What Happens When You Stop a GLP-1? The Evidence on Maintenance & Microdosing Transcript

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Stopping GLP-1s and Weight Regain

Let's address some of the main questions people ask about GLP-1s outside of dosing and side effects and what it's used for and all those things. Let talk about what happens when you stop, let's talk maintaining, and let talk microdosing.

So the evidence is pretty clear that whether it's semiglutide, triseptide or retitrutide you can expect some amount of weight loss, 13%, 23%, 30% in the most recent trials of retritrutite, the triple agonist GLP-1 receptor.

And what many people worry about is, am I going to have to be on this drug for forever? And I think when you're looking at diabetes and chronic obesity, The factors that go into those diseases will likely be around.

whether it was food noise, your behaviors, or your relationship with food, if you do not dramatically change your lifestyle, you will likely need the appetite suppression or the effects of insulin sensitivity that the GOP-1 brings you.

But the question is, what happens when I stop? Well, we know that about 60 to 70% of people regain the weight. The question, is that because of the medication itself or is it because lifestyle changes?

I firmly believe based on the data I've read and the clinical experience I have that the people who are regaining the weight is because they relied so heavily on medication at high doses to make them nauseous, to have no appetite, that they did not make the lifestyle changes.

Increased their lean protein, increased their fiber, increase their activity, and increased resistance training. This is something I focus on so much with my patients.

Stop focusing on what you're going to cut out and focus on when you want to add into your life in order to meet your goals. Increased lean protein, fiber, activity, resistance training, sleep, stress management.

Those are the things that long-term help with those lifestyle changes that help you maintain the body composition that you truly want. So if people are regaining weight after stopping a GLP-1, Is there any benefit from doing it and then regaining the weight?

Well, I'll tell you this, if you lose 50 pounds and regain 25 pounds, you still lost 25, which I think for most people's health is a great thing.

Why Lifestyle Changes Matter for Maintenance

But the surmount… A trial looked at a post hoc analysis of trisapatite and they looked that in people who regained the weight after stopping trizapatide, was there any maintain effects they look at their fasting insulin, their A1C, they're cholesterol, the triglyceride HDL ratio, all of these metabolic factors that are associated with poor outcomes with heart disease, kidney disease stroke, cerebral vascular accidents.

And they said, what is there, any difference? And what they found was that if people regained up to 50%, but not over, that those cardio metabolic factors and those improvements in those cardiometabolic factors was actually maintained.

So this was in a post-hoc analysis after stopping for greater than six months after his appetite. So if you're looking at your overall health and your cardiovascular disease risk or metabolic disease risks, there actually is benefit in using it to lose weight, to improve your metabolic function, and you have that maintained at least somewhat long

term.

The question for most people would be then, should I just stay on this? Well, the Sermount maintain trial looked at people who were on high doses of trisapidide and then were reduced to five milligram dose.

And what they found is that this was much more effective than stopping or placebo.

Benefits of Lower-Dose Maintenance

So I think for people the answer is ongoing treatment at potentially lower doses is likely better than stop. And the way I like to phrase it for patients is this, let's say you're 40 years old, you are 100 pounds or 50 pounds overweight, it took you 40 to get to the weight that you were at.

It might take you 4 to 10 years to go to where you want to be and to maintain that for a long period of time. I truly believe we are in an environment that makes it really impossible for many people.

There are genetic factors that are associated with hunger and satiety. We are surrounded by ultra processed foods that our calorically dense and highly palatable and don't fill us up.

And so unless you're able to eat 90% whole real food, focus on lean protein, focused on the fiber, get plenty of activity and increase your muscle, but through resistance training, getting enough sleep and manage your stress, it can be really hard to maintain weight loss.

I just want to like See, I personally have struggled with this. I had a hundred pound weight loss with diet and exercise. And I have fluctuated since then, sometimes on purpose to gain muscle, and sometimes less on-purpose.

Now, you know, have been able to maintain that greater than a 100-pound weight-loss. But I've utilized microdoses of GOP-1s in order to help me do that, because I'm so much food noise.

Food noise is this idea that all of us have A relationship with food and sometimes that's a big T trauma.

Food Noise and Microdosing

Sometimes it's the little T. Trauma. And in the end you have a relationship of food that dictates your everyday response to it, whether it is emotional eating, binge eating or just how you maintain your diet.

I think for many people, the food noise aspect is one of the biggest things that helps with the relationship with food and helps them meet their goals.

It's less so about being so nauseous that you don't eat or having so much appetite suppression that don t eat, it's being able to make conscious decisions long term.

And so for people the Food Noise aspect, is what is so helpful for maintenance and maintaining a lower dose. The next question that I get asked all the time is micro dosing appropriate for GOP ones.

And I think the clinical answer is we just don't have enough data yet. Like no one has truly studied in a randomized controls study, the low doses, you know, less than 2.5 milligrams of trisipatide, and less then 2 milligrams retitrutide.

Less than 0.25 milligrams semaglutide. But many people are doing this. I would say thousands of patients I've encountered are telling me that they're doing a less than therapeutic dose of a compounded trisapatite or semoglutaride to either treat PCOS, to treat endometriosis, help with food noise, and to help maintain weight because they are like, I don't need this much of the medication.

And it's not a willpower issue. It is a biology issue, it's a hunger issue.

Future Uses and Ongoing Research

It's an environment issue and so I think we will continue to see data come out that shows how those effects, whether it is the metabolic effects the food noise effects.

The effects on appetite, the effects of inflammation. We have great data that is showing that rheumatoid arthritis, psoriatic arthritis risk of dementia is decreased with these medications.

And so I think we will continue to find that this is going to be a mainstay for many treatments and me as a menopause certified practitioner. feel very strongly that the metabolic effects that are associated with menopause will continue to be treated with adjunctive therapy.

In addition to menoppausal hormone therapy, GOP wants. So tricep atype, semaglutide, retitrutide. I think all of those answers, you know, should I discontinue?

Should I maintain? Is there any benefit? Even if I do stop it and regain weight, we've covered those things. And I All of those things will continue to develop more and more data, which will be one of the more interesting things about being a physician and a pioneer in this space.