

## Patient Handout: Semaglutide

Semaglutide is in a class of drugs referred to as GLP-1 receptor agonists. Basically, drugs such as this mimic a hormone called Glucose-like Peptide-1. GLP-1 in low doses reduces glucose levels in persons with diabetes (Type II DM, or T2DM). In slightly higher doses it reduces a person's appetite greatly.

When the appetite is substantially reduced over a period of weeks, several things happen. First, there is a delay in the time it takes food to leave the stomach. This is very good because the cells that signal your brain to eat are literally blocked by the food still in the stomach. You eat less. Secondly, when there is less food going into the stomach, it will contract (some people think of it as "shrinking"). Both of these helps you to lose weight but may also contribute to discomfort.

If you try to eat a normal volume of food at your "normal" mealtimes, you are likely to become bloated or feel like you have indigestion. The prevention is to adjust your mealtimes and volume of food intake. For example, you may not be hungry at noon. If not, don't eat. Drink water, go for a walk, take a nap. But don't eat until you are hungry or experience the effects of not eating.

Similarly, don't try to eat the same volume of food you ate to become overweight. You shouldn't do it and if you try you will feel the pain. Literally! If you periodically eat out at a favorite restaurant, order your favorite food – it's okay, really. When it is served, cut it into thirds – from salad to entrée, just one-third. That's all you will eat. You can ignore the rest, take it home for two more meals later in the week, or give it to the homeless person you encounter outside of the restaurant. You don't need it, and you won't want it. Get over the guilt. This is about your life, not how much food you are wasting.

Most of the side effects of the Semaglutide diet come from trying to eat the same volume of food at some preset time. If you do this, expect stomach and GI issues. This is all up to you.

The other problems associated with the Semaglutide diet are the result of not eating enough: dizziness, fatigue, headache. So, eat something – just not a normal meal.

Studies show that when you drop out of that group of 70% of Americans who are overweight or obese, your risk for heart disease, stroke, cancer, liver disease and early death also drop. Studies haven't shown this yet, but you should also expect to need to go shopping for new, smaller clothes. Enjoy!

Okay, so what happens when you've lost all you wanted or maybe even a little more. Will you gain it all back? Absolutely! But only if you go back to eating the way you used to eat. One advantage of a medically supervised weight loss program is ensuring you don't do that. We will slowly taper down your dose of medication. We don't just drop you like a bad penny. Gradually, you will return to a new normal and feel better for it.

Should you exercise on this diet? Absolutely. If you are not an "exercise person" you can find someone to walk with you (or, better yet, get a dog to take for a walk every day). Learn to play pickleball. Explore a museum. Walk a mall if there are any left. Eventually, you may feel like going to the gym to work with a professional trainer. You will be amazed to find that most other people there need to lose weight. It's okay, refer them to us.



How long does this take? You did not put that extra weight on overnight and you won't lose it overnight. This will be a long-term process. Yes, people lose a significant amount of weight on this program, but it won't happen the first week or even the first month. To be effective over the long term, you will need to make a long-term commitment to weight loss, activity, and living a healthy lifestyle. Plan on a minimum of six months, but don't be surprised if it takes longer.

Don't try to do this on your own. Since your life depends on losing weight, it is worth every penny you will spend on it.

Here's what it will cost in our office:

We start with a brief visit to talk about your goals and our services. A medical history and limited physical exam is included: heart, lungs, blood pressure, weight (and anything else that concerns you). The fee is \$125.

We will order some commercial labs, unless you happen to have very recent labs ordered by another practitioner. We can use LabCorp or Sonora Quest, based on your preference. If you have insurance these will probably be covered. If not, we'll try to find the best cash price for you. Any fees go to the labs, not to me.

The labs we typically order include: Complete blood count, comprehensive metabolic profile, C-reactive protein, Thyroid (TSH), a check for diabetes (HbA1c), hormones (testosterone and cortisol).

Once the labs are back to me for review, I will assess to ensure you don't have any underlying issues which contraindicate this program for you. These may include such conditions as certain forms of active cancer, pancreatic disorder, and liver disease.

Then we will order the medication for you from a compounding pharmacy. The medication will come to our office. We will draw up the proper dose for you and instruct you on injection technique. The next steps are up to you: 1) We can draw up four syringes for you to take home and self-administer at your convenience. The advantage for you is that you don't need to come in every week. 2) We can keep the medication and give you the injection each week along with a MIC-B<sub>12</sub> injection (also for weight loss). This requires regular, brief office visits – but we will NOT charge you for these visits. The advantage is that you know you will get your weekly dose (surprising how many people forget), you get a free B<sub>12</sub>, and we can adjust your dose as needed. Also, we can address any other related issues. It's your choice.

The monthly cost is \$600. Unfortunately, no insurance will cover this cost.

We do not offer any guarantees for weight loss with this or any of our programs. Semaglutide does work and has worked very well for tens of thousands of people. However, we have no way of knowing what you may do beyond our program. One doctor told me she placed a man on semaglutide who gained weight because he ate only junk and drank only booze.

This program does work. Let us help you help yourself.