

Titration

Both drugs start at a dose that does little for weight and exists to let the gut adapt. Each step restarts the adaptation: side effects rise for a week, then fade over two or three. Four weeks between steps is the labeled minimum; there is no maximum.

DRUG	START	MAINTENANCE
Wegovy	0.25 mg weekly × 4 wk	2.4 mg (or 1.7)
Ozempic	0.25 mg weekly × 4 wk	1 or 2 mg
Tirzepatide	2.5 mg weekly × 4 wk	5, 10, or 15 mg

Steps are held at least 4 weeks. The right dose is the lowest one that keeps working.

- Rough step? Hold longer or drop back one. Both are within the label.
- Missed dose: semaglutide within 5 days, tirzepatide within 4; otherwise skip. Never two doses within 3 days.

This pamphlet is for adults prescribed semaglutide or tirzepatide. Your prescriber's instructions take precedence. It is not medical advice.

Bring to your next appointment

- ☐ Which step I am on, how long I have held it, and how the last increase went.
- ☐ My worst symptom this month and what I tried.
- ☐ Grams of protein on a typical day, and days I lifted.
- ☐ Any procedure or dental work coming up.
- ☐ Other medicines, especially insulin, sulfonylureas, thyroid, and the pill.
- ☐ Whether I want to keep climbing, hold, or plan maintenance.

SOURCES

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5. Wilding JPH, et al. Once-weekly semaglutide in adults with overweight or obesity (STEP 1), including body-composition substudy. N Engl J Med. 2021;384(11):989-1002.
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This guide is an educational summary of published sources and is not medical advice. It assumes a prescription from a licensed prescriber and a product dispensed by a licensed pharmacy or manufacturer. Dose and titration facts come from the FDA labels; management advice reflects general clinical guidance and does not replace your prescriber's instructions. Symptoms described as reasons to seek care should be acted on, not read about.

Newport Peptide Society

NEWPORTPEPTIDESOCIETY.COM/GUIDES/LIVING-WITH-A-GLP-1

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READER'S GUIDE

Living with a GLP-1

Side effects, muscle, meals, surgery, travel, and stopping: the year after the first injection

Semaglutide and tirzepatide work by changing how you eat and how your gut moves, and the side effects are the same mechanism felt from the inside. Most are predictable, most peak at each dose increase, and most can be managed with habits rather than more drugs. This guide covers the first year: getting through titration, protecting muscle while the scale drops, eating in a way that suits the drug, what to tell a surgeon, how to travel with a pen, and what actually happens when you stop.

The gut

SYMPTOM	WHAT HELPS
Nausea	Smaller meals, stop at first fullness, low fat, bland or cold food, ginger, stay upright after eating
Constipation	Fluids, then soluble fiber, then a daily osmotic laxative; walk
Diarrhea	Hydrate; avoid sugar alcohols; call if it persists
Reflux	No late dinners; raise the head of the bed; skip fizzy and fatty
Sulfur burps	Smaller portions of protein and fat; simethicone

CALL THE SAME DAY FOR

Severe abdominal pain, especially to the back (pancreatitis). Right-rib pain with fever or yellowing (gallbladder). A day of not keeping fluids down (dehydration, kidney injury). Racing heart, dizziness on standing, little urine.

FOOD NOISE

The quiet within days is the drug's effect on appetite and reward. It fades when the drug stops. Use it to build habits that will outlast it.

Muscle, meals, and medicine

PROTEIN	1.2–1.6 g per kg per day, 25–40 g per meal. Plan it; appetite suppression makes it slip first.
LIFTING	Two or three full-body sessions weekly. Walking helps everything else, not muscle.
RATE	Above about 1% of body weight a week costs proportionally more muscle.
MEALS	Three small plus a snack. Fat sits longest. Box half before you start.
WATER	2–3 liters a day, sipped; thirst fades with appetite.

- Surgery, dentist, endoscopy: tell them. Slowed emptying raises aspiration risk; the anesthesia team decides whether to hold a dose or use a liquid diet.
- Insulin or sulfonylurea: doses usually need lowering. Keep glucose tablets.
- Tirzepatide and the pill: add a barrier method for 4 weeks after starting and after each increase.
- Pregnancy: not for use; stop semaglutide 2 months before trying.
- Report mood changes, a neck lump, hoarseness, or trouble swallowing.

Travel, plateaus, stopping

ROOM TEMPERATURE AFTER FIRST USE, FROM THE LABELS	
PRODUCT	UP TO 86 °F
Ozempic pen	56 days
Wegovy pen	28 days
Zepbound / Mounjaro pen	21 days
Zepbound vial	21 days

Hand luggage, insulated pouch, never a hot car, never frozen. Keep the same weekday across time zones.

~ 2/3¹⁰

Of lost weight regained within a year of stopping semaglutide (STEP 1 extension)

~ 1/2¹¹

Regained in a year after tirzepatide was withdrawn (SURMOUNT-4)

- A plateau at 9 to 15 months is the new set point, not a failure.
- These are maintenance drugs by design. Taper with your prescriber if stopping; expect appetite back within weeks.
- After a gap of more than two weeks, ask about re-titrating rather than restarting high.
- Never buy a pen from anyone but a pharmacy; counterfeits exist.