What to Consider Before Starting Weight-Loss Injections

Making a safe, informed and supported decision

This is your decision

Weight-loss injections can be helpful for some people, but they are not suitable for everyone and they are not a complete treatment plan on their own. A careful decision considers your health, expectations, relationship with food, emotional wellbeing, practical circumstances and the support available to you.

The four-part starting framework

SUITABILITY Is it appropriate for my body, health and needs?	SAFETY Do I understand risks, side effects and warning signs?
SUPPORT Who will help medically, nutritionally and emotionally?	LONG TERM What can I sustain during treatment and afterwards?

Use this guide to prepare for a clinical conversation. It supports reflection but does not diagnose, prescribe or replace advice from a regulated healthcare professional.

Suitability: is this treatment appropriate for me?

A good assessment looks beyond a single number. The prescriber should confirm your weight and height, consider ethnicity-related BMI thresholds where relevant, discuss weight-related health conditions and explore factors that may affect safety or response.

Share your complete health picture

• Current and previous physical health conditions, including diabetes, digestive disease, gallbladder or pancreatic problems, kidney problems and significant dehydration.

• Every medicine and supplement you take. Some medicines may need adjustment as appetite, food intake or blood glucose change.

• Previous reactions to weight-management medicines and any unexplained severe abdominal symptoms.

• Pregnancy, breastfeeding or plans to conceive. These medicines are not used during pregnancy and medicine-specific stopping advice is essential.

Food and emotional wellbeing

Tell the prescriber about binge eating, vomiting, restriction, anorexia, bulimia, ARFID, compulsive exercise, intense fear of weight gain or a history of rapid weight loss. Appetite suppression may make adequate intake harder and can strengthen unsafe patterns. This should lead to appropriate support, not judgment or automatic dismissal.

Questions to ask

Why is this particular medicine being recommended? What benefits are realistic for me? Are there reasons it may be unsuitable? What checks are needed before the first dose? What would make us pause, change or stop treatment?

Safety: understand the treatment before beginning

Only use a medicine prescribed for you after a proper assessment. Use a registered pharmacy and avoid products offered through social media, salons or informal sellers. Never share a pen or use someone else’s prescription.

Common difficulties

• Nausea, constipation, diarrhoea, vomiting, abdominal discomfort, reflux and reduced appetite.

• Fatigue, headache or dizziness, sometimes made worse by inadequate food or fluids.

• Difficulty meeting nutritional needs when fullness arrives very quickly.

• Injection-site reactions or anxiety about administering the medicine.

Know when to seek help

Ask the prescriber for clear written advice. Severe or persistent abdominal pain, repeated vomiting, inability to keep fluids down, signs of dehydration, breathing difficulty, swelling or another severe reaction require urgent medical advice. People using diabetes medicines also need advice about low blood glucose and dose changes.

Dose increases and monitoring

The dose is usually increased gradually according to the licensed schedule and individual tolerance. Faster is not automatically better. Do not increase, reduce, combine or stop medicines without advice. Agree how weight, symptoms, nutrition, hydration, blood glucose where relevant, and overall wellbeing will be reviewed.

Your safety plan

Prescriber/contact: _____
Where I will obtain the medicine: _____
Who to contact out of hours: _____
Symptoms I have been told require urgent help:
_____

Support: medication should not leave you on your own

A prescription without meaningful support can leave someone uncertain about eating, side effects, strength, body changes or what happens next. Ask what is included in the service and who is clinically responsible for follow-up.

Medical support

• A named regulated prescriber and planned reviews.

• A way to report side effects and receive timely advice.

• Coordination with your GP or specialist where other conditions or medicines are involved.

• Clear information about supply, missed doses, storage and travel.

Nutritional and physical support

• Help to maintain regular, balanced intake when hunger becomes quieter.

• Individual advice on protein, fluids, fibre and micronutrients, especially with allergies, intolerances, ARFID or a restricted range of foods.

• Strength or resistance activity suited to ability and health to help protect muscle and function.

• Monitoring for excessive restriction, weakness or very rapid change.

Emotional support

Weight change can bring unexpected attention, grief, fear of regain, body-image discomfort or changes in relationships. Therapy or coaching can help someone understand emotional eating, respond to comments, build self-compassion and develop coping strategies that do not depend entirely on food or restriction.

Build your support circle

Medical support: _____ Nutritional support: _____
Emotional support: _____ Trusted person: _____

Long term: think beyond the first injection

Treatment may be long term. If it stops, appetite and food thoughts may return and weight regain is possible. This is a biological response, not proof that someone has failed. Ask about duration, review points, costs, availability and the plan if treatment is reduced or discontinued.

Foundations to practise while treatment is helping

• Regular eating rather than waiting for strong hunger, which may no longer arrive.

• Enough protein and appropriate strength-based movement to protect muscle.

• Fluids and fibre adjusted to digestive tolerance.

• Sleep routines, stress regulation and enjoyable movement.

• Skills for emotional eating, social occasions, setbacks and body-image changes.

• Health measures beyond weight: energy, mobility, strength, sleep, symptoms and participation.

Practical sustainability

• Can the ongoing cost be managed without sacrificing essentials?

• What happens if price, supply, health or eligibility changes?

• Are the routines flexible enough for busy, unwell or difficult weeks?

• Could the plan continue in some form without medication?

A long-term question

Am I only planning how to lose weight, or am I also learning how to nourish, strengthen and support the person I will be while my body changes?

Decision worksheet

Write honestly. A “not yet” answer simply identifies information or support you need before deciding.

Area	What I know	What I still need
Suitability		
Safety		
Support		
Long term		

My expectations

The change I most hope for is:

_____

I would still consider treatment worthwhile if:

_____

The pressure or judgment I want to separate from my decision is:

_____

My next safe step

☐ Arrange a regulated clinical assessment ☐ Prepare my medication list
☐ Discuss eating or emotional concerns ☐ Identify nutritional support
☐ Ask about monitoring, cost and stopping ☐ Take more time before deciding

A personal perspective and message from Maggie

> “I wanted the medication to give me breathing space from constant hunger and worry about my health. Before starting, I assumed the prescription itself would be the support. I soon realised I needed someone to answer questions, help me eat enough and remind me that faster loss was not the only sign of progress. Planning before the first dose would have made me feel much safer.”

A message from Maggie

You do not need to rush this decision or justify it to anyone else. Give yourself permission to ask detailed questions, think about your relationship with food and consider the practical and emotional support you may need.

Choosing an injection does not mean you have failed, and choosing not to use one does not mean you are refusing help. An informed decision is one that fits your health, circumstances and values. You deserve treatment that protects your whole wellbeing—not just a change on the scales.

Clinical notes and sources

NHS: Overweight and obesity in adults. Weight-loss medicines are generally used alongside balanced nutrition, reduced energy intake and physical activity; support should also be offered after stopping. Updated April 2026. https://www.nhs.uk/conditions/overweight-and-obesity/

NICE TA1026: Tirzepatide for managing overweight and obesity. UK technology appraisal guidance on eligibility and use alongside diet and physical activity. https://www.nice.org.uk/guidance/ta1026

MHRA: GLP-1 medicines safety information. UK regulator communications cover safe prescribing, adverse effects and pregnancy precautions.
https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

Important

This guide is for general education. It does not replace an assessment, diagnosis, medicine leaflet, personalised advice or emergency care from a qualified healthcare professional.