



THE SUCCESS GUIDE TO GLP-1 Therapy

Protecting Your Muscle, Maximizing Your Results

GLP-1 medications represent one of the most significant advances in metabolic health in a generation. For the first time, many people are seeing consistent, meaningful weight loss alongside real improvements in blood sugar, blood pressure, and overall energy — and the excitement is well earned.

But the medication is only part of the story. The people who get the best, most lasting results pair it with the right strategy — especially protecting muscle. This guide covers the most common challenges, the strategies that matter most, and two lesser-known tactics rarely part of the standard conversation.



A Genuine Breakthrough — With One Catch

GLP-1 receptor agonists work by mimicking a natural hormone that regulates appetite and blood sugar — a real, physical reduction in hunger and food noise, often for the first time in years.

The catch: when the body loses weight quickly, it doesn't only lose fat. Clinical studies have found that roughly a quarter to nearly 40% of total weight lost can come from lean mass (muscle), depending on the person, the dose, and what they do about it.

Why this matters more than the number on the scale

Two people can lose the exact same 30 pounds — one loses mostly fat and keeps their muscle, the other loses a significant share of muscle along with it. The scale can't tell these two people apart. Only body composition tracking can.



What Most People Struggle With

Five patterns show up again and again — each one is preventable with the right plan.



Losing muscle along with fat

A meaningful share of total weight lost is lean tissue rather than fat — especially in the first 3 months.



Not eating enough protein

Appetite suppression makes it easy to under-eat overall, and protein is often the first thing to fall short.



GI side effects derailing consistency

Nausea, reflux, and slowed digestion are the top reasons people pause or stop treatment early.



No way to track what's changing

Bathroom scales can't distinguish fat loss from muscle loss — problems go unnoticed until it's obvious.



Regaining weight after stopping

Without a maintenance plan and preserved muscle, weight regain after discontinuation is common.



Core Strategies for Lasting Success

Six habits make the biggest difference in outcomes and how you feel along the way.



Prioritize protein at every meal

Spread protein evenly across the day rather than backloading it at dinner — it supports muscle synthesis far better.



Strength train 2–3x per week

Resistance training is the strongest signal you can send your body to hold onto muscle. Bodyweight or bands count.



Titrate slowly, don't rush

Moving up in dose only as needed — not as fast as allowed — reduces GI side effects and improves consistency.



Stay ahead of hydration

Reduced thirst cues make dehydration easy to miss; it's a leading cause of fatigue and headaches.



Eat smaller, more frequent meals

Delayed gastric emptying is part of how these medications work — smaller meals reduce nausea and reflux.



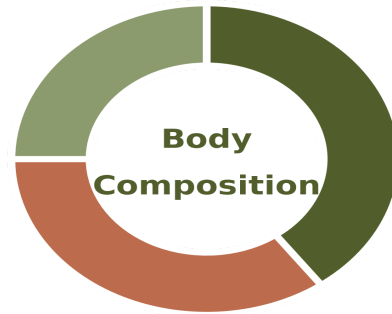
Get scanned, not just weighed

A DEXA scan is the clinical gold standard for separating fat loss from muscle loss.

What Your DEXA Can Tell You That the Scale Can't

Weight lost is not one thing — it's a mix of fat, muscle, and water, and the ratio matters enormously. The only reliable way to know what you're actually losing is to measure body composition directly.

A baseline scan gives you a true starting point. Follow-up scans let you and your care team catch excess muscle loss early — while there's still time to adjust.



■ Muscle
■ Fat
■ Other (bone, water)

A simple cadence to follow with your care team:



Two Strategies Most People Have Never Heard Of



1. Build a muscle “reserve” before you start

Beginning structured resistance training 4–6 weeks before your first dose gives your body a head start — higher baseline muscle and an already-established training habit help preserve more muscle once appetite suppression begins.



2. Consider creatine monohydrate as a training adjunct

A small but growing body of research is looking at pairing creatine with resistance training during intentional weight loss to help offset lean-mass loss. Not a substitute for protein or training — worth a conversation with your care team.

A note on both of these: the research here is early and promising rather than definitive. They're worth discussing with your physician as add-ons to the fundamentals — not replacements for them.



Ready to See Your Own Numbers?

At Vitality Kaua'i, our physician-led metabolic wellness program pairs GLP-1 therapy with baseline and follow-up DEXA body composition scans, so you and your care team always know exactly what's changing.



Want a personalized read on your own body composition?

Get in touch with Vitality Kaua'i to learn more about our DEXA-anchored metabolic wellness program.

This guide is educational and general in nature. It is not medical advice and does not replace an individualized evaluation, diagnosis, or treatment plan from your physician. Always talk with your care team before starting, stopping, or changing any medication or supplement, including creatine.

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