Ozempic vs Wegovy vs Zepbound: What REALLY Makes Weight Loss Work and what you MUST know about GLP1 Transcript

(Transcripts are generated by AI and may contain errors)

Ozempic vs Wegovy vs Zepbound: What's the Difference?

Everyone is talking about Everyone is talking about Ozempic, Vegavi, and Ozempic, Vegavi, and Zepbound. But what's the Zepbound. But what's the difference? How do these medications difference? How do these medications actually actually actually help you lose weight? And why do some? And why do some lose 45 kg on a lose 45 kg on a lower dose, while others lower dose, while others have difficulty have difficulty even on a higher dose?

Whether Whether you are taking this medication, you are taking this medication, planning to start, or planning to start, or just want just want to lose weight, there are a few to lose weight, there are a few things you should things you should know. Because I don't know. Because I don't want you to just want you to just lose weight. I want lose weight. I want you to lose fat. I you to lose fat. I want you to keep want you to keep your muscles. I want your muscles. I want you to feel you to feel good while taking good while taking this medication and actually this medication and actually maintain the results. And maintain the results. And it doesn't have to be it doesn't have to be as difficult as as difficult as many people think. I'm many people think. I'm Doctor Brian. I am a weight loss specialist with experience weight loss specialist with experience in family and in family and hospital hospital hospital medicine, and I like medicine, and I like to explain everything as to explain everything as simply as possible, simply as possible, cutting out unnecessary cutting out unnecessary noise. My main noise. My main job is to help job is to help people lose weight. But I people lose weight. But I have seen many people have seen many people fall into the same fall into the same circle. They circle. They lose weight, gain lose weight, gain weight again, weight again, get frustrated and get frustrated and start a new diet.

Believe me, I've been in this Believe me, I've been in this situation my whole situation my whole life. Keto, life. Keto, intermittent intermittent intermittent fasting, extreme fasting, extreme physical activity. I tried everything, every. I tried everything, every possible diet. The word possible diet. The word "diet" is associated "diet" is associated with the word "dead" (die). We are not here to die). We are not here to die. We die. We are trying to live are trying to live longer. We are trying to longer. We are trying to feel better. But feel better. But when I stopped when I stopped complicating complicating complicating nutrition, everything became nutrition, everything became much easier.

So, let's start with GPP-1. So, let's start with GPP-1. You've heard this term You've heard this term everywhere, but do everywhere, but do you know what it actually you know what it actually does? Your body does? Your body already produces GLP-1 already produces GLP-1 naturally. This is naturally. This is not something we invented. This is a hormone that. This is a hormone that is released during is released during meals and helps meals and helps regulate hunger, regulate hunger, satiety, and satiety, and blood sugar levels. And it blood sugar levels. And it can slow down can slow down the rate of the rate of the rate of stomach emptying.

Your own GLP-1 is Your own GLP-1 is short-acting, but these drugs short-acting, but these drugs can activate the can activate the same system for a much same system for a much longer time. Therefore, you longer time. Therefore, you may feel may feel fuller with smaller fuller with smaller portions, portions, portions, stay fuller for longer, and stay fuller for longer, and notice that you are not notice that you are not constantly thinking about constantly thinking about food. You know, when you food. You know, when you finish dinner, finish dinner, sit down on the couch, and sit down on the couch, and somehow somehow somehow find yourself in front of find yourself in front of the refrigerator, not the refrigerator, not realizing what you're realizing what you're looking for there. Sometimes it's looking for there. Sometimes it's hunger. But sometimes it's hunger. But sometimes it's habit, stress, or habit, stress, or constant thoughts about constant thoughts about food. This is what people food. This is what people call food call food noise. And these medications noise. And these medications can help can help reduce it. Now, reduce it. Now, what about the different what about the different drugs? Ozempic and drugs? Ozempic and Vegavi—both Vegavi—both Vegavi—both contain semaglutide.

contain semaglutide. Ozempic is primarily Ozempic is primarily used for used for diabetes, while diabetes, while Vegavi is approved for Vegavi is approved for weight management, weight management, fatty fatty fatty liver disease, it all depends liver disease, it all depends on your insurance.

Zepbound contains an Zepbound contains an ingredient ingredient ingredient called tirzepatide. called tirzepatide. Its diabetic Its diabetic trade name is Mounjaro, trade name is Mounjaro, it is the same drug. So, here is the main. So, here is the main difference.

difference. difference. Semaglutide activates Semaglutide activates a hormone a hormone called GLP-1. called GLP-1. Tirzepatide activates Tirzepatide activates two of them: GLP-1 and GIP.

two of them: GLP-1 and GIP. Both will help with Both will help with weight loss. And weight loss. And now there are also now there are also tablet options.

tablet options. We have oral We have oral Wegovy and Rybelsus, which Wegovy and Rybelsus, which only act on GLP-1. So, which one only act on GLP-1. So, which one works better?

works better? Well, Zepbound generally Well, Zepbound generally caused greater caused greater average average average weight loss than certain doses of weight loss than certain doses of semaglutide in head-to-head semaglutide in head-to-head comparisons. But here's comparisons. But here's what I've noticed while treating what I've noticed while treating many patients in many patients in my my my weight loss clinic: the highest weight loss clinic: the highest dose doesn't automatically dose doesn't automatically mean the best mean the best results. I've had results. I've had women from 40 to women from 40 to 80-90 years old who have made 80-90 years old who have made incredible incredible incredible progress. Some have achieved progress. Some have achieved very good very good results on 5 mg of results on 5 mg of Zepbound. I have seen Zepbound. I have seen patients who have patients who have dropped from 350 pounds to 220 dropped from 350 pounds to 220 pounds during their pounds during their journey on the journey on the lowest dose. And lowest dose. And when I talk to when I talk to them, something always them, something always stands out. They stands out. They built a routine built a routine built a routine around around around their lifestyle.

their lifestyle. They get They get enough protein. They enough protein. They monitor monitor monitor fluid intake. fluid intake. They pay attention They pay attention to their nutrition to their nutrition because it because it can actually speed up their can actually speed up their metabolism. Now metabolism. Now compare that to compare that to someone on 15mg of Zepbound someone on 15mg of Zepbound who barely eats who barely eats during the day.

They may lose some They may lose some weight, but are weight, but are they getting they getting enough enough enough nutrients? Do nutrients? Do they maintain their they maintain their muscle mass? Do muscle mass? Do they feel they feel constantly tired? This is exactly what constantly tired? This is exactly what I'm talking about. Some people may. Some people may need higher need higher doses due to genetics, doses due to genetics, menopause, or menopause, or health conditions, but health conditions, but regardless of the dose, regardless of the dose, your habits your habits matter the most.

Medication can Medication can help help help control your appetite, control your appetite, but your daily but your daily routine helps you routine helps you get the most out get the most out of your treatment. If of your treatment. If you don't drink enough you don't drink enough water or water or eat poorly, this in eat poorly, this in itself can itself can slow down your slow down your slow down your metabolism. This is something metabolism. This is something I have also learned from my I have also learned from my own experience and the own experience and the experiences of my experiences of my patients. There were times patients. There were times when I would eat when I would eat almost nothing for almost the entire day almost nothing for almost the entire day, thinking I was being, thinking I was being disciplined.

disciplined. Then evening came, Then evening came, and suddenly I and suddenly I wanted to eat everything wanted to eat everything in the kitchen. And many of in the kitchen. And many of my patients my patients tell me the same thing.

tell me the same thing. Eventually, I started Eventually, I started approaching approaching approaching nutrition differently. And nutrition differently. And believe it or not, one of the believe it or not, one of the most important lessons most important lessons I learned was from my two- I learned was from my two- year-old son. Eat year-old son. Eat like a child. I'm not telling like a child. I'm not telling you to buy baby you to buy baby food.

food. Think about how Think about how children spend their children spend their day. They day. They wake up. They wake up. They eat breakfast, run around, eat breakfast, run around, play, have a play, have a snack, and then snack, and then have lunch. Later, have lunch. Later, they will have another they will have another snack before snack before dinner. You see it dinner. You see it in Weight Watchers, new in Weight Watchers, new body programs, and body programs, and athletic programs. Their day has its own. Their day has its own rhythm, and I want to rhythm, and I want to make sure my make sure my son has the opportunity to son has the opportunity to eat and drink depending eat and drink depending on how much on how much energy he is expending.

One day I thought, One day I thought, "Why am I making "Why am I making my diet so complicated?" Instead of Instead of constantly thinking about constantly thinking about fasting, fasting, fasting, eliminating foods, eliminating foods, or starting another or starting another diet, why not diet, why not make nutrition make nutrition a part of your day? So, I a part of your day? So, I started eating breakfast. I started eating breakfast. I started planning my started planning my meals, keeping meals, keeping protein on hand, protein on hand, and staying and staying hydrated. Over hydrated. Over time, this simpler time, this simpler approach helped me on approach helped me on my journey my journey to lose 15–20 kg.

But the main difference is that But the main difference is that I can I can support it. This does not support it. This does not mean that everyone mean that everyone should eat every 2–3 hours. Some people find 2–3 hours. Some people find three three three meals enough, while others meals enough, while others prefer prefer prefer smaller portions and smaller portions and snacks.

snacks. snacks. The most important thing is to find a The most important thing is to find a regimen that regimen that meets your meets your needs and needs and fits into your fits into your lifestyle. And there is a reason for this lifestyle. And there is a reason for this. Have you ever spent spent spent most of the day with little to no most of the day with little to no food, only to food, only to become insanely hungry in the evening become insanely hungry in the evening,,, finding finding finding excuses? I have excuses? I have n't eaten anything all n't eaten anything all day. We have to eat day. We have to eat everything right now. Your everything right now. Your body has body has hunger signals, including a hunger signals, including a hormone called hormone called ghrelin. Think of ghrelin ghrelin. Think of ghrelin as one of your as one of your hunger messengers. Your hunger messengers. Your hunger can also hunger can also increase due to increase due to lack of sleep, stress, or lack of sleep, stress, or certain certain certain eating patterns. So if eating patterns. So if you've barely eaten all day, are you've barely eaten all day, are exhausted, and suddenly exhausted, and suddenly want to eat everything in want to eat everything in the kitchen, is it really a the kitchen, is it really a lack of discipline?

Now that I said there Now that I said there is a hormone that is a hormone that controls hunger, you controls hunger, you know it's not know it's not always willpower.

always willpower. Your body is reacting to what Your body is reacting to what happened happened happened throughout the day. throughout the day. And that brings me And that brings me to what I want to what I want you to try you to try practicing.

practicing. The next time The next time you are very you are very hungry, feel a hungry, feel a craving for something, feel craving for something, feel tired, or feel tired, or feel disappointed in your disappointed in your successes, stop, successes, stop, think, and think, and ask: "Why am I ask: "Why am I feeling this hunger feeling this hunger right now?" Did I get enough right now?" Did I get enough sleep? Did I skip sleep? Did I skip meals?

meals? meals? Was my Was my calorie intake too calorie intake too low? Was low? Was I lacking protein I lacking protein or fluids? Am I or fluids? Am I stressed? Because stressed? Because instead of instead of immediately blaming immediately blaming yourself, try yourself, try to understand what is to understand what is happening to your happening to your body at this moment. And body at this moment. And it can change the way you it can

change the way you approach your own approach your own health. Now health. Now let's get back let's get back to GLP-1 drugs. These to GLP-1 drugs. These medications can significantly medications can significantly reduce reduce reduce hunger and appetite, but hunger and appetite, but this does not mean that the body this does not mean that the body no longer needs no longer needs nutrition. You nutrition. You still need protein, still need protein, fiber, vitamins, fiber, vitamins, minerals, and adequate minerals, and adequate fluids. And fluids. And notice, I said notice, I said liquids, not just liquids, not just water. Other drinks and water. Other drinks and foods also foods also contribute to hydration.

One thing I especially One thing I especially want to protect during want to protect during weight loss is weight loss is muscle. Because when you muscle. Because when you lose weight, you don't lose weight, you don't necessarily necessarily necessarily just lose fat.

Muscles are important for Muscles are important for strength, movement, and strength, movement, and metabolic metabolic metabolic health. Therefore, getting health. Therefore, getting enough enough enough protein and, if you can, protein and, if you can, some strength some strength training can training can naturally naturally naturally improve your improve your GLP-1 levels. And no, you don't GLP-1 levels. And no, you don't need to spend 2 need to spend 2 hours in the hours in the gym.

gym. gym. You need something You need something you can do you can do consistently. What about consistently. What about side effects? Nausea, constipation, diarrhea are some of the of the most common.

Remember how GLP-1 Remember how GLP-1 can slow can slow the rate at which food leaves the the rate at which food leaves the stomach? Imagine stomach? Imagine your stomach as a your stomach as a highway. The traffic highway. The traffic is slow, and suddenly is slow, and suddenly you add a you add a huge cheeseburger, fries, and a, fries, and a milkshake— milkshake— you've just created a you've just created a traffic jam. Some people find that eating traffic jam. Some people find that eating smaller smaller smaller portions and portions and eating more slowly helps.

Severe abdominal pain, frequent vomiting, or, frequent vomiting, or inability to inability to inability to keep fluids down keep fluids down require require require dose adjustment and dose adjustment and immediate medical immediate medical attention. I will explain attention. I will explain common side common side effects and what effects and what happens in happens in another episode. What another episode. What if weight loss if weight loss suddenly stops?

suddenly stops? Does this Does this automatically mean that your automatically mean that your medication has stopped working? Absolutely not. When you Absolutely not. When you lose weight, your body lose weight, your body needs less needs less energy. Your energy. Your activity and activity and eating habits may eating habits may change. And sometimes change. And sometimes water in your body can water in your body can hide your hide your progress. That's why I progress. That's why I want you to want you to understand what's understand what's going on in going on in your daily your daily life before you life before you decide you decide you need more need more medication. We will also medication. We will also look at look at weight loss plateaus in another weight loss plateaus in another video. There is also a video. There is also a newer drug newer drug currently currently currently being studied— retatrutide.

retatrutide. retatrutide. Semaglutide, again Semaglutide, again, activates, activates GLP-1 receptors. GLP-1 receptors. Tirzepatide activates Tirzepatide activates GLP-1 and GIP receptors.

Retatrutide activates Retatrutide activates three: GLP-1, GIP, and three: GLP-1, GIP, and glucagon. The glucagon. The weight loss results are weight loss results are impressive so far, but at the impressive so far, but at the time of this time of this video, the drug is not yet video, the drug is not yet FDA approved.

FDA approved. We'll see how this We'll see how this develops develops develops next year. next year. Now here's what I Now here's what I hope you hope you take away for yourself take away for yourself today. These medications today. These medications can be can be incredibly helpful, but they are only one, but they are only one part of your part of your weight loss journey. And there's no weight loss journey. And there's no need to need

to overcomplicate overcomplicate overcomplicate nutrition. You want nutrition. You want to find a routine to find a routine that works for that works for you. Get you. Get enough enough enough nutrients and fluids.

nutrients and fluids. Stay Stay Stay active and active and take care of your muscles. And take care of your muscles. And when something doesn't go according to when something doesn't go according to plan, don't be plan, don't be too quick to too quick to conclude that you've conclude that you've failed.

failed. Pause, Pause, think, think, think, ask yourself "why." Because you live in." Because you live in your body every day. your body every day. Find out how it Find out how it works. In the next works. In the next episode, I'll explain episode, I'll explain why GLP-1 drugs why GLP-1 drugs cause nausea and cause nausea and constipation and what you constipation and what you can actually can actually do about it. And if you do about it. And if you learned something new learned something new today, be sure to today, be sure to share it, share it, subscribe for subscribe for updates, and have a nice updates, and have a nice day.