Eating Well on GLP-1 Medication

Welcome

This guide helps you eat well while taking GLP-1 medication such as semaglutide (Ozempic, Wegovy) or tirzepatide (Mounjaro). It's written by the registered dietitians at Southeast Nutrition Clinic, based on what we see working for our patients every week.

Use it as a practical companion: dip into the sections you need, try one or two changes at a time, and use the weekly checklist at the end to keep on track.

This guide is general information, not personal medical advice. Always follow the advice of the doctor who prescribed your medication, and talk to them before making big changes if you have diabetes, kidney disease or another medical condition.

How GLP-1 medication changes eating

GLP-1 medications mimic a hormone your gut releases after you eat. They slow how quickly your stomach empties and turn down hunger signals in your brain. Most people notice three things:

- **You feel full sooner and for longer.** Portions that used to be normal can feel too big.
- **"Food noise" goes quiet.** Less thinking about food, fewer cravings.
- **Side effects, especially early on or after a dose increase.** Nausea, constipation, reflux and tiredness are the most common.

Eating less is the point. The risk is eating too little of what your body needs, which can lead to muscle loss, low energy, constipation and gaps in vitamins and minerals. The rest of this guide is about avoiding that.

The five priorities

1. **Protein first, at every meal and snack.** Protein helps you hold on to muscle while you lose weight. When you can only manage a few bites, eat the protein on your plate first.
2. **Small and often.** Four or five small meals usually work better than three big ones. Set loose meal times so you don't forget to eat.
3. **Fluids between meals.** Sip water through the day. Big drinks with meals fill a small stomach fast and can bring on nausea.
4. **Fibre, built up slowly.** Vegetables, fruit, oats, wholegrains, beans and lentils prevent constipation. Add them gradually so your gut can adjust.

5. **Strength, two or three times a week.** Squats to a chair, wall press-ups, resistance bands, carrying shopping. Muscle needs a reason to stay.

Key interventions at a glance

A joint advisory from four US obesity and nutrition societies names the main risks of GLP-1 treatment as gut side effects, nutrient deficiencies from eating less, muscle and bone loss, and weight regain when people stop (Mozaffarian et al., 2025). These are the interventions that address them.

Intervention	What to do	What it protects against
Protein at every meal	25 to 30 g per meal is a useful target for most adults; your dietitian sets your daily total	Muscle loss, fatigue
Strength training	2 to 3 sessions a week, working all major muscle groups	Muscle and bone loss
Fibre built up gradually	Work towards about 25 g a day from oats, fruit, vegetables, wholegrains, beans	Constipation, blood sugar swings
Fluids through the day	Sip between meals; aim for pale yellow urine	Constipation, dizziness, headaches
Small, regular meals	4 to 5 eating times, stop at comfortable	Nausea, reflux, under-eating
Nutrient-dense choices	Every bite counts: fish, eggs, dairy, beans, colourful veg, wholegrains	Vitamin and mineral gaps
Targeted supplements	Vitamin D in winter (all year if 65+); others based on your needs	Bone and muscle health, deficiencies
A plan for stopping	Build habits now that work at a normal appetite	Weight regain

Protein made easy

These foods are easy to eat when your appetite is low. Protein figures are approximate and vary by brand, so check the label. Your dietitian can set a personal daily target for you.

Food	Easy portion	Protein (approx.)	Why it works on low appetite
Chicken breast, cooked	100 g	30 g	Lots of protein in a small amount
Tinned tuna, drained	1 small tin (about 110 g)	25 g	No cooking, keeps in the cupboard
Salmon fillet	100 g	22 g	Soft, easy to eat
Protein shake	1 serving	20 g	When a meal won't happen
Skyr or Greek-style yoghurt (high protein)	150 g pot	15 g	Cold, smooth, easy on nausea
Lentils, cooked	150 g	13 g	Protein plus fibre
Eggs	2	12 g	Quick, soft, any style
Tofu, firm	100 g	12 g	Plant-based, takes on flavour
Cottage cheese	100 g	11 g	On crackers or toast
Milk	200 ml glass	7 g	Easy to sip between meals

A sample low-appetite day

This is an example, not a prescription. Swap in foods you like and adjust portions to how you feel.

When	What	Why
Breakfast	High-protein yoghurt with a few berries and a spoon of oats	Protein and fibre, gentle on the stomach
Mid-morning	Glass of water or herbal tea	Fluids between meals
Lunch	Half a wholegrain sandwich with tuna or egg, a handful of cherry tomatoes	Small, protein first
Afternoon	Cottage cheese on two crackers, or a protein shake	Keeps protein steady through the day

When	What	Why
Dinner	Small portion of salmon or chicken, vegetables, a few baby potatoes	Protein first, stop at comfortable
Evening, if hungry	Glass of milk or a small yoghurt	Easy protein, nothing heavy before bed

Managing side effects

Side effect	What helps
Nausea	Eat slowly and stop at the first sign of fullness. Choose plain, cool or bland foods. Avoid greasy, fried and very rich meals. Don't lie down straight after eating.
Constipation	Sip fluids through the day. Add fibre gradually: oats, fruit, vegetables, wholegrains, beans. A daily walk helps. Talk to your pharmacist if it lasts more than a few days.
Reflux or heartburn	Smaller meals, nothing large within 2 to 3 hours of bed. Go easy on spicy food, coffee, alcohol and fizzy drinks if they trigger it.
Tiredness or feeling flat	Often a sign of eating too little. Check you're getting protein and some carbohydrate at each meal, and drinking enough.
Diarrhoea	Keep up fluids. Small, plain meals. Limit very fatty foods and sugar-free sweeteners. Contact your GP if it's severe or lasts.

Side effects are often worst in the first weeks and after each dose increase, then settle. If they don't, tell your prescriber.

Constipation: prevent it before it starts

Constipation is one of the most common side effects we see. The medication slows your gut, and eating less means less bulk and fluid moving through. It's much easier to prevent than to fix.

Every day

- **Fluids:** sip water, herbal tea or milk through the day. Fibre without fluid can make constipation worse.
- **Fibre, slowly:** add one fibre food at a time. Porridge oats, kiwis, pears, prunes, berries, vegetables, wholegrain bread, beans and lentils all help.
- **Ground flaxseed or psyllium:** a teaspoon in yoghurt or porridge can help some people. Start small and drink extra water with it.
- **Move:** a 10 to 20 minute walk after meals stimulates your gut.
- **Routine:** give yourself time after breakfast. Don't ignore the urge to go. A small footstool under your feet on the toilet helps.

When to get help

Talk to your pharmacist or GP if you haven't gone in three or more days, if it's painful, or if you notice blood. A short-term laxative may be appropriate. Don't take laxatives long term without advice.

Protecting your muscle

When you lose weight quickly, part of what you lose is lean tissue, including muscle. Muscle keeps you strong, supports your metabolism and protects your independence as you age. Two things make the biggest difference.

1. Protein, spread across the day

- Include protein every time you eat, not just at dinner.
- Aim for roughly 25 to 30 g at each main meal. The protein table above shows what that looks like.
- If you can't manage food, use a protein shake or high-protein yoghurt rather than skipping.
- If you have kidney disease, check your protein target with your doctor or dietitian first.

2. Give your muscles a reason to stay

- Strength training 2 to 3 times a week: squats to a chair, wall or knee press-ups, lunges, resistance bands, weights.
- Make it challenging: the last few reps should feel hard.
- Keep walking daily as well, but walking alone won't hold on to muscle.
- New to exercise, or have joint problems? A chartered physiotherapist or qualified coach can set you up safely.

Signs you may be losing too much muscle

Feeling weaker on stairs or getting out of a chair, struggling with carrying shopping, or constant tiredness. Tell your dietitian or doctor, as your plan may need adjusting.

Meeting your nutrient needs

When you eat a third less food, you also take in a third less of every vitamin and mineral. Your needs don't drop with your appetite, so the quality of each bite matters more than ever.

Nutrient	Why it matters on GLP-1s	Best food sources
Protein	Protects muscle while you lose weight	Fish, chicken, eggs, dairy, beans, lentils, tofu
Fibre	Prevents constipation, feeds gut bacteria	Oats, fruit, vegetables, wholegrains, beans
Calcium	Protects bones during weight loss	Milk, yoghurt, cheese, fortified plant milks, tinned fish with bones
Vitamin D	Bone and muscle health; most people in Ireland don't get enough	Oily fish, eggs, fortified foods, plus a supplement
Iron	Energy; low levels are common in women with periods	Red meat, fish, beans, lentils, fortified cereals, with vitamin C foods
Vitamin B12	Energy and nerves; check levels if you also take metformin	Meat, fish, eggs, dairy, fortified foods
Omega-3	Heart health	Salmon, mackerel, sardines, herring
Potassium and magnesium	Muscle and nerve function	Vegetables, fruit, nuts, seeds, beans, wholegrains

How to cover the gaps

- **Food first.** Build meals around the foods in this table, even in small portions.
- **Vitamin D:** the FSAI advises adults in Ireland to take a vitamin D supplement over winter, and adults 65 and over to take 15 micrograms every day, all year (FSAI).
- **A broad-spectrum supplement** can act as a safety net when your intake is very low.

- **Ask for bloods** if you're tired, losing hair or have been on the medication for a while. Your GP can check iron, B12, vitamin D and more.

Advice for women

- **Contraception on Mounjaro:** UK regulators have advised women taking Mounjaro who use the contraceptive pill to also use a non-oral method, such as an implant, coil or condoms, especially for four weeks after starting and after each dose increase (MHRA guidance, reported June 2025). Ask your prescriber or pharmacist what applies to you.
- **Planning a pregnancy:** GLP-1 medications aren't recommended while pregnant, breastfeeding or trying to conceive. Plan the timing of stopping with your prescriber well in advance.
- **Folic acid:** if you could become pregnant, take 400 micrograms of folic acid daily, as recommended in Ireland.
- **Iron:** if you have periods, include iron-rich foods most days. Tiredness and hair shedding can be signs of low iron, so ask your GP for a check.
- **Menopause:** falling oestrogen speeds up muscle and bone loss, and rapid weight loss adds to that. Prioritise protein, calcium, vitamin D and strength training.

Advice for men

- **Don't slide into one meal a day.** Many men on GLP-1s end up eating once in the evening. That makes it very hard to get enough protein and protect muscle.
- **Go easy on alcohol.** It worsens nausea and reflux, adds calories without nutrition, and many people find their tolerance changes on the medication.
- **Keep training.** Men often lose more muscle in absolute terms. Keep strength training, even if energy is lower for a while.
- **Fruit, veg and fibre:** these are often the first things to drop off the plate. Aim for some at every meal.
- **Heart health:** use this as a chance to improve cholesterol and blood pressure through oily fish, wholegrains, less processed meat and less salt.

Advice by age

Age	Main focus	Practical tips
18 to 39	Build habits that last	Learn to cook a few simple high-protein meals. Plan contraception and pregnancy with your prescriber. Keep training for sport or fitness.
40 to 64	Protect muscle, bones and heart	Muscle naturally starts to decline. Strength train 2 to 3 times a week. Watch cholesterol, blood pressure and alcohol. Menopause: see advice for women.
65 and over	Strength and independence, not just weight	Protein needs are higher: at least 1.0 to 1.2 g per kg of body weight a day for healthy older adults (ESPEN). Take 15 micrograms of vitamin D daily, all year (Department of Health). Sip fluids, as thirst can be less reliable. Get up slowly if you feel dizzy.

If you're 65 or over, it's especially important to have a dietitian guide your weight loss, so you lose fat while keeping the strength you need for everyday life.

When to contact your GP

Contact your GP or prescriber promptly, or seek urgent care, if you have:

- Severe or persistent pain in your stomach, especially if it spreads to your back
- Vomiting that won't stop, or you can't keep fluids down
- Signs of dehydration: very dark urine, dizziness, passing little urine
- Pain in the upper right of your tummy, yellowing of your skin or eyes
- If you have diabetes: shakiness, sweating or confusion, which can mean low blood sugar

These need medical review, not a change to your diet.

Planning for life after the medication

The medication changes your appetite. It doesn't change your habits on its own. Many people find their appetite returns when the dose comes down or stops, so the habits you build now are what protect your results.

Start practising these while your appetite is still quiet:

- **A regular meal pattern** you could keep with a normal appetite
- **Protein and fibre at every meal**, so you stay full when hunger comes back
- **Strength training as a weekly habit**, not a phase
- **Knowing your triggers**: stress, tiredness, evenings, weekends
- **A plan for coming off**, agreed with your prescriber and dietitian

Your weekly checklist

- [ ] Protein at every meal and snack
- [ ] Ate at least four times a day
- [ ] Sipped fluids between meals, every day
- [ ] Added one new fibre food this week
- [ ] Two or three strength sessions
- [ ] Stopped at comfortable, not full
- [ ] Noted any side effects to mention to my prescriber

How we can help

At Southeast Nutrition Clinic, our CORU-registered dietitians support people on Ozempic, Wegovy and Mounjaro to eat enough, protect their muscle, manage side effects and plan for life after the medication. We work alongside your doctor, in clinic in Clonmel or online anywhere in Ireland.

- **Book a GLP-1 consultation**
- **Book a free 15-minute call**
- **Visit** southeastnutritionclinic.com

Southeast Nutrition Clinic is a trading name of Evan Lynch Nutrition Ltd. Evan Lynch, RD, MSc, CORU Registered Dietitian DI052470.

Sources

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- Deutz et al. (2014). Protein intake and exercise for optimal muscle function with aging: ESPEN Expert Group. Clinical Nutrition.
- Food Safety Authority of Ireland: Vitamin D

- Department of Health: vitamin D advice for adults 65 and over
- MHRA guidance on Mounjaro and oral contraception, as reported by ABC News (June 2025)
- STEP 1 trial results, ClinicalTrials.gov