GLP-1 Nutrition and Exercise Starter Guide

Includes protein-rich foods and a sample weekly meal plan

Why this matters
GLP-1 and GIP/GLP-1 medications can reduce appetite and food intake substantially. To support high-quality weight loss, patients need a plan for protein, hydration, fiber, resistance exercise, and meal structure.

Quick Priorities

Priority	Goal	Practical patient teaching
Protein first	Preserve lean mass and strength during weight loss.	Aim for protein at each meal. A practical target is often 20-30 g per meal if appropriate.
Smaller meals	Reduce nausea, reflux, bloating, and early fullness.	Eat slowly, stop when comfortably full, and avoid large/high-fat meals during dose escalation.
Hydration	Reduce dehydration risk and support bowel regularity.	Sip fluids through the day. A common target is 8-12 cups/day unless fluid-restricted.
Fiber gradually	Help constipation and improve diet quality.	Use vegetables, berries, beans/lentils, oats, chia/flax, and whole grains as tolerated.
Strength training	Protect muscle, function, and metabolic health.	Train major muscle groups 2-3 days/week using bands, weights, machines, or bodyweight.
Aerobic activity	Improve cardiometabolic health and weight maintenance.	Build toward 150 minutes/week of moderate activity such as brisk walking.

Protein-Rich Foods Table

Protein servings vary by patient needs, kidney function, preferences, and appetite. The examples below are practical options to help patients plan meals while appetite is reduced. Choose lower-fat or softer options during nausea or reflux flares.

Food/category	Typical serving idea	Approx. protein	GLP-1 tolerance tip
Greek yogurt, plain	3/4 to 1 cup	15-25 g	Good breakfast/snack; choose low-sugar; add berries.
Cottage cheese	1/2 to 1 cup	12-25 g	Soft, easy option when appetite is low.
Eggs	2 eggs	12 g	Pair with vegetables or whole-grain toast.
Chicken or turkey breast	3 oz cooked	25-30 g	Keep moist; dry meat may be harder to tolerate.
Fish or seafood	3 oz cooked	20-25 g	Often lighter than heavy meats; try salmon, tuna, cod, shrimp.
Lean beef or pork	3 oz cooked	22-26 g	Use lean cuts; avoid greasy preparation during escalation.

Beans/lentils	1 cup cooked	15-18 g	High fiber; increase gradually to limit gas/bloating.
Tofu or tempeh	3-4 oz	9-20 g	Useful plant-based choice; pair with vegetables.
Edamame	1 cup shelled	17 g	High protein and fiber; portion as tolerated.
Protein shake	1 serving	20-30 g	Helpful if unable to finish meals; choose low-sugar.
Nuts/seeds/nut butter	1 oz nuts or 2 Tbsp nut butter	6-8 g	Calorie-dense; small portions may be best.
Cheese	1 oz	6-8 g	Use smaller portions if reflux or constipation worsens.

Sample Weekly Meal Plan

Meal-plan note
This is a flexible starter plan, not a prescribed diet. Portions should be adjusted for hunger, glucose goals, renal status, food preferences, and GI tolerance. If nausea occurs, scale down portions, reduce fat, and use simpler foods temporarily.

Day	Breakfast	Lunch	Dinner	Snack / backup protein
Monday	Greek yogurt + berries + chia	Turkey/cheese lettuce wrap + veggie soup	Salmon + roasted vegetables + small sweet potato	Protein shake or cottage cheese
Tuesday	Eggs + spinach + whole-grain toast	Chicken salad over greens + fruit	Turkey chili with beans + side salad	Apple + peanut butter
Wednesday	Cottage cheese + berries + walnuts	Tuna packet/bowl + whole-grain crackers + cucumber	Tofu stir-fry + vegetables + small brown rice portion	Greek yogurt
Thursday	Protein smoothie with Greek yogurt or protein powder	Lentil soup + side salad	Chicken fajita bowl: chicken, peppers, beans, salsa	Hard-boiled egg + fruit
Friday	Oatmeal + protein powder or side eggs	Leftover chili or chicken bowl	Lean burger patty or turkey burger + vegetables	Edamame or cheese stick
Saturday	Egg bites + fruit	Shrimp or chicken salad + whole-grain pita	Turkey meatballs + marinara + zucchini/whole-grain pasta	Cottage cheese or protein shake
Sunday	Greek yogurt parfait or tofu scramble	Bean/vegetable soup + side protein	Baked fish/chicken + vegetables + quinoa	Nuts/seeds small portion + fruit

Nutrition Guidance When Starting

1. Prioritize protein first

Because appetite may drop, patients can unintentionally eat too little protein. Protein supports muscle maintenance, wound healing, immune function, and satiety. Consider protein at every meal or snack.

2. Use smaller, slower meals

GLP-1 medications slow gastric emptying. Large meals, greasy meals, and eating past fullness commonly worsen nausea, reflux, bloating, and discomfort.

3. Make every bite count

When total intake is reduced, nutrient density matters. Emphasize minimally processed foods: lean proteins, non-starchy vegetables, fruit, whole grains, legumes, nuts/seeds, and healthy fats.

4. Hydrate consistently

Reduced appetite can also reduce fluid intake. Encourage small, frequent sips. Hydrating foods such as soups, cucumbers, melon, berries, and citrus may help.

5. Prevent and treat constipation early

Increase fiber gradually and pair it with fluids. Walking after meals, vegetables, fruit, beans/lentils, oatmeal, chia, flax, prunes, or kiwi may help.

6. Reduce nausea and reflux triggers

During dose escalation, fatty, fried, spicy, or very large meals can be difficult to tolerate. Bland, smaller meals and avoiding lying down after meals can help.

Exercise Guidance When Starting

1. Strength training is essential

Weight loss can include lean mass loss. Strength training helps preserve muscle, strength, mobility, and function. Start with 2 days/week and progress toward 2-3 days/week as tolerated.

2. Build aerobic activity gradually

A practical long-term goal is 150 minutes/week of moderate-intensity aerobic activity, such as brisk walking, cycling, swimming, dancing, or water aerobics. Short sessions count.

3. Start low if intake is low or nausea is present

During the first few weeks, fatigue can occur if intake drops too much. Begin with short walks, light resistance, and mobility; progress gradually.

4. Add balance and functional training when appropriate

Older adults or deconditioned patients benefit from chair stands, step-ups, heel-to-toe walking, and single-leg balance near support.

Sample Beginner Weekly Activity Plan

Day	Activity	Notes
Monday	10-20 minute walk	Keep intensity comfortable; add time as tolerated.
Tuesday	Strength A: chair squats, wall push-ups, band rows, glute bridges	1-2 sets of 8-12 reps each.
Wednesday	10-20 minute walk or gentle cycling	Short sessions after meals count.
Thursday	Mobility/balance: stretching, heel-to-toe walking, single-leg balance near support	Helpful for older adults or fall-risk patients.
Friday	10-20 minute walk	Progress toward brisk walking.
Saturday	Strength B: step-ups, dumbbell press, band pull-aparts, farmer carry	Use light resistance and good form.
Sunday	Rest or easy walk	Recovery matters, especially during dose escalation.

When to Call the Care Team

- Persistent vomiting or inability to keep fluids down.

- Dizziness, weakness, fainting, or very low urine output.
- Severe constipation, abdominal pain, or inability to pass stool/gas.
- Severe persistent abdominal pain, especially radiating to the back.
- Rapid weight loss with very poor intake or feeling noticeably weaker.
- Frequent hypoglycemia if also taking insulin or a sulfonylurea.
- New or worsening reflux, nausea, or abdominal symptoms after dose escalation.

GLP-1 Starter Checklist

- Set a protein plan: identify 2-3 reliable protein sources the patient can tolerate.
- Set a hydration plan: choose a daily fluid goal if medically appropriate.
- Review constipation plan before it starts: fiber, fluids, walking, and when to call.
- Review nausea prevention: smaller meals, lower-fat meals, slow eating, avoid lying down after meals.
- Create a weekly activity goal: walking most days plus 2 strength sessions.
- Track weight, appetite, bowel habits, hydration, glucose trends if diabetes is present, and strength/function changes.
- Reassess after each dose increase before advancing again if symptoms are significant.

Selected Sources

- Mozaffarian D, et al. Nutritional priorities to support GLP-1 therapy for obesity: a joint Advisory from ACLM, ASN, OMA, and TOS. American Journal of Clinical Nutrition. 2025. https://ajcn.nutrition.org/article/S0002-9165(25)00240-0/fulltext
- American Society for Nutrition. Nutritional Priorities to Support GLP-1 Therapy for Obesity. May 30, 2025. https://nutrition.org/nutritional-priorities-to-support-glp-1-therapy-for-obesity/
- Cardi-OH. Maintaining Muscle Mass While Taking GLP-1s. March 2026. https://www.cardi-oh.org/files/resources/cardi-oh-capsule-65-maintaining-muscle-mass-while-taking-glp-1s.pdf
- CDC. Adding Physical Activity as an Adult. Updated Dec. 4, 2025. https://www.cdc.gov/physical-activity-basics/adding-adults/index.html
- CDC. Adult Activity: An Overview. Updated Dec. 20, 2023. https://www.cdc.gov/physical-activity-basics/guidelines/adults.html
- USDA MyPlate. Back to Basics: All About MyPlate Food Groups. https://www.usda.gov/about-usda/news/blog/back-basics-all-about-myplate-food-groups
- Dietary Guidelines for Americans, 2025-2030. https://cdn.realfood.gov/DGA.pdf

Bottom line

The goal is high-quality weight loss: reduce fat mass while preserving muscle, strength, function, hydration, and nutrient adequacy. GLP-1 therapy works best when paired with protein-forward meals, adequate fluids, fiber, walking, and progressive resistance training.