

Nutritional Considerations for Patients on Obesity Medications

Key Nutrition Recommendations During Therapy

The **2025 Updated AACE Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease**, recommends prioritizing nutrient density to support patient health and treatment outcomes. The following areas are central to counseling patients on obesity pharmacotherapy.

Lean Protein

Target 1.2–1.5 g/kg/day to preserve lean body mass. Emphasize poultry, fish, legumes, and low-fat dairy.



Nutrient-Dense Carbohydrates

Prioritize vegetables, beans/pulses, and fruits. Minimize refined or processed carbohydrate sources.



Micronutrient Supplementation

Consider daily multivitamin with iron and calcium. Monitor B12, vitamin D, and folate per clinical history.



Fiber & Hydration

Gradually increase fiber to minimize GI side effects. Maintain adequate daily fluid intake throughout therapy.



Resistance Training & Physical Activity

Adequate protein intake alone may not fully preserve skeletal muscle mass during weight loss. Nutritional strategies should be combined with regular resistance training and physical activity to optimize preservation of lean body mass, physical function, and overall body composition during pharmacologically assisted weight loss.



Flexible Use of Meal Replacements

Flexible use of meal replacements may also be appropriate and can help patients meet nutritional targets when appetite is significantly reduced. Personalization of dietary recommendations to align with individual lifestyles and preexisting nutritional risks is a key theme in patient communication.



Support provided in part by:



Learn more at
pro.aace.com/nutritional-considerations-for-patients-on-obesity-medications.



Managing Common Medication Effects

Gastrointestinal symptoms are among the most frequently reported challenges during GLP-1 therapy. Proactive counseling can significantly improve patient tolerance and treatment adherence.

Nausea

- Eat slowly and mindfully; reduce portion sizes
- Avoid high-fat or known trigger foods
- Track foods that worsen symptoms



Early Satiety

- Shift to 4–5 smaller meals per day
- Prioritize protein at every meal
- Avoid large fluid intake with meals



Constipation

- Gradually increase dietary fiber intake
- Maintain adequate daily hydration
- Encourage routine physical activity



Diarrhea

- Temporarily reduce high-fiber foods
- Avoid fatty, greasy, or spicy meals
- Maintain electrolyte intake & hydration



Appetite Suppression

- Maintain structured mealtimes even without hunger cues
- Use nutrient-dense, calorie-efficient foods
- Monitor for signs of nutritional insufficiency



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