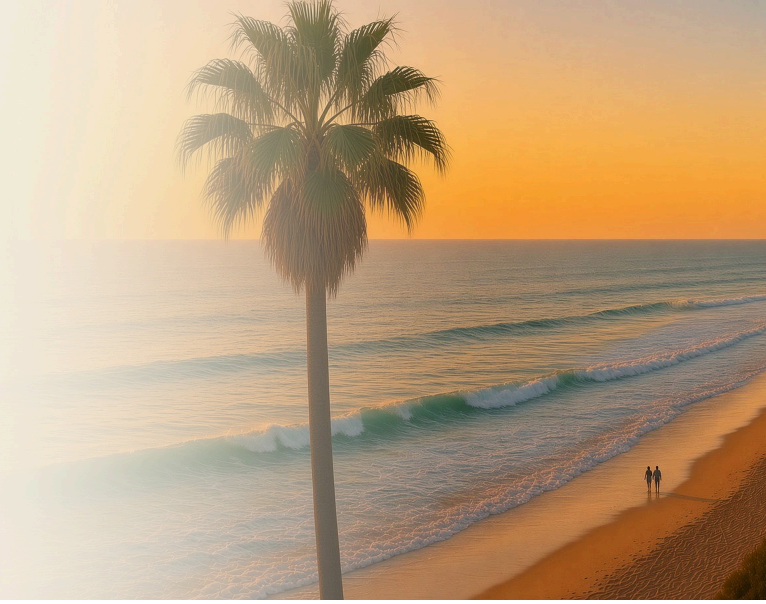
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GLP-1 Medicines for Weight Loss

How Wegovy and Zepbound work, what results to expect and how to start them safely.

15%
average weight lost on semaglutide (Wegovy) over 68 weeks in trials

18 to 20%
average lost on tirzepatide (Zepbound) over similar timeframes

1 to 2 lb
lost in a typical week, with some weeks flat or even up a little

HOW THEY WORK

A stronger, steadier version of your own fullness hormone

GLP-1
a hormone your intestines release after you eat

→

Brain
tells you that you're full

Stomach
food leaves more slowly, so you stay full longer

Pancreas
releases the right amount of insulin

Less glucagon
a hormone that raises blood sugar

How long it lasts

Your own GLP-1
breaks down within minutes

The medicine
usually about a week

Your appetite drops, the mental chatter about the next meal quiets down and smaller portions feel satisfying. These aren't stimulants like the diet pills of the past, and they aren't addictive.

STARTING SEMAGLUTIDE (WEGOVY)

The dose climbs slowly

Wegovy
one shot once a week



Full dose
for weight loss

The slow climb keeps side effects down. If a dose isn't sitting well, you might hold there longer or step back for a while. Some patients do beautifully on lower doses.

Medical tools

They make eating less easier, and you still have to make good food choices and stay active. Most of the weight comes off in the first 6 to 8 months, and the medicine then helps you stay there.

IS IT RIGHT FOR YOU

Who qualifies and what to expect

WHO MAY QUALIFY

FDA criteria for weight loss

BMI of 30 or higher	A body mass index (BMI) of 30 or higher puts you in the obesity category, and most of these medicines are approved for adults (the Wegovy injection from age 12).
BMI of 27 or higher	With at least one weight-related condition, like high blood pressure, type 2 diabetes or high cholesterol, you may also qualify.
What counts as working	Losing at least 5% of your starting weight, and plenty of patients lose far more. About 15 to 20% don't get meaningful weight loss even at maximum doses.

WHAT IT CAN DO FOR YOUR HEART

beyond the scale

Blood pressure	Usually improves, often enough to lower or stop a blood pressure medication. Doses may need to come down as you lose weight so your pressure doesn't drop too low.
Blood sugar	Improves even without diabetes. With insulin or other diabetes medicines, blood sugars need close watching to prevent lows.
Cholesterol	LDL, the "bad" kind, often drops, HDL may rise and triglycerides frequently improve a great deal.
Sleep and inflammation	Sleep apnea, if you have it, often improves. Inflammation markers in the blood usually fall.

SIDE EFFECTS

roughest in the first weeks

Nausea	Many patients feel nauseated in the first few weeks, especially in the hour or two after an injection. It usually improves.
Stomach and bowels	Vomiting and diarrhea, like nausea, usually ease over time but can stick around. Rich, fatty or sweet foods may turn unappealing or even make you feel sick.
Rarer but more serious	Including pancreatitis and gallbladder problems, which we monitor for.
Get care the same day	ER today for severe upper belly pain that won't go away. Get seen today for right upper belly pain, fever or yellow skin, or vomiting that won't let you keep fluids down.

WHEN NOT TO USE THEM

Not safe	A personal or family history of medullary thyroid carcinoma, a rare thyroid cancer, or MEN 2 (multiple endocrine neoplasia syndrome type 2). Also a past severe allergic reaction to any of these medicines.
Pregnancy and breastfeeding	Off-limits, since there isn't adequate safety data.
Extra caution	Severe gastroparesis (delayed stomach emptying) or active gallbladder disease. A history of pancreatitis needs careful evaluation, since these medicines might raise the risk of a recurrence.

PLAN FOR THE LONG TERM

When you stop, your appetite and weight tend to drift back toward where they were. That's why we usually plan on long-term use, the same way we treat high blood pressure or high cholesterol.

READ THE FULL ARTICLE

damianrasch.com/glp1-weight-loss

For education only, and not a substitute for advice from your own physician. Sources include Wilding et al. (NEJM 2021), Jastreboff et al. (NEJM 2022), the ADA/EASD 2022 consensus report, the AGA 2022 obesity guideline and the 2025 ACC expert consensus on medical weight management.

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