



Balancing **GLP-1 Use and Your Relationship with Food**

A Dietitian's Guide to Staying *Nourished* and *Mentally Well* by Julia Lloyd, MPH, RD, LDN, CDCES

GLP-1 medications are changing how people manage weight, blood sugar and metabolic health. For many, they reduce hunger and constant food thoughts. That relief can feel freeing and improve daily life. For people with a history of dieting or disordered eating, however, reduced appetite may also raise concerns about maintaining adequate nutrition or navigating past challenges with food.

This article explains how GLP-1 medications work, potential nutrition risks that may arise with a low appetite, warning signs to watch for and how care teams can help protect both health and recovery.



Dieting, Disordered Eating and Eating Disorders – What’s the Difference?

These terms sound similar but have different meanings.

- Dieting refers to intentionally restricting certain foods or changing eating patterns for a specific reason, most often weight loss or improving health or a health condition.
- Disordered eating describes irregular eating behaviors or distorted thoughts about food that do not always meet criteria for an eating disorder. Examples include frequent meal skipping, eliminating food groups, fasting or strict food rules.
- Eating disorders are medically diagnosed mental health conditions involving obsessive thoughts about food, weight or appearance that lead to severe restriction, bingeing, purging or over-exercising. They are not a choice and can be life-threatening.

Because dieting can lead to disordered eating, and disordered eating can develop into an eating disorder, healthcare teams should screen for past or current harmful food-related thoughts before starting treatments that affect appetite, including GLP-1 therapy. If a restrictive eating disorder is present, GLP-1 treatment is generally not recommended without specialist input.

Disordered Eating Thoughts and Behaviors to Watch For

It can be difficult to tell the difference between expected appetite changes and concerning behaviors with GLP-1 use. Contact your healthcare team if you notice:

- Skipping most meals
- Feeling proud of eating as little as possible
- Avoiding social meals or withdrawing from usual activities
- Strict food rules or a return of old dieting thoughts
- Rapid, unsupervised weight loss
- Dizziness, fainting, hair loss or extreme fatigue
- Re-emergence of past disordered eating thoughts or behaviors

If you have a history of an eating disorder, pay attention to your internal voice and notice concerning thoughts early. Regular visits with a mental health professional are recommended.

How GLP-1s Change Appetite and Food Thoughts

GLP-1 is a natural digestive hormone released when you eat. GLP-1 medications mimic this hormone but last longer and act on both the brain and stomach. They lower levels of the hunger hormone ghrelin, which can reduce cravings, mindless eating and bingeing. They also slow gastric emptying, so food stays in the stomach longer.

Many people feel full sooner, stay satisfied longer and think less about food. For those who struggle with constant hunger and food thoughts, this can feel freeing and help improve their relationship with food.



Disordered Eating

EATING

DISORDERS

“GLP-1 treatment is *safest* and *most effective* when prescribers, dietitians and mental health professionals work together.”

Using a GLP-1 medication safely while caring for your relationship with food is possible with *coordinated support.*



However, the goal is improved appetite signaling, not eating as little as possible. During the first weeks or months, some people unintentionally under-eat as their body adjusts. They may forget to eat because hunger cues are weaker or lose interest in foods they once enjoyed.

Nutrition Risks with GLP-1 Use and How to Prevent Them

Extended under-eating can lead to nutrient gaps and other health concerns. Most risks can be prevented or reduced with awareness and support.

- **Too few calories over time:** Food is the body's fuel. Eat every few hours, even without strong hunger cues. Long gaps without food can cause fatigue, mood changes and hormone shifts. Setting reminders or scheduling meals and snacks can help.
- **Muscle loss:** Some muscle loss occurs with weight loss, but the goal is to preserve as much as possible. Strength training two to three days per week paired with eating enough calories and protein each day helps protect muscle.
- **Vitamin and mineral gaps:** Smaller portions may reduce intake of iron, B vitamins, vitamin D, calcium and other nutrients. Eating a variety of lean proteins, fruits, vegetables and whole grains lowers this risk.
- **Digestive side effects:** Nausea or early fullness can make eating difficult. Skipping meals may worsen nausea, so eat regularly. Chew slowly and consider bland, cooler foods while limiting greasy or spicy options.
- **Dehydration:** Reduced appetite may also reduce thirst. Aim for about 64 ounces of water daily. Drinking a glass of water upon waking can help you stay ahead of hydration needs.

Contact your healthcare team if these challenges continue.

Dietitian Support for Your Relationship with Food and GLP-1 Use

Working with a registered dietitian (RD or RDN) can support your relationship with food, prevent malnutrition and help manage side effects. Their role may include:

- **Screening and treatment planning:** Reviewing eating behaviors, food intake and medical risk before and during GLP-1 therapy
- **Creating a structured eating pattern:** Helping establish a realistic routine, such as eating every three to four hours and including protein at each meal
- **Protecting muscle:** Calculating personalized protein needs and encouraging strength training or referral to an exercise specialist
- **Monitoring nutrients:** Reviewing nutrition-related labs and recommending supplements if needed
- **Behavioral support:** Addressing rigid food thinking, promoting food flexibility and building sustainable habits

Using a GLP-1 medication safely while caring for your relationship with food is possible with coordinated support.



Coordinated Care Matters

GLP-1 treatment is safest and most effective when prescribers, dietitians and mental health professionals work together. Prescribers monitor labs, adjust doses and screen for medical risks. Dietitians review eating patterns, provide nutrition counseling and help manage side effects. Mental health professionals guide patients through physical, mental and emotional changes while monitoring for new or returning disordered thoughts or behaviors. Clinical guidance also recommends referral to specialists for anyone with a history of eating disorders before starting GLP-1 therapy.

Practical GLP-1 Nutrition Tips

- **Eat consistently:** Aim to eat every three to four hours, even without strong hunger cues. Smaller, more frequent meals may feel better.
- **Include protein at every eating time:** Protein helps preserve muscle. Try to eat it first when possible.
- **Choose nutrient-dense foods:** With smaller portions, make each bite count. Include poultry, fish, dairy, fruits, vegetables, beans, nuts and seeds.
- **Journal food-related thoughts and emotions:** Reflecting on how food affects your thoughts, emotions and physical sensations can increase self-awareness and support personal growth.

Conclusion

GLP-1 medications can quiet constant hunger and cravings, but they may also bring up past patterns of restriction. Safe use includes attending regular healthcare appointments, following dosing directions and staying nourished and hydrated to prevent nutrition gaps and side effects.

If you or someone you care for is starting or currently taking a GLP-1 medication and has concerns about disordered eating, ask for support from a dietitian and mental health professional. Obesity is a complex condition and benefits from coordinated care from a comprehensive healthcare team.

About the Author:

Julia Lloyd, MPH, RD, LDN, CDCES, is a registered dietitian and diabetes educator specializing in GLP-1 counseling. She is the founding dietitian of Alnu Health, where she helps train digital support tools designed to enhance obesity and cardiometabolic care between clinic visits. She serves on the Concierge Medicine and Executive Health teams at Massachusetts General Hospital in Boston and has contributed as an expert source to national media outlets including The New York Times. Read more of her work at Alnuhealth.com/blog.

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The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



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