

GLP-1 Medications: Powerful Tool or Too-Simple Promise?

Over the past year, a significant part of my work has involved supporting clients who are using GLP-1 medications or considering them.

At the same time, I receive many questions from clients, website readers, followers, and people in our wellness community:

- Are these medications safe?
- Are they the answer?
- What happens to muscle?
- What happens to digestion?
- What happens when people stop?
- And most importantly; is weight loss the same as health?

My intention is not to be "for" or "against" GLP-1 medications. Health decisions are deeply personal and should always be made with a qualified medical provider. This newsletter is for educational purposes only and is not personal medical advice. But my role, as a Functional Medicine Practitioner and Health Coach, is to look at the whole picture.

And the whole picture is this: GLP-1 medications may be powerful, but they are not an easy solution.



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Why This Conversation Matters Now

GLP-1 medications such as Ozempic (semaglutide), Wegovy, Mounjaro (tirzepatide), and Zepbound have changed the landscape of weight loss and metabolic health.

For many people, they have improved blood sugar control, reduced appetite, helped with significant weight loss, and created hope after years of struggle. That part is real.

Large clinical trials have demonstrated substantial benefits. In the STEP 1 trial, adults with obesity who received semaglutide 2.4 mg lost an average of nearly 15% of their body weight over 68 weeks compared with placebo (Wilding et al., *New England Journal of Medicine*, 2021). More recently, the SELECT trial showed that semaglutide reduced major adverse cardiovascular events by 20% in adults with overweight or obesity and established cardiovascular disease, even in those without diabetes (Lincoff et al., *NEJM*, 2023).

But what is also real is that weight loss is not automatically health gain. When appetite goes down dramatically, food intake often goes down dramatically too and with it, many people may unintentionally reduce protein, fiber, minerals, vitamins, electrolytes, colorful plant foods, healthy fats, and overall nutrient density.

This is where the conversation becomes much more important.

The Concern: Are We Losing More Than Fat?

One of the biggest concerns in recent research is loss of lean body mass. The scale may go down, but the scale does not tell us *what* we are losing.



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Fat loss is the goal. Muscle loss is a problem.

Muscle is not just about appearance; it's one of the most important organs of longevity. It supports blood sugar control, insulin sensitivity, metabolism, strength, balance, mobility, bone health, healthy aging, and independence later in life.

Several analyses of GLP-1 weight-loss trials have found that lean mass can account for approximately 25–40% of total weight lost, although the exact amount varies depending on age, baseline body composition, protein intake, and physical activity. Recent reviews in **Obesity Reviews** (2024) and **The Lancet Diabetes & Endocrinology** have emphasized the importance of preserving skeletal muscle during pharmacologic weight loss — especially for women, people over 40, and anyone already at risk for low muscle mass, frailty, osteoporosis, or metabolic dysfunction.

The question should not only be "How much weight did I lose?" The better question is: What kind of weight did I lose?

The Digestive Reality: Why Motility Matters So Much

GLP-1 medications slow gastric emptying; that's actually part of how they work. GLP-1 receptors sit throughout the gut (stomach, small intestine, colon) as well as in brain regions that govern appetite, satiety, and the vagus nerve. Activating these receptors raises insulin, dials down hunger signals, and shifts the body toward a more sympathetic ("fight or flight") and less vagal ("rest and digest") state — which is part of why digestion itself slows down.

This explains why gastrointestinal side effects are so common: research suggests they affect the large majority of people using these medications at some point, particularly during dose escalation. The most frequently reported issues include:



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- Nausea and vomiting
- Constipation and bloating
- Reflux
- Abdominal discomfort
- Feeling overly full
- Reduced desire to eat

Slower motility increases satiety (part of the intended effect), but it can also reduce how much water and fiber a person takes in — which compounds the slowdown and can contribute to shifts in the gut microbiome. Interestingly, the opposite can also happen: some people experience faster, looser stools, thought to relate to malabsorbed nutrients pulling water into the colon and altered short-chain fatty acid balances.

There's also emerging — though inconsistent — research on whether GLP-1 medications may be associated with increased reflux or esophageal changes in people with type 2 diabetes.

A less-discussed piece: the gallbladder and bile flow. GLP-1 activity suppresses a hormone called CCK, which normally tells the gallbladder to contract. Lower CCK can mean reduced gallbladder emptying, thicker bile, and a higher risk of gallstones — along with downstream effects on fat digestion and nutrient absorption.

And the gut microbiome connection runs both ways. Lower fiber intake can shift short-chain fatty acid production, which matters because those same compounds help the gut's own L-cells make *natural* GLP-1. Reduced gut motility, shifts in serotonin signaling, and slower bile flow together can also create conditions that raise the risk of small intestinal bacterial overgrowth (SIBO) in some people.

This is why motility and digestive support isn't a "nice extra" for many people on these medications — it becomes foundational.



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General supportive strategies:

- Smaller, slower meals; eating only until satiated; staying upright after eating
- Steady hydration sipped throughout the day, plus electrolytes as needed
- Adequate fiber, especially soluble fiber, introduced low and slow - Daily movement and walking
- Probiotics or fermented foods to support regular stooling - For unusually fast motility: temporarily lower dietary fat - Vagal toning and stress management (see below)
- Medical evaluation any time symptoms are significant or persistent

Weight loss without healthy digestion is not true vitality.

Gut Health: Feeding the Microbiome

When food intake becomes smaller, microbiome diversity may suffer too. The gut microbiome needs nourishment and prebiotics (the specific fibers and starches that feed beneficial bacteria) are a key piece.

Food sources of prebiotics include onions, garlic, leeks, asparagus, artichokes, legumes, green banana, resistant starch, ground flaxseed, chia seeds, and partially hydrolyzed guar gum (PHGG) when appropriate. A commonly cited target for overall fiber intake is around 29 grams per day or more, built up gradually to avoid digestive discomfort — particularly important for anyone with a sensitive gut, IBS, or SIBO risk, who should introduce fiber cautiously and in partnership with their provider.

Emerging research published in **Gut Microbes** and **Nutrients** between 2023 and 2024 suggests that dietary fiber intake remains one of the strongest predictors of microbial diversity and short-chain fatty acid production, both of which are associated with metabolic health.

Probiotics may help some people, but they should be personalized — not everyone needs the same strain, and not every gut responds the same way. The goal isn't simply adding supplements; it's rebuilding a resilient digestive ecosystem.



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Minerals, Vitamins, and Nutrient Status

Because GLP-1 medications often reduce appetite substantially, many people eat less overall — which raises the risk of inadequate nutrient intake. Nutrients worth monitoring with your provider may include protein, magnesium, potassium, sodium balance, vitamin D, B vitamins, iron, zinc, selenium, calcium, and omega-3 fats.

A 2024 review in **Frontiers in Nutrition** highlighted that reduced caloric intake during GLP-1 therapy may increase the likelihood of suboptimal protein and micronutrient intake if nutrition isn't intentionally planned.

This is why I believe GLP-1 therapy should be paired with a nutrition strategy, not just dose escalation. Less food means every bite matters more.

The Weight Regain Question

What happens when people stop taking these medications is another important piece of the research. Studies show that many people regain a significant portion of the weight lost. An extension of the STEP 1 trial published in **Diabetes, Obesity and Metabolism** (2022) found that participants regained roughly two-thirds of their prior weight loss within one year after stopping semaglutide — a finding that underscores the chronic, biologically driven nature of weight regulation.

This does not mean the person failed. It means biology is powerful. Appetite, hunger signals, metabolic adaptation, emotional eating patterns, sleep, stress, muscle mass, and lifestyle all still matter. If the medication was the only strategy, stopping it may simply reveal that the deeper foundations were never fully built.

Lifestyle isn't "extra." Lifestyle is the foundation.



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Movement Is Not Optional

Some people become less physically active after starting GLP-1 medications — sometimes from fatigue, nausea, lower energy intake, or simply feeling like they're losing weight "without needing to move." This is exactly where risk increases: less food, less protein, less movement, and less resistance training together can accelerate muscle loss.

Intelligent movement matters here — not extreme exercise, not punishment, but resistance training, walking, balance work, mobility, functional strength, and daily steps. The body you keep after weight loss matters more than the number you see during weight loss.

Supporting the Nervous System Side of Digestion

One piece that often gets overlooked: the vagus nerve, which connects the brain, heart, and gut, is directly involved in how GLP-1 medications affect motility. When the body shifts toward more sympathetic ("fight or flight") tone and less vagal ("rest and digest") tone, digestion slows further and stress responses can intensify.

Simple, evidence-informed ways people support vagal tone include:

- Slow, diaphragmatic breathing with a longer exhale than inhale - Humming, chanting, or singing (the vagus nerve runs near the vocal cords)
- Regular mindfulness or meditation practice
- Consistent sleep/wake timing
- Gentle daily movement, yoga, or tai chi
- Social connection

None of these replace medical care, but they can be meaningful additions to a broader plan.



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My Functional Medicine Perspective

GLP-1 medications may be appropriate and life-changing for some people. But they should never be treated as a simple shortcut. They require a plan:

- A plan for protein
- A plan for muscle
- A plan for digestion and motility
- A plan for nutrients
- A plan for the microbiome
- A plan for stopping or continuing
- A plan for long-term health

The goal is not just to become smaller. The goal is to become healthier, stronger, more metabolically flexible, and more resilient.

What I Encourage People to Ask

If you are using or considering a GLP-1 medication, ask better questions:

- Am I getting enough protein?
- Am I preserving muscle?
- Am I strength training?
- Am I constipated, or experiencing other digestive changes? - Am I eating enough nutrients overall?
- Am I monitoring vitamins and minerals with my provider? - Am I supporting my microbiome and bile/gallbladder health? - Do I have a long-term plan?
- What happens if I stop?

These aren't fear-based questions. They're intelligent questions.



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Final Thought

We live in a time where medicine is moving fast, and some of these tools are remarkable. The growing body of evidence supports that GLP-1 medications can improve weight, blood sugar regulation, and even cardiovascular outcomes for many individuals. At the same time, the latest research reminds us that preserving muscle, maintaining nutrient and digestive health, supporting the microbiome and bile flow, and building sustainable habits remain essential.

No medication replaces the foundations of health. Food quality still matters. Protein still matters. Motility still matters. Minerals still matter. Muscle still matters. Sleep still matters. Stress still matters. Daily choices still matter.

GLP-1 medications may help people lose weight. But true health requires more than weight loss — it requires nourishment, strength, digestion, resilience, and wisdom.

The goal is not simply to live lighter. The goal is to live stronger.

We're here to support you every step of your journey.

Wishing you continued progress and good health.

Stay well,

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This information is for educational purposes only and is not a substitute for individualized medical advice. Please work with your qualified healthcare provider before starting, adjusting, or stopping any medication, or before making significant changes to diet, supplements, or exercise.

