

# M5.1 — What to Expect on Semaglutide (Patient Handout)

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## What to Expect on Semaglutide

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**For:** patients starting weekly semaglutide (Wegovy, Ozempic, or a compounded preparation) for weight management. **From:** your prescribing clinician. **Purpose:** to set realistic expectations for the first 12 weeks so you know what’s normal and what’s worth a phone call.

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### The first week

You’ll get the lowest starting dose — **0.25 mg once weekly**. This dose is intentionally below where most weight-loss effects start. The reason is tolerability. Starting low and stepping up over months gives your body time to adapt and dramatically reduces side effects.

**What you may notice in the first week:** - A subtle reduction in food noise or appetite - Mild nausea, especially in the first 24–48 hours after the injection - Smaller portion sizes feeling satisfying

**What’s probably NOT happening yet:** - Significant weight loss (most people see < 2 lb in the first 2 weeks) - Dramatic appetite changes - Resolution of cravings

If you feel almost no effect — that’s normal at 0.25 mg. The full effect comes over months as the dose increases.

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### The titration ladder

Every 4 weeks, your dose typically steps up:

| Week  | Dose           |
|-------|----------------|
| 1–4   | 0.25 mg weekly |
| 5–8   | 0.5 mg weekly  |
| 9–12  | 1.0 mg weekly  |
| 13–16 | 1.7 mg weekly  |

| Week | Dose                                 |
|------|--------------------------------------|
| 17+  | 2.4 mg weekly (the maintenance dose) |

This ladder is the standard. **Your clinician may slow it down** if side effects are significant. Slowing the ladder does not mean the medication is failing — it means we’re calibrating to your tolerance.

## GI side effects — what to expect and how to manage them

The most common side effects are gastrointestinal. They are usually most pronounced in the 2–3 days after each dose step-up and **typically improve over 2–4 weeks at each new dose**.

| Side effect               | Frequency                               | What helps  |
|---------------------------|---|---|
| Nausea                    | Very common                             | Eat smaller meals; avoid greasy/fatty foods; stay hydrated; eat slowly. Take dose in the evening if it helps. |
| Decreased appetite        | Expected                                | Make sure you still eat at least 3 small meals. Prioritize protein (~1.2 g/kg body weight daily).             |
| Constipation              | Common                                  | Increase water and fiber. Walk after meals. Magnesium citrate at night if needed.                             |
| Diarrhea                  | Less common                             | Hydrate aggressively. Call us if it persists > 48 hours.  |
| Heartburn / reflux        | Common                                  | Avoid lying down within 2 hours of meals. Elevate head of bed. Avoid trigger foods.                           |
| Burping with sulfur taste | Common                                  | Don’t worry — it’s the slowed gastric emptying. Drink water.  |
| Fatigue                   | Common in first 2 weeks of each step-up | Should resolve. If it doesn’t, we’ll check labs.  |

**If GI symptoms are severe enough to prevent eating or drinking**, call us. We can pause or slow the titration.

# What to call us about (vs. what’s normal)

## Call us right away if:

- 🚨 Severe upper-abdominal pain radiating to the back (pancreatitis warning)
- 🚨 Sudden vision changes or vision loss in one eye (NAION warning — rare but real)
- 🚨 Signs of allergic reaction: rash, swelling of face/lips, difficulty breathing
- 🚨 Persistent vomiting that prevents you from keeping fluids down
- 🚨 New severe right-upper-quadrant pain (gallbladder warning)
- 🚨 Suicidal thoughts or significant mood changes

## Call us within a day or two if:

- Nausea or vomiting that’s not improving after 5+ days at a new dose
- Constipation that hasn’t responded to OTC measures in a week
- Injection-site reactions that worsen rather than improve over 48 hours
- Heartburn that’s interfering with sleep
- Significant fatigue beyond the first 2 weeks of a new dose

## What’s normal and doesn’t need a call:

- Mild nausea for a few days after each dose step-up
- Smaller portions feeling satisfying
- Food cravings going quiet (“food noise” reduction)
- 1–4 lb weight loss per month
- Occasional mild constipation responsive to fiber/water

# Realistic weight-loss timeline

Based on the STEP-1 trial (semaglutide 2.4 mg weekly), the typical trajectory:

| Time     | Average weight loss     |
|----------|-------------------------|
| Month 1  | 1–3% of starting weight |
| Month 3  | 5–7%                    |
| Month 6  | 10–12%                  |
| Month 12 | 15% (range: 10–20%)     |

**Important caveats:** - These are averages. Some people lose more, some less. Your trajectory may not match the average curve. - Weight loss is rarely linear. Plateaus of 2–4 weeks are normal and not a sign of failure. - The full effect requires reaching maintenance dose (2.4 mg) and staying on it. If you stop early or stay at a low dose, you may see less effect.

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## Lifestyle matters more, not less

Semaglutide reduces appetite — but what you eat and how you move during the medication shapes long-term outcomes.

**Eat enough protein.** Aim for **1.2 grams of protein per kg of body weight per day**. (Example: a 70 kg patient = 84 g protein/day.) Protein protects muscle as you lose weight.

**Resistance train 2–3 times per week.** Even short sessions. The muscle you build now is the muscle that protects your metabolism long-term.

**Hydrate aggressively.** Reduced appetite often means reduced thirst signaling. Aim for ~2 L of water daily.

**Sleep.** Sleep loss undermines weight loss even on the medication. Treat sleep as a treatment input.

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## The “what happens when I stop” conversation

Weight regain after stopping semaglutide is well-documented. The STEP-1 extension study showed that about **two-thirds of lost weight returns within 12 months of discontinuation**.

That’s not because the medication “failed” — it’s because the underlying biology (set-point defense, hormonal adaptation) returns when the medication stops.

**This means three things:** 1. Plan to stay on the medication long-term, the way someone with hypertension stays on a blood pressure medication. 2. If you do want to stop, plan it with us. Tapering may be possible. A lower maintenance dose may work. 3. Continue the lifestyle pillars (protein, resistance training, sleep) even more rigorously if you taper or stop.

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## Practical logistics

**Storage** - Pre-filled pens: refrigerate at 2–8°C (36–46°F) until first use. After first use, can stay at room temp up to 28 days. - Compounded vials: refrigerate at 2–8°C continuously per pharmacy instructions.

**Timing** – Take your weekly dose on the same day each week. – If you miss a dose: take it as soon as you remember if within 5 days. If more than 5 days late, skip and resume your normal schedule. – Don't double-dose.

**Injection technique** – See the separate **Self-Injection Technique** handout your clinician gave you, or ask for one. – Rotate sites: abdomen, thigh, upper arm. – Avoid the same exact spot twice in a row.

**Travel** – Keep medication refrigerated whenever possible. – For short trips: an insulated cooler with an ice pack works. – Carry medication in carry-on luggage (not checked baggage — cargo hold gets too cold).

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## Questions to bring to your next visit

- "Am I on the right dose for my weight loss progress?"
- "Should I adjust the titration cadence?"
- "Are my labs stable?"
- "Am I getting enough protein?"
- "What's my plan if I want to taper or stop eventually?"

We'll check in at regular intervals. Bring the questions that matter to you.

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## Reminder — the medication is one tool

Semaglutide is one piece of a comprehensive plan: medication, nutrition, movement, sleep, and the conversations we have at each visit. The medication makes the biology workable. The lifestyle changes make the result durable.

You're doing real work. The medication is here to make that work biologically achievable.

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**Clinician sign-off:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Patient acknowledgment:**  
\_\_\_\_\_ **Date:** \_\_\_\_\_