YOUR CARE, BETWEEN VISITS

# The GLP-1 Companion handbook

Practical support for nourishment, movement, sleep, and conversations with your care team.

Review preview: clinician/dietitian review is pending. These resources do not diagnose, prescribe, or replace your individual care plan.

## How to use this handbook

Start with the topic you need today. Choose one manageable action, make notes on the printable worksheets, and bring questions to your treating clinician. Personal protein, fluid, activity, and medication plans take priority.

## Inside


• Getting started

• Everyday nourishment

• Low appetite & comfort

• Strength & everyday movement

• Sleep & overnight comfort

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• Shop, prep & simplify


Plus symptom-specific food guidance, urgent-care information, and source links. All content focuses on GLP-1 assistance for adults.

## Medication context

Semaglutide and tirzepatide are different medicines. Follow the instructions for the exact product and device dispensed. Compounded products are not FDA-approved; evidence for branded products does not establish equivalence for every compounded formulation. [S1, S2, S6]

YOUR FIRST WEEK

# Getting started

Build a practical routine and know who to contact before questions arise.

## Understand what is changing

Semaglutide acts on GLP-1 receptors; tirzepatide acts on GIP and GLP-1 receptors. These medicines can reduce appetite and slow stomach emptying. Smaller meals may feel more comfortable, but your body still needs nourishment, fluids, and movement. [S1, S2, S3]

## Make your care plan usable

• Keep the name of your treating clinician, the verified clinical contact route, and your next appointment accessible.

• Follow the instructions for your exact prescription and device. Do not convert doses to generic syringe units or borrow instructions from another product.

• Ask your clinician or pharmacist about missed doses, storage, other medicines, and what to do if you are unwell. This Companion does not change your prescription.

## Topics to raise before treatment or a procedure

Tell your prescriber about a personal or family history of medullary thyroid cancer or MEN 2, serious medication allergy, severe stomach-emptying problems, pregnancy plans, breastfeeding, and other medicines. Tell any surgical or anesthesia team that you take this medicine. If using tirzepatide with an oral contraceptive, ask about additional or alternative contraception around starting treatment and dose increases. Follow the current medication guide and your clinician’s plan. [S1, S2]

## Choose a manageable first week

• Pick two familiar breakfasts and a few simple meals. Have a protein food, easy carbohydrate, and tolerated produce available.

• Keep a drink nearby and sip regularly, within your clinician's fluid guidance.

• Start with a comfortable walk or a few minutes of seated movement, matched to your ability.

• Keep sleep and wake times as consistent as your schedule allows.

## Bring these questions

• What protein and fluid targets fit my health needs?

• How should I adjust my routine when appetite is low?

• How do I reach you for persistent symptoms, and what needs urgent care?

Source IDs: S1, S2, S3, S13, S15. Links are in the source register.

FOOD & FLUIDS

# Everyday nourishment

Protein, produce, carbohydrates, fiber, and hydration without a restrictive rulebook.

## Build meals around variety

Combine a protein food such as eggs, yogurt, fish, poultry, tofu, or beans with a carbohydrate and some produce. Rice, oats, potatoes, bread, and fruit can fit. Use modest amounts of fats such as olive oil. There is no universal GLP-1 ban on carbohydrates, fruit, gluten, or dairy. Medical conditions and allergies may require changes. [S17, S18]

## Make protein personal

Include protein across eating opportunities rather than saving it all for dinner. If appetite is limited, start with some of the protein component. A 2025 multisociety advisory discusses 80-120 g/day as one practical individualized approach, or 1.2-1.6 g/kg/day during active weight reduction. These are proposed starting points, not a target for everyone; using actual body weight can overestimate needs. Ask a clinician or dietitian to set yours, especially with kidney disease. Protein alone does not replace strength activity. [S11, S16]

## Fiber: build gradually

General adult guidance is around 22-34 g of fiber daily, depending on age and sex. Oats, fruit, vegetables, and legumes can contribute. Increase slowly with appropriate fluids; suddenly adding lots of bran, seeds, or beans can be uncomfortable. Significant pain, vomiting, or distention needs assessment instead of extra fiber. [S19]

## A realistic hydration routine

About 2 liters of fluid daily is a starting point used in some patient guidance, not a universal prescription. Needs vary with weather, activity, illness, and prescribed fluid limits. Sip across the day. Your kidney or heart care plan takes priority. Ask for help if vomiting or diarrhea makes drinking difficult. [S15, S16]

FOOD & FLUIDS

# Nourishment, continued

## Adequate intake matters

• Lower appetite is not an instruction to skip meals or eat as little as possible.

• A shake can fill a gap, but should not automatically replace a varied diet.

• Repeatedly missing meals, increasing weakness, or difficulty sustaining intake deserves a care-team review.

• Fortified alternatives vary in protein and nutrients; read labels rather than assuming all plant milks or yogurts are equivalent.

## Food allergy is different from intolerance

Lactose-free dairy can help some people with lactose intolerance, but it still contains milk protein and is not suitable for milk allergy. Read labels for milk, egg, fish, crustacean shellfish, wheat, soy, sesame, peanuts, and tree nuts. Ingredient substitutions and cross-contact can change risk. A recipe label is not an allergy certification. [S28]

Source IDs: S11, S13, S15, S16, S17, S18, S19, S28. Links are in the source register.

GENTLER DAYS

# Low appetite & comfort

Flexible portions, simple food options, and a clear line between discomfort and a reason to seek care.

## When a usual meal feels too large

Try a smaller serving and eat slowly. Pause at comfortable fullness and return to food later as needed. A recipe portion may be divided into two eating occasions; it is not a maximum allowance. Cold or mild foods may be easier when cooking smells are unpleasant. [S13]

## Keep a few simple options

- Yogurt or cottage cheese with soft fruit, if tolerated.
- Eggs with toast, rice, or soft potato.
- Chicken and rice soup, or tofu with soft cooked vegetables.
- A modest smoothie if liquids are comfortable; avoid forcing a large volume.

## Match the response to the symptom

Nausea, reflux, constipation, and diarrhea do not all call for the same food changes. Use the symptom guide for mild symptoms. A low-fiber gastroparesis diet should not be assigned to everyone taking a GLP-1; persistent symptoms need evaluation. [S13, S21]

## When to contact your clinician

Repeated vomiting, inability to keep fluids down, or intake that stays very low needs prompt review. Severe or persistent abdominal pain needs urgent assessment. Do not solve persistent intolerance by independently changing the dose or relying on supplements. [S1, S2]

Source IDs: S1, S2, S13, S21. Links are in the source register.

PROTECT YOUR FUNCTION

# Strength & everyday movement

An adaptable approach to walking, resistance exercise, and recovery.

## Work toward a sustainable baseline

General adult guidance is at least 150 minutes of moderate aerobic activity per week, or 75 minutes vigorous, plus strengthening on at least two days. Short sessions count. The GLP-1 nutrition advisory proposes three structured strength sessions plus aerobic activity, individualized to ability and recovery. These are goals to work toward, not a required first-week workload. [S10, S11]

## Choose your starting point

• Starting out: try a comfortable 5-10-minute walk on most days; build time gradually.

• Already walking: introduce two nonconsecutive strength sessions and review whether a third is appropriate.

• Established exerciser: maintain a tolerable routine and watch energy, recovery, and usual performance.

• Mobility limitations: consider seated movement, supported standing, or physical-therapy guidance.

## Simple movements to discuss

Chair sit-to-stands, wall push-ups, a supported row, a light hip hinge, supported calf raises, and comfortable carries are possible starting movements. Suitability and technique matter. There is no mandatory 10,000-step target, fasted workout, or high-intensity interval requirement. Track everyday function as well as the scale.

## An example week, once ready

Five 30-minute walks total 150 minutes. Add strength on Monday and Wednesday, with an optional third session on Friday if appropriate. Keep easier movement or rest on other days. Begin below this if needed and progress gradually.

## Adjust on difficult days

Choose easier movement when nauseated or eating poorly. Stop and address dizziness, faintness, dehydration, or inability to keep fluids down. If you use insulin or a sulfonylurea, ask for an exercise and glucose plan. [S1, S14]

Source IDs: S10, S11, S12, S14. Links are in the source register.

REST AND RECOVERY

# Sleep & overnight comfort

What the evidence says about sleep apnea, and practical help for everyday sleep.

## What GLP-1 research does - and does not - show

Two 52-week trials found that tirzepatide improved obstructive sleep apnea in adults with obesity and moderate-to-severe apnea. This is not evidence that GLP-1 medicines treat ordinary insomnia. The FDA-approved apnea indication is for Zepbound in that specific population, not every tirzepatide formulation. Do not stop PAP treatment without a sleep-clinician reassessment. [S4, S5, S6]

## Make room for sleep

Most adults should allow 7-9 hours. Keep a regular wake time, use a wind-down routine, and make the room dark, cool, and quiet. Caffeine effects may last up to eight hours; move the cutoff earlier if needed. Avoid alcohol as a sleep aid. Shift workers can anchor routines around their main sleep period. [S7, S8]

## If reflux wakes you

When practical, finish meals at least three hours before lying down. Try a smaller earlier dinner, remain upright afterward, and identify your triggers. Rich foods, alcohol, coffee, chocolate, mint, spicy foods, citrus, or tomatoes may bother some people. Do not remove all of them automatically. [S9]

## Look for patterns, not a diagnosis

For one or two weeks, record bedtime, wake time, awakenings, last meal, caffeine, reflux or nausea, and daytime sleepiness. Bring the worksheet to your clinician. Digestive symptoms can plausibly interrupt sleep, but fatigue can have several causes; this is not proof of a nutrient deficiency.

## Ask for an evaluation

Loud snoring, gasping, marked daytime sleepiness, or persistent insomnia warrants review. A tracker cannot diagnose apnea. The reviewed evidence does not establish one universally better injection time for sleep; ask your prescriber before changing timing.

Source IDs: S1, S2, S4, S5, S6, S7, S8, S9. Links are in the source register.

NOTICE WHAT MATTERS

# Your weekly check-in

A useful update on nourishment, comfort, sleep, and function - not just weight.

## Five useful questions

- Am I eating regularly enough and including protein foods?
- Can I drink comfortably and follow my personal fluid plan?
- Which symptoms occurred, how severe were they, and how long did they last?
- How are sleep, energy, walking, and everyday strength?
- What one change or question would make the next week easier?

## Bring concrete examples

A short note about when a symptom began, recent medication changes, meals, and fluids is more useful than judging the week as good or bad. Use the printable tracker privately; this page does not send notes to a clinician.

## Prepare for the next conversation

Review your exact prescription and prepare your medication list. Ask whether nutrition, activity, symptoms, or treatment need review. Do not wait for a routine appointment for urgent symptoms. [S1, S2]

Source IDs: S1, S2, S13. Links are in the source register.

A BROADER VIEW

# Progress & plateaus

Review patterns without crash dieting, self-blame, or automatic dose increases.

## Consider the whole picture

Discuss longer-term patterns with your clinician. Sleep, intake, symptoms, medication use, and daily function all provide context. Better stamina or a more consistent routine can be meaningful even when a single weight reading is frustrating.

## Review before reacting

- Are meals becoming too small or frequently missed?
- Have side effects limited fluids, movement, or food variety?
- Has your schedule, sleep, stress, or medication routine changed?
- Would a dietitian or a more accessible movement plan help?

## Keep treatment decisions with your clinician

Do not respond with extreme restriction, extra doses, or unreviewed supplements. Use your check-in to agree on a realistic next step. Persistent poor intake or weakness deserves assessment. [S1, S2, S13]

Source IDs: S1, S2, S13. Links are in the source register.

START FROM TODAY

# Reconnect & reset

Return after a disrupted routine with one achievable step.

## No perfect restart required

Choose one small action: buy familiar breakfast ingredients, refill your water bottle, take a short comfortable walk, or prepare your next question. Build from what is manageable today.

## If medication was interrupted

Contact your clinician or pharmacist for instructions specific to the product and length of the interruption. Do not assume a previous dose is the correct restart dose; this resource does not provide restart or missed-dose instructions. [S1, S2]

## Reconnect with support

Use the verified care contact supplied by your treating clinician. General website support is not an urgent clinical service. Bring practical barriers - cost, food access, schedule, side effects, or mobility - to the conversation.

Source IDs: S1, S2. Links are in the source register.

LONGER-TERM CARE

# Maintenance & transitions

Prepare for an ongoing review or a clinician-led treatment change.

## Plan beyond the next refill

Discuss your goals, response, side effects, nutrition, activity, and follow-up schedule with your treating clinician. Medication changes and discontinuation need an individualized plan, not an automatic endpoint set by this Companion.

## Keep useful habits flexible

Continue familiar meal options, strength activity matched to ability, and sleep routines. Reassess your nutrition needs as circumstances change. Avoid rigid rules that make eating or social occasions harder.

## Questions for your visit

- What does maintenance look like for my health goals?
- What changes should prompt a review?
- If treatment changes, how will we monitor appetite, symptoms, and nutrition?
- When should we reassess other medicines or sleep-apnea treatment?

Source IDs: S1, S2, S11. Links are in the source register.

MAKE THE WEEK EASIER

# Shop, prep & simplify

Budget baskets, convenient ingredients, and safer leftovers.

## Start with fewer decisions

Choose two breakfast bases and three dinners if a large catalog feels overwhelming. Repeat ingredients, check your pantry, compare unit prices, and use frozen or shelf-stable produce to reduce waste. The grocery builder totals only the recipes you select. [S25]

## Four useful shopping baskets

• Budget: eggs, plain yogurt, tofu, oats, rice, frozen vegetables, lentils, and canned beans.

• Low cooking: plain cooked poultry, microwave grains, frozen vegetables, yogurt, cottage cheese, fruit, and eggs. Compare sodium on labels.

• Softer options: rice, eggs, tofu, yogurt if tolerated, potatoes, carrots, zucchini, banana, and broth. This is not a permanent low-fiber prescription.

• Plant-based: tofu, edamame, lentils, beans, fortified soy foods, grains, and produce. Check protein and fortification.

## Keep food safe

Cook poultry and ground turkey to 165°F, ground beef to 160°F, fish to 145°F, and egg dishes to 160°F. Reheat leftovers to 165°F. Refrigerate perishables within two hours, or one hour above 90°F; keep the refrigerator at 40°F or below. Use most cooked leftovers within 3-4 days or freeze. [S23, S24]

## Prep without storing a whole week unsafely

Freeze raw proteins that will not be cooked within their safe refrigerator window. Cook each dinner as scheduled and refrigerate tomorrow's lunch promptly in a shallow container. Keep packed lunches chilled. Do not leave a week's worth of raw poultry in the refrigerator. [S23, S26]

Source IDs: S23, S24, S25, S26. Links are in the source register.

SUPPORT FOR TODAY

# Feeling comfortable

Build a routine you can repeat.

## Try this

- Include a protein food, carbohydrate, and produce across your meals.
- Sip fluids regularly within your personal plan.
- Choose movement you can sustain and a consistent sleep routine.

## What to limit or reconsider

No blanket food bans. Adjust for allergies, medical conditions, and personal tolerance.

## When to ask for help

Ask your care team to personalize protein, fluids, and activity if you are unsure.

## Food ideas to explore

- Berry yogurt oat bowl
- Chicken quinoa lunch bowl
- Ginger tofu rice bowl

These ideas are not treatments or guarantees of symptom relief. Review recipe ingredients and adapt for your needs.

**Sources**

S11: Mozaffarian et al., 2025 multisociety nutrition advisory

S15: Guy's and St Thomas': Food and nutrition

SUPPORT FOR TODAY

# Nausea or low appetite

For mild symptoms, use small, manageable eating opportunities.

## Try this

• Eat slowly and pause at comfortable fullness; return to food later as needed.

• Try mild, cool, or soft foods when smells are unappealing.

• Sip fluids rather than forcing a large drink or shake.

## What to limit or reconsider

Large rich or fried meals and strong cooking odors may worsen symptoms. Do not force a huge salad to meet a target.

## When to ask for help

Repeated vomiting, inability to keep fluids down, or persistently low intake needs prompt clinical review.

## Food ideas to explore

• Chicken rice comfort soup

• Egg and potato breakfast bowl

• Cottage cheese and melon

These ideas are not treatments or guarantees of symptom relief. Review recipe ingredients and adapt for your needs.

**Sources**

S1: Lilly: Zepbound prescribing information

S2: Novo Nordisk: Wegovy prescribing information

S13: Guy's and St Thomas': Managing side effects with diet

SUPPORT FOR TODAY

# Reflux or nighttime burning

Timing and personal triggers can matter.

## Try this

• Try a smaller, earlier dinner and remain upright afterward.

• Allow at least three hours between meals and lying down when practical.

• Track which foods or drinks actually bother you.

## What to limit or reconsider

Possible triggers include rich foods, coffee, alcohol, chocolate, mint, spicy foods, citrus, and tomatoes. Avoid only what is relevant to you.

## When to ask for help

Persistent reflux needs assessment. Severe chest pain or trouble breathing should not be assumed to be reflux; seek emergency help.

## Food ideas to explore

• Chicken rice comfort soup

• White fish with sweet potato

• Egg and potato breakfast bowl

These ideas are not treatments or guarantees of symptom relief. Review recipe ingredients and adapt for your needs.

**Sources**

S9: NIDDK: Eating, diet and nutrition for GERD

SUPPORT FOR TODAY

# Constipation

Gradual changes are usually more practical than a sudden fiber overload.

## Try this

- Build tolerated fiber slowly with oats, fruit, vegetables, and legumes.
- Follow your fluid plan and include comfortable movement.
- Ask a clinician or pharmacist about persistent symptoms and appropriate treatments.

## What to limit or reconsider

Avoid abruptly loading bran, seeds, or beans. Significant pain, vomiting, or a swollen abdomen needs assessment rather than extra fiber.

## When to ask for help

Seek prompt care for severe or persistent abdominal pain, vomiting, or inability to pass stool or gas with distention.

## Food ideas to explore

- Apple-cinnamon warm oats
- Kiwi yogurt cup
- Lentil carrot soup with yogurt

These ideas are not treatments or guarantees of symptom relief. Review recipe ingredients and adapt for your needs.

**Sources**

S1: Lilly: Zepbound prescribing information

S19: NIDDK: Eating, diet and nutrition for constipation

S27: NIDDK: Constipation symptoms and when to seek care

SUPPORT FOR TODAY

# Diarrhea

Replace fluid losses and return to tolerated normal food.

## Try this

- Sip fluids and ask about an oral rehydration solution if losses continue.
- Choose foods you tolerate, with smaller portions if needed.
- Seek advice if symptoms persist or you have a fluid restriction.

## What to limit or reconsider

High-fat food, alcohol, caffeine, excess simple sugars, and sugar alcohols can worsen diarrhea. Avoid prolonged fasting or a BRAT-only diet.

## When to ask for help

Persistent diarrhea, dizziness, very little urine, bloody stool, or inability to maintain fluids needs prompt medical review.

## Food ideas to explore

- Chicken rice comfort soup
- Egg and potato breakfast bowl

These ideas are not treatments or guarantees of symptom relief. Review recipe ingredients and adapt for your needs.

**Sources**

S1: Lilly: Zepbound prescribing information

S20: NIDDK: Eating, diet and nutrition for diarrhea

KNOW WHEN NOT TO WAIT

# Your safety comes first.

## Emergency help

Call 911 for trouble breathing, swelling of the face or throat, loss of consciousness, severe confusion, or seizure. Do not wait for a website response.

## Urgent assessment

Severe or persistent abdominal pain, especially pain reaching the back, repeated vomiting, or inability to keep fluids down needs prompt medical assessment. Product labels include pancreatitis, gallbladder disease, and dehydration-related kidney injury among important risks. This is not a complete safety list; read your actual product information. [S1, S2]

## Low blood glucose

Follow your prescribed glucose plan, especially if using insulin or a sulfonylurea. Below your treatment threshold (often 70 mg/dL), NIDDK advises 15-20 g fast-acting carbohydrate, rechecking after 15 minutes, and repeating if still low. Use labeled glucose tablets or a source in your plan; a protein snack alone is not the treatment. [S14]

If someone is unconscious, seizing, severely confused, or unable to swallow safely, call 911 and follow the prescribed glucagon/emergency plan. Do not give food or drink by mouth.

## For nonurgent care

Use the verified contact supplied by your treating clinician. This Companion is not monitored and does not submit symptoms. Keep completed worksheets privately and use your clinical channel to share notes.

EVIDENCE & TRANSPARENCY

# Source register

Retrieved October 2026. Original meal, recipe, and routine examples are proposals, not clinically tested treatment programs. The sleep-apnea trial findings apply to the studied population, not ordinary insomnia.

**Sources**

S1: Lilly: Zepbound prescribing information

S2: Novo Nordisk: Wegovy prescribing information

S3: NIDDK: What's new in medications for weight management

S4: Malhotra et al., NEJM 2024: SURMOUNT-OSA

S5: FDA: First medication for obstructive sleep apnea, December 20, 2024

S6: FDA: Concerns with unapproved GLP-1 drugs

S7: NHLBI: Heart-healthy living - sleep

S8: NHLBI: Healthy sleep habits

S9: NIDDK: Eating, diet and nutrition for GERD

S10: CDC: Adult activity overview

S11: Mozaffarian et al., 2025 multisociety nutrition advisory

S12: Lundgren et al., NEJM 2021: Exercise, liraglutide and weight-loss maintenance

S13: Guy's and St Thomas': Managing side effects with diet

S14: NIDDK: Low blood glucose

S15: Guy's and St Thomas': Food and nutrition

S16: NIDDK: Healthy eating for adults with chronic kidney disease

S17: USDA MyPlate: Protein foods

S18: USDA MyPlate: Vegetables

S19: NIDDK: Eating, diet and nutrition for constipation

S20: NIDDK: Eating, diet and nutrition for diarrhea

S21: NIDDK: Eating, diet and nutrition for gastroparesis

S23: USDA FSIS: Leftovers and food safety

S24: USDA FSIS: Keep food safe - food safety basics

S25: USDA MyPlate: Make a plan

S26: USDA FSIS: Refrigeration and food safety

S27: NIDDK: Constipation symptoms and when to seek care

S28: FDA: Food allergies and major allergens