. So we don't want that. Now let's talk about the ugly, the metabolic consequences of weight regain after a fast weight loss.

When weight is lost with a significant amount of muscle loss, the weight is then regained as fat, which we mentioned before. Your basal metabolic rate will drop.

and slim resistance can worsen, and future weight loss becomes even harder. People end up more metabolically unhealthy than before they started on the journey.

You may have heard of ozembic face or loose skin. These are not necessarily side effects of the GLP-1 medications themselves, but the consequence of rapid weight loss, especially in areas where fat provides structural support.

So when fat is lost quickly, the skin and underlying tissues may not have time to adapt. This can often lead to facial volume loss and skin laxity that can affect comfort or appearance.

So any modality that causes fast weight loss can have these undesired cosmetic consequences.

Thyroid Safety and Weight Regain Risks

So by slowing the weight of weight loss, prioritizing protein and strength training, and addressing skin and tissue health can help reduce these effects and support more balanced healthy weight loss.

Now I told you earlier that I like GLP-1s for most people. So how do we increase the good and minimize the bad? A

GLP-1 prescription needs to be managed or paired with adequate protein intake, resistance training, healthy carbohydrates, and sleep and stress management.

So the GLP ones are tools, not magic shots. And how we use them does matter. So nutrition. It is vitally important that we prioritize our protein and get adequate nutrition and adequate calories.

So protein is the non-negotiable fact when we're doing these treatment plans. We want to get 1.2 to 1.6 grams per kilogram of our ideal body weight. And that can be hard to do.

We wanna spread the protein evenly across our meals and prioritize easily digestible, high quality sources of protein. Healthy carbs are allowed and needed.

Vegetables are our favorite source of carbohydrate, some fruits and some lagoons as well. Carbs are gonna support our training performance, our thyroid function, mood and sleep, and hormone balance.

This can get confusing, so I like to keep it simple. We start with the 30 gram protein roll. Every meal, we want to get 30 grams of protein. This is going to preserve our lean muscle during weight loss.

It will support our metabolism and blood sugar control. It will improve our satiety, so weight loss is more sustainable. So what does 30 grams of protein look like?

Four to five ounces of chicken, turkey, or fish. two whole eggs plus one cup of egg whites. Now if you've ever done this, that's gonna be a lot of food on your plate.

One cup of cottage cheese or Greek yogurt. We can do high quality protein shakes. Now we wanna make sure this is sourced from a good quality protein and there isn't a lot of added sugar to it.

Nutrition Strategies to Protect Muscle

So reading your label is really important. We can also do four ounces of lean beef or a bison. We wanna get fiber, mostly from vegetables. Fiber is really important to support your gut health.

It's gonna decrease constipation. Constipation is one of our side effects that some people struggle with. So by getting a lot of fiber and water, we can help decrease that side effect.

Fiber helps with regular digestion, blood sugar stability, and it can decrease inflammation. So we wanna get two to three cups of a non-starchy vegetable with each meal.

These are our leafy greens, cruciferous vegetables, peppers, zucchini, and mushrooms. Vegetables are gonna feed your microbiome and help your metabolism.

Now we also want you to have some carbs. Because of the way the GLP ones work, having a little bit of healthy carb can actually make them work better.

This is gonna be really important again for your thyroid function, for your exercise performance, even for your muscles, and of course your hormone balance.

So I really like sweet potatoes, squash, for our complex carbohydrates. We can have a little bit of fruit, usually one to two servings a day. Fruit can be a natural source of sugar, but it's also loaded with nutrients, so a small amount is okay.

Some people can handle a small amount of rice or quinoa. I like to keep the portions to about a half a cup or less. And because everyone is different, really monitor your response to things like that.

We can have some legumes. They're a very healthy source of protein, carbs, and fiber. Now some people do better

on a lower carb plan. Others need more carbs to feel and function well.

And the key is about personalization, not extremes. I do find the more research that comes about with older people, we can't do extreme low carb anymore like we could when we were younger.

So that's why most people need a little bit of these healthy carbs. Now exercise. If you take away nothing else from this episode, take away this. GLP-1s without resistance training equals muscle loss, equals weight regain, equals worsening metabolic situation.

So resistance training is vital to health. At minimum, we need two to three days a week of strength training. We wanna focus on our larger muscle groups.

We wanna do some low to moderate intensity movement every day. It's not optional, it's absolutely protective. So when it comes to weight loss, especially during midlife and using these GLP-1 medications, exercise isn't just about burning calories, it's about protecting muscle, supporting hormones, and keeping metabolism working just for you.

Exercise, Stigma, and Closing Advice

When we start weight-bearing exercise, I usually recommend that people hire a trainer, at least temporarily, if they haven't done these types of exercises before.

It's really important to have proper form to avoid injury to progress your weight slowly and to stay consistent. So you don't need to do it forever, but sometimes six to 12 weeks of really getting those good habits in can be very helpful.

So the takeaway, muscle is your metabolic engine. If weight loss costs you muscle, it costs you health. So lift weights, move intentionally, and use your cardio as a tool, but not as punishment.

And finally, I want to talk about stigma, shame, and the bigger conversation. So we should be clear. Using a GLP-1 or any medication is not cheating. Needing a medication is not a moral failure.

And obesity is not a character flaw. At the same time, medication should support health. not replace foundational habits or long-term planning. And finally, we do want to have a maintenance plan before we get off of medication.

If this episode helped you see GLP ones with more clarity and less judgment, please share it with someone who needs that perspective. Because the goal isn't just weight loss.

It's about strength, resilience, and vitality for decades to come. I do want to emphasize to our listeners that this discussion is for educational purposes and should not be taken as medical advice.

Every person considering medical weight loss should have a thorough consultation with their health care provider. If you're in our area, please give us a call.

I'm also excited to announce our 30 day wellness challenge sponsored by Amethyst Wellness and this podcast. Each day, participants will be given a simple task that is supported by one of our podcast episodes.

To learn more and sign up, please visit amethystwellness.com slash wellness challenge, or send an email to radiantpodcast2025 at gmail.com. Are there topics you would like to hear more about?

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It really helps us reach more listeners just like you. I'll be back next Saturday morning at 7.30 with more expert insights and practical strategies to help you live your healthiest, most energized life.

Until then, stay healthy and here's to your best life.