GLP-1 Hormone, Medication & Integrative Treatment Protocols

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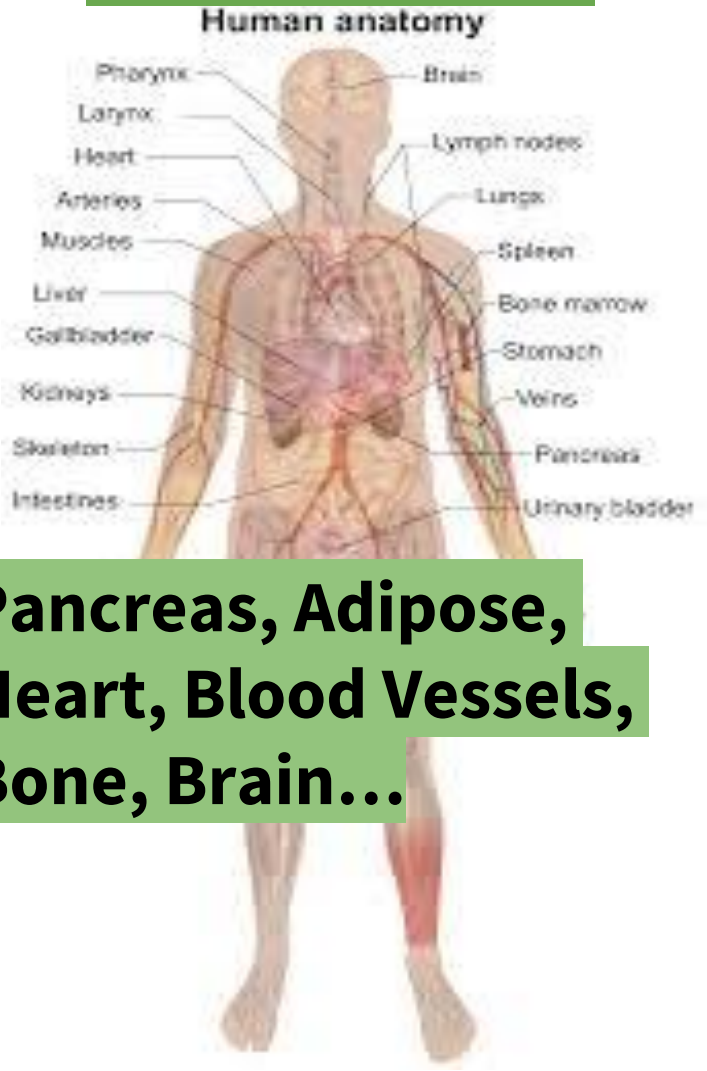
Agenda

- The Importance of Incretin Hormones
- Naturally Optimizing - Who, What, How & When
- Exploring Incretin Hormone Agonist Medications
  - Who - assessment
  - What - medication choice
  - What else- integrative protocol
  - What then- maintenance protocol
- Q+A and Resources

The Importance of Incretin Hormones

- We've spent a long time on insulin, leptin, ghrelin
- We've discovered the essential role of the microbiome
- In targeted areas, we've seen the power of incretin hormone optimization (bariatrics, diabetes etc.)

WHERE'S GLP-1?



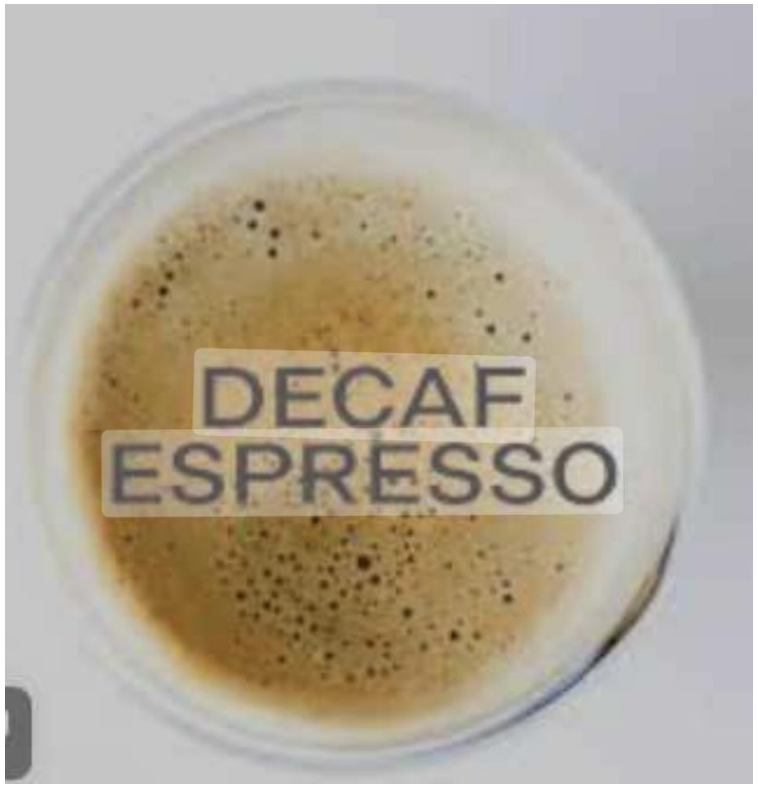
Pancreas, Adipose, Heart, Blood Vessels, Bone, Brain…

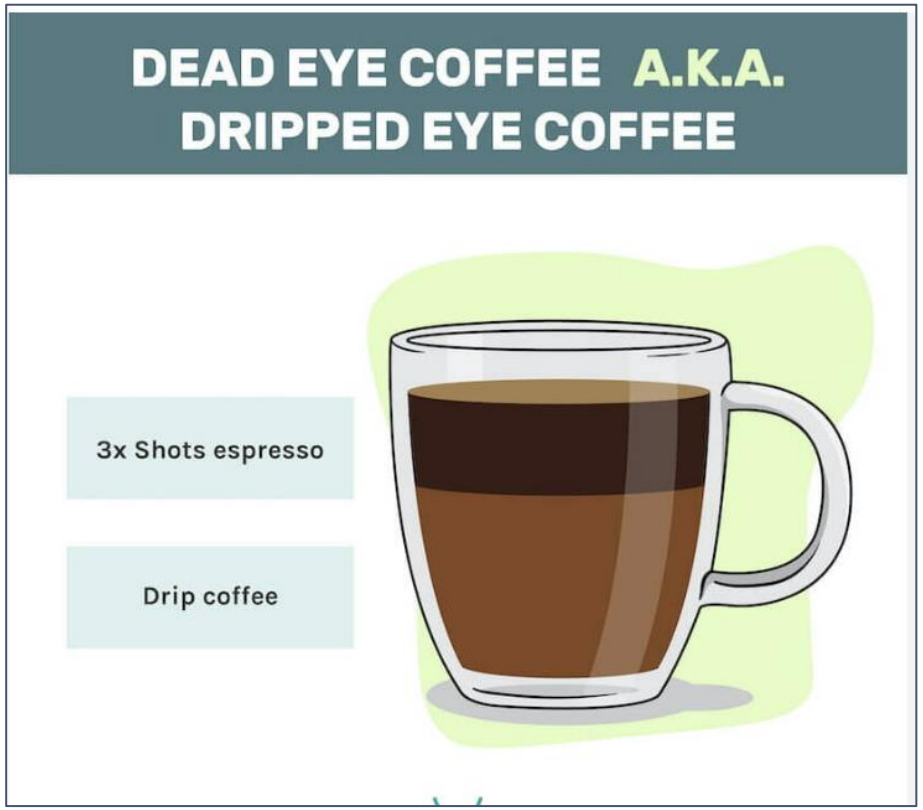
So Who Should Be Optimizing GLP-1?

What. How. When. Who?

- Location, location, location. [Digestive Tune Up]
- Absorption. [Hydration Optimizer]
- Quality *and* Quantity
- Protein: Carbohydrates
- Essential Fatty Acids
- Probiotics, Prebiotics & Polyphenols
- CGM & Experiments to Assess Body Response
- Ongoing / Quarterly reassessment
- Medical & Life Stage Changes
- Dietitian, Nutritionist
- Health Coach

Natural vs. Medications





Incretin Mimics: Medications

GLP-1 Agonists

- Dulaglutide (Trulicity)
- Liraglutide (Victoza, Saxenda)
- Semaglutide (Ozempic, Wegovy**, Rybelsus)*
- Exenatide (Byetta, Bydureon)
- Lixisenatide (Adlyxin)

Combined GLP-1 and GIP agonists

- Tirzepatide (Mounjaro)

*FDA approved to reduce the risk of major CV adverse events in patients with DM-2 and established CVD
**FDA approved for weight loss

Exploring Medications: Who + What(s)

- Who - candidates & concerns
- What medication(s) - personalized to the patient
- What else - supplements, fitness, routine labs
- What then - transition to & navigating maintenance (hint: naturally optimized GLP-1)

Plan & Procedures

Choosing to go on a GLP-1/GIP medication is a significant step. We need to help patients understand & ask them to commit to the complete package.

- I have them sign a contract that says "I will utilize my time on GLP meds to change my relationship with food, thereby making healthy living a lifestyle, not a temporary intervention".
- We set their BMI goal *NOT* at 20 but 25-27 then work without it for additional results
- INbody H20N scale so they (and I) can monitor not only body fat, but also their skeletal muscle mass, as this is at risk with severe dietary restriction
- Protein 1.5-2.0g/kg and outline what that entails (may need a protein powder)
- Supplementation program including a multivitamin, vitamin D, EPA and magnesium (minimums)
- Verify an exercise program with them (either a trainer at gym or a membership to a group fitness class...anything.
- Assigned reading like *Glucose Revolution, What the Heck to Eat*
- CGM for 4-6 weeks minimum to learn how to manage their glucose curve
- Anyone that can join them on their weight loss journey because losing weight as a community is more successful
- Discuss sleep and if their sleep is off, I encourage them to get a sleep tracking wearable
- Low fiber intake is also an issue during massive weight loss, so I educate them on what 500g of vegetables. day looks like. *AT LEAST One meal a day is a salad + protein"

Case Study: Let's Discuss

Patient AG: 52-year-old male, employed as a lawyer, presents with the goal of "weight loss". He has a Body Mass Index (BMI) of 36, categorizing him in the obese range, which is a pressing concern considering his prediabetic status with an HbA1c of 5.8%. His current pharmacological regimen includes two antihypertensive medications, yet he is not on any additional pharmaceuticals or supplements.

The patient reports a daily alcohol intake of 1-2 drinks, which increases over the weekends, although he abstains from tobacco use. His physical activity is limited to walking 1-2 times a week for 30 minutes. A dietary assessment reveals inconsistent eating patterns, with a reliance on restaurant meals and office delivery services like Uber Eats. He describes his stress levels as "pretty high", attributing this to a demanding work environment.

Evaluation & Next Steps

Considering Medication	Taking Medication	Not Taking Medication
Ensure there are no contraindications. • Have someone review your existing lab data • Consider additional data collection (see testing list below)	Monitor your progress for the earliest indications of side effects.	Map out your goals - get very specific - for nutrition and lifestyle.
Assess and, as indicated, tune up digestion (can do while you start the medication if you don't have digestive complaints).	Implement a digestive support plan to reduce risk of side effects and to support optimal production of natural hormones.	Identify where your body has needs not currently being met by your nutrition and lifestyle choices: 1. Have someone review your existing lab data 2. Consider additional data collection (see testing list below)
Complete experiments and evaluations to determine any areas to optimize before or as you start the medication to help prevent side effects and produce optimal results.	Evaluate existing data and pursue additional testing to identify any insufficiencies, excesses, deficiencies to optimize results.	Complete experiments and evaluations to determine any areas to optimize for their overall health and GLP-1 production benefits.
Monitor your progress for the earliest indications of side effects	Complete experiments and evaluations to determine any areas to optimize to help prevent side effects and produce optimal results.	Assess and, as indicated, tune up digestion to foundationally target production of GLP-1 and GIP hormones.
Create and implement your maintenance plan to sustain your results when you choose to stop the medication and/or when you achieve your goals.	Create and implement your maintenance plan to sustain your results when you choose to stop the medication and/or when you achieve your goals.	Monitor your progress in real-time to see how your body responds to your choices.

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Q+A & Resources

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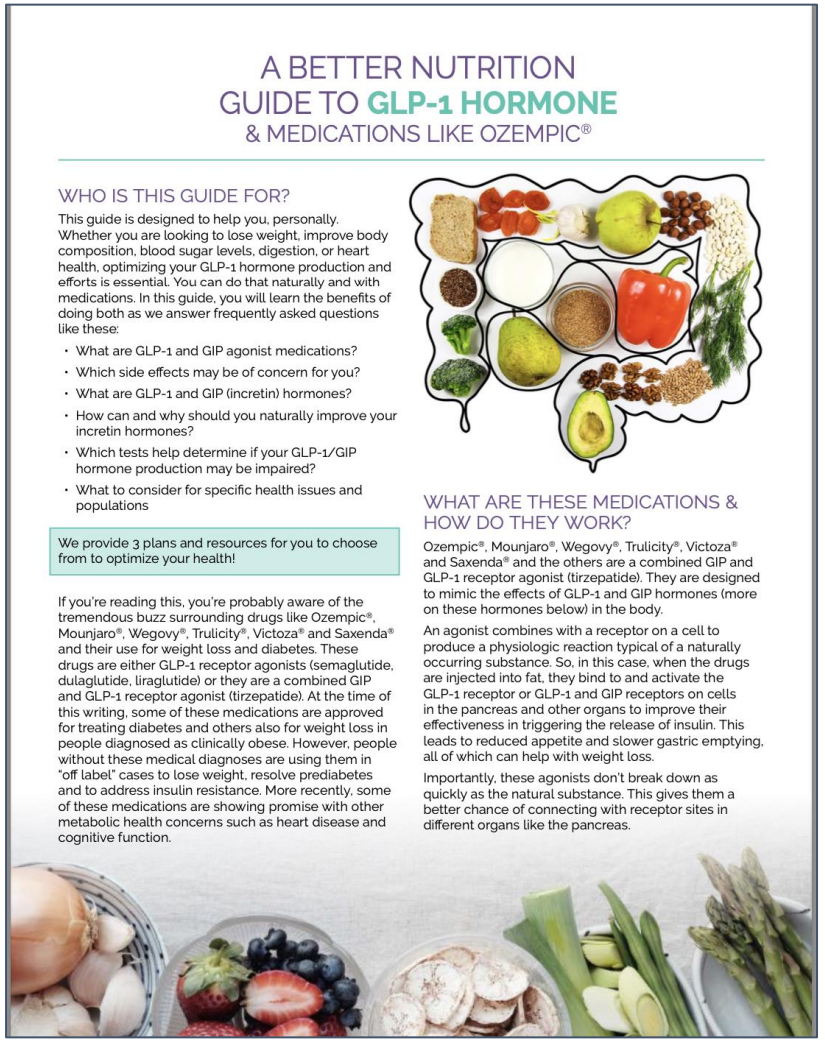

A BETTER NUTRITION GUIDE TO GLP-1 HORMONE & MEDICATIONS LIKE OZEMPIC®

WHO IS THIS GUIDE FOR?

This guide is designed to help you, personally. Whether you are looking to lose weight, improve body composition, blood sugar levels, digestion, or heart health, optimizing your GLP-1 hormone production and efforts is essential. You can do that naturally and with medications. In this guide, you will learn the benefits of doing both as we answer frequently asked questions like these:

- What are GLP-1 and GIP agonist medications?
- Which side effects may be of concern for you?
- What are GLP-1 and GIP (incretin) hormones?
- How can and why should you naturally improve your incretin hormones?
- Which tests help determine if your GLP-1/GIP hormone production may be impaired?
- What to consider for specific health issues and populations

We provide 3 plans and resources for you to choose from to optimize your health!

If you're reading this, you're probably aware of the tremendous buzz surrounding drugs like Ozempic®, Mounjaro®, Wegovy®, Trulicity®, Victoza® and Saxenda® and their use for weight loss and diabetes. These drugs are either GLP-1 receptor agonists (semaglutide, dulaglutide, liraglutide) or they are a combined GIP and GLP-1 receptor agonist (tirzepatide). At the time of this writing, some of these medications are approved for treating diabetes and others also for weight loss in people diagnosed as clinically obese. However, people without these medical diagnoses are using them in "off label" cases to lose weight, resolve prediabetes and to address insulin resistance. More recently, some of these medications are showing promise with other metabolic health concerns such as heart disease and cognitive function.

WHAT ARE THESE MEDICATIONS & HOW DO THEY WORK?

Ozempic®, Mounjaro®, Wegovy®, Trulicity®, Victoza® and Saxenda® and the others are a combined GIP and GLP-1 receptor agonist (tirzepatide). They are designed to mimic the effects of GLP-1 and GIP hormones (more on these hormones below) in the body.

An agonist combines with a receptor on a cell to produce a physiologic reaction typical of a naturally occurring substance. So, in this case, when the drugs are injected into fat, they bind to and activate the GLP-1 receptor or GLP-1 and GIP receptors on cells in the pancreas and other organs to improve their effectiveness in triggering the release of insulin. This leads to reduced appetite and slower gastric emptying, all of which can help with weight loss.

Importantly, these agonists don't break down as quickly as the natural substance. This gives them a better chance of connecting with receptor sites in different organs like the pancreas.

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Thursday 1:30pm – 2:30pm

GLP-1 Hormone, Medications & Integrative Treatment Protocols

Please scan this QR code on you mobile

or tablet device to access the session feedback survey

GLP-1 Medications & Integrative Treatme ntÂ Protocols