A FREE GUIDE · WEIGHT LOSS & MUSCLE

# GLP-1, done *right.*

A muscle-first playbook for medication-assisted weight loss — protein, training, dosing, and what your prescriber should be watching.

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FROM DR. SIMON

# The scale is the wrong *target*.

GLP-1 medications like semaglutide and tirzepatide are genuinely powerful tools. They also expose a problem the "before and after" photos never show: a meaningful share of the weight people lose on them isn't fat — it's muscle. And muscle is the organ of longevity.

I trained in exercise science before I trained in medicine, so I look at these medications through a specific lens: how do we lose fat while protecting the lean mass that determines how you age, move, and control your blood sugar? Done carelessly, GLP-1 therapy can leave you smaller but weaker, with a metabolism primed to regain everything the moment you stop.

This guide is the muscle-first protocol. It won't prescribe anything — that happens in a medical visit after evaluation — but it will show you exactly how to make these medications a phase you graduate from, not a dependency you're stuck in.

*— Dr. Andrew Simon, ND, BCB*

Educational only; not medical advice. GLP-1 medications are prescription therapies with real contraindications and side effects. Decisions about starting, dosing, or stopping belong in a visit with a qualified prescriber.

START HERE

# What these medications actually *do*.

> GLP-1 receptor agonists (semaglutide) and dual GIP/GLP-1 agonists (tirzepatide) mimic gut hormones that slow stomach emptying, reduce appetite, and improve blood-sugar control. The result is substantial, largely appetite-driven weight loss. Because appetite drops sharply, protein intake and resistance training become the difference between losing fat and losing muscle.

**~15%**

average body-weight loss with semaglutide 2.4mg over 68 weeks (STEP 1, NEJM)

**25-40%**

of weight lost can be lean mass without training + adequate protein

**~66%**

of lost weight regained within a year of stopping, without new habits (STEP 1 extension)

THE REAL RISK

# Why losing muscle is the hidden *cost.*

Any rapid weight loss — surgery, crash diet, or medication — costs some lean mass. What makes GLP-1 different is the sharp appetite suppression: people simply eat less of everything, including the protein that protects muscle. Left unmanaged, that accelerates the muscle loss you're already fighting with age (about 0.8% per year after 30).

Lower muscle mass means a slower metabolism, worse blood-sugar control, reduced strength and independence later in life, and — critically — a body primed to regain fat efficiently once the medication stops. The goal is not a smaller number on the scale. It's a better body composition: less visceral fat, preserved lean mass.

THE PRINCIPLE

### Protect the engine while you burn the *fuel*

Every part of this protocol exists to keep muscle on your frame while the medication does its job on appetite and fat.

LEVER 1

# Protein: the non-negotiable *first.*

When appetite drops, protein has to be deliberate — it won't happen by accident. Aim higher than standard advice, because you're in a deficit and defending muscle.

| TARGET | PRACTICAL AMOUNT | NOTES |
|---|---|---|
| Daily protein | ~1.6–2.2 g per kg body weight | Toward the higher end while actively losing weight |
| Per meal | 30–45 g, 3–4 meals daily | Distributes the muscle-building signal across the day |
| Prioritize | Protein first, every meal | Eat it before the plate fills — appetite fades fast on GLP-1 |
| If you can't eat | Protein shakes / Greek yogurt | Liquid protein is easier when nausea or fullness hits |

Adjust for kidney disease or other conditions with your clinician. These are general targets for healthy adults.

LEVER 2

# Resistance training is the *medicine.*

Protein supplies the material; training supplies the signal to keep it as muscle. Without a stimulus, the body sees muscle as expendable in a deficit. You don't need a bodybuilder's schedule — you need consistency.

1. Lift at least twice a week. Two full-body resistance sessions is the evidence-backed minimum to preserve lean mass during weight loss. Three is better if you can.
2. Cover the whole body. Push, pull, squat/hinge, and carry. Compound movements recruit the most muscle for the least time.
3. Progress gradually. Add a little weight, a rep, or a set over time. Progressive overload is what tells the body to hold onto muscle.
4. Add easy cardio and steps. Zone 2 work and daily walking support fat loss and cardiovascular health without eating into recovery.
5. Recover. Sleep and rest days are when muscle is actually maintained. Under-recovery undermines the whole plan.

LEVER 3

# What your prescriber should be *watching.*

"Is the number going down?" is not enough oversight. A good program tracks whether you're losing the right weight and staying safe.

## Track the right things

- ✓ Body composition (BIA/DEXA) — not just scale weight
- ✓ Lean mass trend over time
- ✓ Strength benchmarks holding or improving
- ✓ Protein intake actually being met
- ✓ Nutrient status during appetite suppression

## Watch for side effects

- ✓ Persistent nausea, vomiting, dehydration
- ✓ Severe abdominal pain (rule out pancreatitis)
- ✓ Muscle loss / new weakness
- ✓ Gallbladder symptoms
- ✓ Rapid loss of muscle-driven metabolism

Contraindications include personal/family history of medullary thyroid carcinoma or MEN2. This is not a complete safety list — review yours with your prescriber.

THE ENDGAME

## Make it a phase, not a *dependency*.

The uncomfortable truth from the research: stop the medication without building new infrastructure, and most of the weight comes back — roughly two-thirds within a year in the STEP 1 extension. That's not a failure of willpower; it's physiology returning to its old set point.

The protocol above is the antidote. By the time you taper, you should have: a resistance-training habit, a protein pattern that sticks, preserved (or improved) muscle, and better insulin sensitivity. The medication becomes a bridge that carried you to a durable metabolism — not a crutch you can't put down.

BOTTOM LINE

**Build the habits *first*; let the medication buy you time to install them**

Supervised, muscle-first, and honest about the evidence — that's how GLP-1 therapy earns its place.

SELECTED SOURCES


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Cruz-Jentoft AJ et al. Sarcopenia: revised European consensus. Age & Ageing, 2019.

YOUR NEXT STEP

# Lose the fat. Keep the *muscle.*

Start with a body-composition baseline and a medically supervised, muscle-first plan — with or without medication. BIA analysis plus a physician consult, $49.99 to start.

BOOK A BODY COMPOSITION BASELINE

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