GLP-1s: The Good, the Bad, and the Ugly – What Are You Really Losing? Transcript

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Introduction to GLP-1s and the podcast

your doctor's telling you to be on GLP-1 for life, run, because that is not how medicine goes. We usually start out with a microdosing combined with certain things like IGF-I therapy, testosterone therapy estrogen, progesterone.

When we're looking at the different types of nutrition, we are making sure vitamin D, B12, magnesium, calcium, all these things are correct. Were also going to diagnose and make sure there's no thyroid issues.

There's a lot of contradictions with GLPs. Making sure that you're setting yourself up to win when you start GLp1s is probably the most important part of what GL1 therapy is.

we know that we actually know this peptide works. You know what's going happen. And everybody jumps down, oh, I know what's going to happen. They look at the finish line, but you don't look what that journey is to get to the finished line.

Sometimes that is the journey to getting to that finish. You might get there, you might be in a very unhealthy way. If you do it correctly, GLP-1 therapy is fantastic.

I think it's one of the most revolutionary things that's come out of medical world. But with the good, there's always the bad, the yin and the yang. And people aren't paying attention to yang!

You're listening to the Lifestyle Medicine Podcast with Dr. Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized healthcare.

Welcome back to the Lifestyle Medicine Podcast. I'm Dr. Ivan Rosilko, your host. And today I am coming at you from Patagonia, Argentina, where we're going to be talking about GLP-1s, the good, bad, and the ugly.

We are powered by Access Labs. If your doctor is not checking your labs, they're not a doctor. So today, with the amount of craze that goes into what GLPs are in the multi-billion dollar industry, I thought it would be a good idea to kind of break down the parts of GLPS, along with there's a lot of bad aspects that not many people talk about.

How GLP-1s work in the body

Um, you know, cause people think, yeah, losing 30 pounds on the scale might seem really, really good, but what are you actually losing? So we're going to get into the good the bad and the ugly of GLP one.

So what does GL P one stand for? GL p one stands for a glucagon like peptide. This is something that naturally occurs in the body and it works really on three areas of the.

First and foremost is your brain. It kind of makes you feel like. Okay, I'm full. It's kind of like the anti-dinner bell. You produce this after your body's eaten and it's just like, okay, we don't have to keep creating all this different type of energy.

So, you feel more full, then it works on your stomach where it decreases gastric emptying, which also helps you get the feeling of satiety or you'll feel as hungry because your system is not moving as fast.

Where it really works, though, is the pancreas and the liver. Helps the Pancreas with insulin and actually liver with decrease in the amount of sugar the actual liver produces throughout the day.

day. GLP-1s work in a very, very fast way, but with what we've done as humans, as we always do, we kind of take into the next level to where these hormones are available throughout the entire day, so now instead of, you know,

just after dinner for a few hours, We don't feel full throughout day which is what were going to get into and kind show why that is not a good thing.

Even though you might be losing weight, what are you actually losing? Muscle, bone, cartilage, tendon, all kinds of different stuff. like that. So we're going to definitely dissect how that actually works for you.

But first and foremost, we have to talk about what metabolism is. Metabolism is the most important part of what makes humans human. We do have the basal metabolic rate.

When it comes to the thermic effect of food, a lot of people don't understand what that is. The thermically effective food is basically the amount of energy that it takes to actually consume food and process it as well as incorporate it into the system.

It accounts for anywhere from 10 to 15-ish percent of your overall metabolism. It's extremely important. Again, so when people don't want to eat, they go on fast.

They do all that kind of stuff. You're really crippling 15% of your actual metabolism to where metabolism is a good thing. If you want it, it helps you burn fat just because.

Metabolism, muscle, and weight loss vs fat loss

And when you're not eating, you actually decrease that actual portion of it. Then you have the most basic one that everybody knows is the thermic effect of exercise.

This accounts for, and again, from 20% mating around there. Again, these are all generalities depending on who you are and how you work out. But what this is, this the amount of energy that is burnt exercising.

And again you have two different types of this. This is the active version and the kind of passive version. The passive versions is getting, standing up, moving around, spinning your desk, typing, things like that.

Um, the amounts of calories that are burnt just to kind, you know, move throughout the day. So that's your thermic effect of exercise when it comes to the passive variation.

The active version is we are doing various boot camp. You're doing resistance training, you're running miles, or you are hiking, your climbing mountains.

This is the one that we actively engage in and this is what we kind of focus on in the actual exercise industry. So like I said, that accounts for about 20% or it can be 30, it could be 15 depending on who you and how you do it.

But the part which is where GLP-1's kind of come in is your basal metabolic rate. This is the big dog, this is most important part of metabolism and the biggest portion of this relies on the amount of muscle we have in your system.

So if I were to wake up, the last time we checked my mind was around, I think it was 3,000 because I knew obviously the bodybuilding and all this other kind stuff.

For me to get up I literally lay in bed and if did nothing else just because of the amounts of muscles on my system and how I trained my body throughout the years, I burn anywhere from 2,500 to 3,000 calories just living and this is all based off the amount of muscle that I have on my actual skeleton.

The problem with GLP-1s is it kind of works against that. So when you start to say I lost 30 pounds, you're not losing 30 lbs of fat and that's what people don't understand.

Weight loss versus fat loss are two completely different things. Weight loss, I hate. When my patients come into my office in South Beach, it's just like, ah, gonna lose 20 pounds.

It's like no, no you don't. Just because the scale says you're 150, getting to 110 is not what we're really looking at. We want to look at fat loss and lean muscle gain.

And this is where GLP-1s can kind of come in. They help with certain parts of fat lost, but you are also losing muscle, you losing bone, and this where it can get kind dangerous.

A lot of people don´t properly test before they go on GLPs, And this is where you can really inhibit how your body works as a whole. And with my practice, I never jumped on the entire massive boom of prescribing semaglutide and trisepatitis tic tacs like many physicians throughout the country did.

But you could find it at Costco now, because that can get very dangerous. We're going to get into the actual reasoning behind that and how diagnostic testing is so important before you go on a GLP-1.

because maybe just manipulating how your hormones work, your nutritional balances, things like that, can help you lose that pesky weight that kind of just sits there without having to kind alter how you're metabolism works artificially.

So we're going to jump into that as well for that. And one of the most important parts when it comes to GLP-1s is the way it works. It kind decreases your your drive to eat, which again, we should be eating frequently.

Eating frequent meals, even as I'm also a nutritionist, so you bring that aspect into the medical world.

Hormones, thyroid, and nutritional testing

I always sit there and say every three hours or so, a snack or something, it kind of helps manipulate certain hormones, as well as it gives your body a plethora of readily available essential fatty acids, essential amino acids to kind build things, to help make things work.

That's one of the most important things. We need to fuel our fire. If you own a Ferrari, You need to make sure you're not driving on empty, and GLP-1 kind of pushes you towards that aspect of it.

When it comes to your hormones, so there's a couple hormones that it works on not the best of ways. Again, you know, when I'm testing, I always test for T3, T4, TSH, in reverse T-3.

If you are suspecting all other things, TPO and things like that for Hashimoto's or anything else like always good to incorporate, but when you come in and you start manipulating how your metabolism works, your overall metabolism function.

The most important part of metabolism is thyroid. Then we have growth hormone. I check for IGF-1 regularly. It's probably the most overlooked hormone when it comes to testing on any patients that come with labs that aren't from my clinic.

IGF-1 is one of the most important things. It's a huge anabolic hormone that is responsible for incorporating the environment into tissue, into bone, and pretty much everything.

And it is the metabolic signal. So when you're not consuming regularly, IGf tends to dip off. You might even throw yourself into something called somatopause.

Somatophause is a gradual decrease in IG-F1 over a lifetime. With that, there's lot of risks that actually come into that. Uh, and again, especially once you get into the perimenopausal, menopause years or the andropausals years and men, if you're not putting more, more mass in your system, you know, your bone gets, uh, yeah.

Your bone production gets inhibited. So osteoporosis is a gigantic issue. You're seeing the GLP ones, osteoperosis and osteopenia because people aren't eating, they aren''t forming bone.

but you lost that 30 pounds, but it lost the wrong 30. So that's kind of one of the biggest ones there. Also, when it comes to, you know, as you get older in years, it's much harder to build muscle, mostly because, and then of course, I touched on testosterone, both free and total is what I test as well as bioavailable in some instances.

Um, so, testing for this, total testosterone is how much your body actually creates, free testosterone as how you're actually able to use. Again, It's always good to test for both of these because testing through your total Testosterone is super important because it shows how your bodies producing it.

And then testing for your actual free testosterone is how much testosterone's available for you to actually use. And this is where you always want to add in sex hormone binding, globulin, albumin and things like that because these are the other hormones in the body that can actually inhibit how many testosterone are readily available.

So as we use DLP-1s, we decrease our metabolism, our body doesn't need to produce these andrenomes as much, therefore you start to lose testosterone. In men and women, you see sexual dysfunction, mood dysfunction energy displacement.

All these different things start coming because now you're telling your body, hey, I don't need a big metabolism because I'm taking this shot or now they have in pills.

So your body starts to actually decrease that. And again, testosterone is sister, which is estrogen and also progesterone. Estrogen is an anabolic, it's a building hormone.

You start to see these dynamics. It builds bone as well. When you start getting hip at these, then you have all the different issues like we spoke of before.

Decrease in muscle tissue, decrease in bone, especially in your perimenopausal years or antipausals years as So what we do is, especially in my clinic, is your diagnostic testing has to be very robust before you go on to a GLP.

Well, number one is if you can fix something more naturalistically, it's much more, I guess, healthy or more appealing to us functional medicine type physicians because you're telling your body, you are teaching your, body not telling, teaching, your how to do it on its own.

So if you're able to sit there and increase somebody's protein retention, that's something great because now the hormones are much higher. You're much more youthful.

Or if needed, if extremely, you are diabetic, pre-diabetic, and if your obese, not just I need to lose five pounds, I'm gonna lose 50. GLP ones do have a place, but you gotta make sure that you actually using them with everything else in line.

DEXA scans and starting GLP-1s safely

If you can't just drop this nuclear bomb in and not be ready for it. um so that's why testing again my my panel usually include the cdc which is extremely important to say your blood vessels are your immune system is i'm sorry not blood muscles your your actual red blood cells yourimmune system cmp is great because it shows your kidney health is electrolytes, all of your protein balances.

With that one, then of course the hormones, your thyroid, TSH, t3, t4, reverse t-3 sometimes TPO depending. Then you have your estrogen, progesterone or estradiol, which is what is called on the actual lab test.

You take a look at your free testosterone, your total testosterone and your SHBG. You look your cortisol. Look at you're DHEA. Make sure your adrenal functions properly because again, adrenals are a major part of how you actually live, how your function and they coincide with metabolism greatly for that.

Then obviously we're checking everything else in the system. IGF-1 like I said before is one of my favorite ones that's extremely overlooked. for that, but you need all these different hormones to make sure that when you drop a

GLP-1 into that it's not going to throw you into more of a perimenopause, menopausal, endocrine, metapause type situation.

because you're decreasing your actual, you know, the food intake which then decreases metabolism overall for that. So again, that's one of the most important things.

Some people like to get DEXA scans, some people get pre-nervos or these MRIs that show everything else as well, which is a very smart thing to do. DExA is great because it's going to show your fat mass versus your perpendicular skeletal lean mass, amount of bone mineral density.

Those are great to have aswell, especially when you are starting out on a GLP-1 journey. And I always tell people, start small and work up from it. Some people come in and want the maximum dose each time, so they see the biggest amount of weight loss, which is the wrong term to be losing.

But that's just one of those situations to where you need to find a physician who understands the actual metabolism, understands how hormones work together, understand nutrition, because the GLP-1 is a big deal.

This is situation where if you are working on something, you're going to on it for a very, very long time. in certain situations, so you need to understand how it's working in your body, not just when it comes to the weight loss, but how its actually interacting with the various hormones in the body.

And when you start monkeying with that, you have your BMR percent drop, your endothelmic effect of food which drops, and then again you might be trying to exercise with it as well, which then just instead of anabolism, it goes into catabolisms.

which is not what we actually want. So it's a situation where GOP1s can be great. They can help with pre-diabetes. It can with diabetic issues. That can't help people who have been trying their hardest in a mental way to actually see that actual scale tip in certain way.

When it goes from helpful to hurtful is where the physician needs to step in and be like, this is the line. You're going past it. We need to make sure that your hormones are robust.

Make sure your nutrition is proper. And make that there's no toxins in your system. I mean, make you're doing this in non-abusive type way A lot of people sit there, they'll start taking a shot or taking the pill and they will sit and think, I can eat pizza, this, that, and then now you're losing muscle and all of a sudden, you are actually gaining fat, but you lose everything else.

Risks of poor use and rebound weight gain

It looks like you losing weight and again, skinny fat is not fun. I'd rather be a little more pleasantly plump and healthy than look like a… a cartoon character.

But it's a situation as you have to understand that, you to identify that. And then of course, once you get to your certain goal weight, everything's functioning right.

If you've done it correctly, it is the coming off of the natural GLP-1s, which is one of hardest things because you see a gigantic increase in weight for people who don't do it properly because the entire time they've been relying on this shot to help them lose this extra poundage, And their hormones are completely shot.

Their ability to sit there and understand how food works, what to eat, where to, how to it. All these different things go into it and all of a sudden you stop the shot and you basically just gain all the way back and in some instances you gain more.

So now you've actually done more harm to your body even though you think you lost weight. You lost what you shouldn't have lost and also now your going to gain back even more of the bad stuff.

which is what you don't want. So I tell everybody, GLP-1s can be great, but you really have to, again, I think the diagnostic testing part of what GLp-2 therapy is, is the most, it's your starting point.

It's where you have start and if you start there and you've gone in and your doctor said, oh, you'll lose weight here, boom, and just gives you this thing, they haven't checked your HbA1c, insulin, all these different factors before you go on to it.

you're at the wrong doctor. GOP1s are extraordinarily profitable. They really are. I mean, they will get you results, like I said, good or bad. And the doctors just start on there, and they're like, I'll figure out, you know, the come off down the road.

Or they just expect a patient to be on it for life. So if your doctor's telling you to on GOp1 for Life, run, because that is not how medicine goes. You know?

I personally, we usually start out with a microdosing combined with certain things like IGF-1 therapy, testosterone therapy, estrogen progesterone, whatever it could be.

You know, we're looking at the different types of nutrition. We're making sure vitamin D, B12, magnesium, calcium, all these things are correct. But, you know, making sure that you're setting yourself up to win when you start GLP-1s is probably the most important part of what GL-P1 therapy is.

We know that we actually know this peptide works. we know what's going to happen. And everybody jumps down, oh, I know it's gonna happen, they look at the finish line, but you don't look what that journey is to get to the finished line.

Sometimes that the journey to finish the line you might get the the finishing line but might be in a very unhealthy way. If you do it correctly, GLp-2 therapy it fantastic.

I think it is one of the revolutionary things that's come out of actual medical world.

Final advice on proper GLP-1 therapy

But with the good, there's always the bad, the yin and the yang. And people aren't paying attention to that yang, and I think that's probably the most important thing when it comes to GOP-1 therapy.

So guys, it's been absolutely fantastic coming at you from such a far remote place. We're down here swimming with right whales and elephant seals and all kinds of fun stuff.

but we've gotten so many questions on the GLP-1 thing. We've covered likely uncertain things on The Lifestyle Medicine Podcast, so I thought I'd take a minute and kind of go after the proper ways to diagnose how to put people on GL-P1 therapy and how do it right.

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