Life *After* Weight-Loss Medication

To you.

May this book empower you to maintain a healthy weight, rebuild trust with your body and move forward with energy, clarity and ease, so that you can show up as your fullest self in the world.

DR LINIA PATEL PhD, RD

Life *After* Weight-Loss Medication

NOURISH *your* BODY *and* KEEP *the* WEIGHT OFF

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Murdoch Books UK
Ormond House
26–27 Boswell Street
London WC1N 3JZ
Phone: +44 (0) 20 8785 5995
murdochbooks.co.uk
info@murdochbooks.co.uk

Murdoch Books Australia
Cammeraygal Country
83 Alexander Street
Crows Nest NSW 2065
Phone: +61 (0)2 8425 0100
murdochbooks.com.au
info@murdochbooks.com.au

For corporate orders and custom publishing, contact our business development team at salesenquiries@murdochbooks.com.au

Publisher: Melissa Kayser
Editorial manager: Andrea O'Connor
Design manager: Megan Pigott
Designer: Claire Rochford
Editor: Lucy Kingett
Photographer: Clare Winfield
Prop stylist: Max Robinson
Food stylist and recipe developer: Lizzie Kamenetzky
Food styling assistant: Nell Gordon-Hall
Production manager: Natalie Crouch

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TABLESPOON MEASURES: We have used 15 ml (3 teaspoon) tablespoon measures. If you are using a 20 ml (4 teaspoon) tablespoon, be scant in your measurements.

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Foreword

Obesity remains one of the biggest public health challenges worldwide. No country has been able to sufficiently address the issue and individuals have been largely left to find their own way. It's difficult for those grappling with their weight – daily news feeds are full of the latest solution, and over the last five years we've seen an explosion of information about the newest forms of weight loss drugs: GLP-1s.

There is more misinformation than ever before as 'influencers' battle to grab attention and companies sell the next miracle cure. But behind the noise are many scientists, experts and companies who have taken a more diligent path; seeking to understand the science, put it into practice, listen to clients about what has worked and provide sound, evidence-based guidance to genuinely help people.

Dr Linia Patel is one such expert, with formal clinical and academic training, a background in public health and years of experience understanding and supporting people on their journey to better health.

She has provided this timely book to help those who might be overwhelmed by the fake and fiction, as well as to provide a sensible guide to the use of GLP-1s, which are important tools in many people's weight-loss journeys. She not only helps readers understand these new medications but also explains how to ensure that diet and exercise programmes add value rather than working against these potent drugs.

In addition, most weight-related problems usually come with emotional and psychological challenges (stigma, anxiety, depression and low mood to name a few), and this book reinforces the importance of mental and emotional health in creating a steady base for behavioural change – the key to reaching your goals.

Despite what you might read, weight loss isn't easy, and there are no quick wins, but with the right support, people can manage their weight more effectively and lead a healthier lifestyle. Linia cuts through the noise and provides a clear and concise guide towards success.

Professor Paul Gately
CEO Obesity UK and Morelife

Introduction

Eating is such a natural, organic part of life. We all do it. Theoretically, it is simple and instinctive, yet in practice it is deeply complex and profoundly personal. We eat to satisfy our physical hunger. But we also eat for a hundred other reasons: to celebrate, to connect, to soothe, to feel better, to feel *something*. And because of that, our relationship with food, our weight and our body image often becomes tangled. Layer on top of that our individual genetic makeup, unrealistic expectations of the toxic diet culture, societal stigmas, the obesogenic food environment we live in, the complexity of our hormonal transitions, the pressures of midlife and everything else that adulting throws at you and it's no wonder that so many of us feel like we're constantly fighting a war with our own bodies. It's a battlefield full of rules, guilt and frustration.

We're surrounded by endless advice on how to lose weight, yet we live in an environment that makes it incredibly difficult to do so – and even harder to maintain. Weight is a sensitive, multifaceted topic that goes far beyond just food or what you eat. For a long time, there was no miracle solution. But recently, it seems, one may have arrived.

Enter Glucagon-like peptide-1 receptor agonist (GLP-1) medications semaglutide (Ozempic, Wegovy), liraglutide (Saxenda) and tirzepatide (Mounjaro).

GLP-1 medications are a game changer. There's no denying that. In fact, GLP-1 medications are the most effective pharmaceutical weight-loss tools we've ever had. Compared to traditional lifestyle interventions, these drugs offer exponentially greater outcomes. The gold standard in obesity treatment is

bariatric surgery. It is effective but invasive, costly and of course not without risk. Now, for the first time, we have medications that are approaching that level of effectiveness without the surgery.[1] [2]

Within my own clinical practice in recent years, more and more people are choosing to use GLP-1 medications to support weight loss. My clients tell me they feel relieved to have finally found something that works – often after years of battling diets that don't deliver, bodies that feel like they're working against them and an exhausting cycle of self-blame.

My clients are not alone. Weight isn't just a personal struggle – it's a public health crisis. In the US, more than 40 per cent of adults are living with obesity.[3] In the UK, that number is nearly one in three.[4] The ripple effects are vast: increased risk of type 2 diabetes, heart disease, certain cancers, joint issues and, of course, the emotional toll of years spent in bodies that feel at odds with our identity, especially in a world entrenched with stigmas.

It's therefore no surprise that when people realised the appetite-suppressing power of GLP-1 medications, they took off. One in eight Americans is now thought to have used a GLP-1 drug.[5] In the UK, new National Institute of Clinical Excellence (NICE) criteria for Wegovy estimates that 9.5 per cent of the adult population are eligible. This equates to 4.2 million people – though the majority are still paying privately.[6]

The weight-loss medications space is fast-moving, and we're still learning. But (and it is a big but) what we do know is there is no such thing as a magical jab. These drugs are a powerful tool, yes. But they're only one piece of the puzzle. Without the right nutrition, lifestyle changes and long-term support, the results can fade – quickly, and sometimes with unintended consequences.

The research is already showing this. Take the Semaglutide Treatment Effect in People with Obesity (STEP) 1 trial, for example. It was a landmark international study that tested the GLP-1 medication semaglutide in people living with obesity (without diabetes). Participants in this study lost an average of 17.3kg (38lb) over 68 weeks on the drug. But within a year of stopping, most had regained nearly two thirds of that weight. And, worse still, much of that regained weight was fat, not muscle.[7] What's more, new evidence points to the likelihood of full regain within a year and a half for those taking semaglutide and tirzeptide. For the people I work with, this can mean a real risk to health.[8]

In my clinical practice, I witness daily just how effective GLP-1 medications can be. They're proving to be transformative – especially during menopause,

when it can feel like everything is working against you: hormones, stress, disrupted sleep, a slowing metabolism. But increasingly, I'm hearing the same thing from the people I work with. While these medications address one major challenge – weight – other aspects of wellbeing begin to unravel. Without considering the full picture of health, these drugs can come with extra baggage. One theme that comes up again and again is fear.

Fear of not being able to enjoy food with loved ones like before.
Fear of still struggling with body image despite the weight loss.
Fear of what happens next.
Fear of a lifetime of medication.
Fear of not being able to afford the medications for a lifetime.
Fear of stopping.
Fear of going backwards.
Fear that they will never feel in control without the weight-loss medications.
Fear of feeling strangely muted.
Fear of having lost the joy for anything in life.

While most current content focuses on how to get started with GLP-1s or celebrates the initial relief of 'quieting the food noise', there is very little to support people through life after the medication: when hunger creeps back, when metabolism feels sluggish and when fear of weight regain meets real physiological shifts.

That's exactly why I decided to write this book. As a women's health dietitian with a background in public health and performance nutrition, I see the gaps – both in the conversation and in the care.

While GLP-1 medications can kickstart weight loss in a powerful way, it's your nutrition, movement and mindset that determine whether the results are sustainable. Medications can shift the scale – but a holistic lifestyle approach shapes whether those early wins become well-balanced, lasting change.

If you've chosen to use weight-loss injections as part of your journey, let this be a moment in which you can pause and lean into some reflection on how you can leverage their impact with a truly holistic approach. One that includes balanced nutrition, mindful movement, behavioural support and stress management – and that helps build the resilience and self-regulation needed for lifelong wellbeing.

This book is your guide for the 'what now?' moment that comes after weight loss, and especially weight loss that involved the use of medication. It's for anyone feeling anxious about weight regain, unsure how to reconnect with their appetite, overwhelmed with where to begin after the use of weight-loss medications and for those seeking an alternative solution beyond medications to manage their weight. It's for those who want more than just a number on the scale – those who want to feel strong and energised, and to create the habits that will help keep the weight off for life.

WHAT WILL YOU FIND IN THIS BOOK

I've written this book to be a guide you can return to again and again for insight, clarity and practical, sustainable action.

To provide you with agency, I have structured the book in a way that puts you in the driving seat, so you can decide for yourself which tools work best for you, as it's not a one-size-fits-all model. As you move through each chapter, my goal is simple: I want you to really get to know yourself – to discover your personal game-plan and to trust yourself with it.

The first chapter looks at what GLP-1s are, how they work, why you might choose to come off them and what happens if you do, and why weight loss and weight maintenance need two very different approaches. The following four chapters reflect my four-pillar **NEAI** (pronounced 'nay') method for sustainable weight management. Each chapter builds on the last, layering practical nutrition tools, behavioural techniques, and science-based strategies to support your body as a whole, inside and out. I'll walk you through the same flexible framework I use with clients in my clinical practice: from understanding the role of protein, fibre and fats, and the importance of satiety, blood sugar and feeding your gut microbiome, to the mindset and behavioural shifts that create supportive structure without rigidity, giving you both guidance and freedom around food. For the movement and psychology chapters, I've invited brilliant colleagues and leading experts to share their insights – because your care deserves the full support of a multidisciplinary team.

1

BEYOND THE SCALES: THE NEW CHALLENGES

Understand the benefits and possible challenges of GLP-1 medications, what happens when you stop taking them, why 'less hunger' isn't always a win, and what your body needs to stay well nourished. I will lay the foundation for my method for long-term weight success, focusing on muscle, metabolism, gut health and your mindset.

2

NOURISH: FUEL A STRONG, RESPONSIVE BODY

Learn how to eat in a way that supports feeling full, balances your blood sugar levels and helps you maintain or build muscle. You'll explore how gut health meets muscle health as the hidden link in weight management and learn how to eat to nourish your gut bacteria and your bones – plus how supplements may support natural GLP-1 levels.

3

ENERGISE: MOVEMENT, REST AND RESILIENCE

Discover how to build strength, move consistently and support recovery through sleep and nervous system regulation in a way that you enjoy and that you can stick to for good.

4

ALIGN: MASTER THE MENTAL SIDE OF WEIGHT MANAGEMENT

When food noise returns, you'll need to know how to tackle it. This section helps you rebuild trust in your hunger and manage cravings, emotional eating and setbacks while building self-awareness, non-food coping strategies and a mindset rooted in compassion and clarity.

5

INTEGRATE: YOUR LONG-TERM WEIGHT STRATEGY, WITH RECIPES

Bring it all together. Time to take stock and learn how to personalise your plan to maintain progress over time. Included are 40 flexible, nourishing recipes and four weekly meal plans to support your whole self – metabolism, body and mind.

I understand this is a delicate topic. What you will unpack in this book isn't just about food or weight. It's about *you*. And there's a deeply human element here that I don't want to lose between the lines of these typed black-and-white pages. The fact that you're holding this book in your hands means you already have something powerful: a bias for action. By reading these words you have taken the first pivotal step, and that already means you are on your way. Well done, you! This journey won't be linear. It won't be perfect, either – and it doesn't need to be. What matters is that it's yours. You are the hero in this story. It will be you who reads these words, reflects, gets a little uncomfortable and then shows up again the next day. It will be you who turns small, intentional actions into lasting change. And I'll be right here to guide, support and cheer you on.

It's an honour and an absolute privilege to meet you here.

Now, let's do this!

BEYOND THE SCALES: *The New Challenges*

During my time working on the frontlines of weight management as a community dietitian – and later, in a more strategic role shaping and commissioning obesity programs in North Central London – a familiar refrain was used: 'Losing 5–10 per cent of your body weight can make a real difference.'

And it's true. Those guidelines weren't just about setting realistic goals – they were backed by science. Modest weight loss of 5–10 per cent has been shown to improve cholesterol, lower blood pressure and stabilise blood sugars. Small steps, big wins. But, with weight-loss medications like GLP-1s, we're now entering a new era, where weight loss in the range of 15–20 per cent is not only achievable, but potentially life-changing.

Shedding this much body weight can lead to remission of chronic conditions like type 2 diabetes, high blood pressure, fatty liver disease and even obstructive sleep apnoea. A standout example is the SELECT trial, conducted in 41 countries, which studied the impact of semaglutide that was originally used for weight loss but that also helped people with overweight or obesity (but not diabetes) cut their risk of heart attacks and strokes.[1] Off the back of this data, semaglutide is now licensed in the US, Canada and the UK not just for weight management, but also as a treatment for cardiovascular disease.

Then came the SURMOUNT-1 trial, which evaluated tirzepatide in adults with obesity but without diabetes. Over 72 weeks, participants taking the highest dose (15mg) lost an average of 22.5 per cent of their body weight – about 24kg (53lb) – compared to just 2.4 per cent in the placebo group. Lower doses (5mg and 10mg) also delivered substantial weight loss. It was, and still is, one of the most significant results ever seen in medical weight management.[2]

And we're only just scratching the surface. Although originally designed as drugs to treat type 2 diabetes, new research is emerging on a near-daily basis, exploring the use of GLP-1 medications for conditions such as:

- POLYCYSTIC OVARIAN SYNDROME (PCOS)
- ADDICTION (including smoking, alcohol and recreational drug use)
- COGNITIVE HEALTH and dementia
- OBESITY-RELATED CANCERS, such as breast and colon cancer

In my clinic, I see first-hand how these medications can be a turning point. Sue, a 50-something senior partner at one of the city's top private equity firms, arrived at my London clinic one Tuesday morning having received blood results that showed she was edging towards prediabetes. In the past year, she had also been diagnosed with an underactive thyroid, and the number on the scale had been quietly, stubbornly creeping up over the decades. Her endocrinologist had suggested Ozempic, but she came to me for nutritional support – determined to 'do it properly'. We worked together on building the nutrition, lifestyle and behavioural habits that would help her succeed while on Ozempic. Over the next three months, Sue had shed almost 12kg (25lb), her repeat blood tests showed no trace of fatty liver, and her blood sugar and insulin levels were firmly back in the healthy range.

Yet for every great success story you hear, there's often a more complex experience to balance it.

There's Vicky, who tells me, 'I know I'm not eating enough, but I just don't feel like it. My energy's gone – and so is my appetite. I'm stuck in this loop. I know I need fuel, but I can't seem to care.' Or Jason, who has been off GLPs for a few months, who says, 'I track every bite, skip meals, even try eating once a day. I lost the weight, but keeping it off feels impossible. What's happened to my metabolism?' His body feels like it's resisting him now.

Then there's Tamlyn, who looks in the mirror and doesn't recognise her reflection. 'I lost the weight, but I feel soft and flabby. I'm also weaker. I used to power through workouts, but now even shopping bags feel like a strain.' The number went down, but so did her muscle mass – and her confidence.

Sanjeev tells me, 'When I was on the medication, the silence around food was freeing. I had space in my head. But now that I've stopped, the cravings are back – louder, relentless. I wasn't ready for how noisy food would become again.'

Florence shares a deeper layer: 'Food used to be my comfort. When I was overwhelmed, it was always there. Now, I don't feel like eating – and I'm left without a coping mechanism. I miss the numbness. I don't know how to deal with my emotions anymore.'

And then there's Anna, who came to me asking: 'Is there a middle ground? I've lived at both extremes. I don't want to feel obsessed with food. But I don't want to feel out of control either. I just want peace.'

These are not failures. They're signals that there's more to this story than weight loss alone. Weight-loss medications are only one piece of the puzzle. To truly understand what's going on behind these stories, and what may happen when you come off weight-loss medication, we need to explore how they affect the body.

How GLP-1 Medications Work

GLP-1 is a naturally occurring hormone that your body has been making all along. It belongs to a family of metabolic messengers called incretins, and it's secreted by L-cells in your small intestine and colon, as well as in parts of the brainstem.

Every time you eat – especially when you eat foods rich in protein, fibre and healthy plant-based fats – your body's own GLP-1 levels rise. About 10–15 minutes after a meal, your circulating internally generated GLP-1 can increase by two to four times its baseline level.[3] And though it's only released in small amounts, that spike is powerful. It slows how quickly food leaves your stomach (so you feel fuller for longer), signals your pancreas to release insulin to manage blood sugar and tells your brain, 'Hey – you've had enough. Stop eating.'

For some people, this feedback loop doesn't work quite as it should. Studies suggest that individuals living with obesity or prediabetes may have impaired physiological GLP-1 responses, though the findings aren't always consistent. Some research also points to women with PCOS producing less intrinsic GLP-1 or clearing it more rapidly. Those dealing with mental health challenges – and especially those taking medications like antidepressants or beta blockers – may also experience disruptions in how naturally occurring GLP-1 is produced or how their gut and brain respond to it.

The secretion of your body's own GLP-1 is complex and is also influenced by a wide range of factors: your gut microbiome, circadian rhythms, genetics and lifestyle habits all play a role. One connection that really stood out to me in the research was the impact of stress. Both acute and chronic stress have been shown to lower naturally occurring GLP-1 levels in the brain, which may not only interfere with appetite signals but also affect emotional regulation. The result? For many, it can feel harder – sometimes impossibly hard – to recognise when they're full. That quiet internal signal of satiety gets lost in the noise.

Food noise is not a clinical term (yet) but if you've ever felt like food thoughts take up too much space in your brain, you know exactly what it means. It's the mental chatter around eating. That constant loop of thinking:

- What should I eat next?
- When is it OK to eat again?
- Did I eat too much?
- I know I shouldn't eat that but I really want to.
- I'm not even hungry, so why do I still want to eat?

And it's not just about hunger; it's the psychological urge to eat, even when you're not physically hungry, and the fighting of intense cravings, which can lead to overeating and, over time, be one reason for weight gain, creating a tough cycle to break.

One of my clients, Catherine, described food noise as utterly exhausting: 'It's a full-time second job I never signed up for,' she told me. 'Once I started the medication, it was the first time in my adult years I could actually think about something other than food.' For someone juggling the intense demands of work life while raising two children on her own, the mental quiet that followed felt nothing short of liberating. For the first time in years, she had space to think – about work, her kids, herself – without food taking up every spare corner of her brain.

Medications like liraglutide and semaglutide are called GLP-1 receptor agonists. That means they mimic the action of your own natural GLP-1, but with one key difference: a single molecular tweak makes them resistant to the enzyme that normally breaks down GLP-1 (called DPP-4).[4]

Your body's own GLP-1 has a half-life of about 1½–2 minutes – it does its job and then disappears fast. But GLP-1 agonists stick around. Liraglutide lasts about 13 hours, and semaglutide lasts up to a week.[5][6] This extended action

allows for 3–10 times greater GLP-1 activity than what the body could naturally produce after eating.

That's a huge deal for appetite regulation.

WHAT HAPPENS TO YOUR BODY WHEN YOU TAKE WEIGHT-LOSS MEDICATIONS?

Once active in the body, GLP-1 medications trigger a cascade of responses that impact how we eat, feel and respond to food. Firstly, they slow gastric emptying, meaning food stays in the stomach longer, which enhances how full you feel and reduces the urge to eat or snack. One client told me, 'It felt like I'd eaten Christmas dinner ... all the time.' Naturally, if you don't feel hungry, you eat less, and this is one of the ways you lose weight. This isn't just anecdotal – research has shown that GLP-1 medications can reduce calorie intake by 16–39 per cent compared to placebo.[7]

These medications also act on the brain, specifically targeting areas like the hypothalamus and the reward centres involved in food motivation and pleasure. Brain imaging studies reveal altered responses to food cues, with people reporting reduced cravings, less interest in high-calorie foods and a general dampening of that urgent 'I want that now' feeling.[8] Some clients tell me that things also taste different – particularly wine and Champagne. 'I've become a cheap date,' jokes Jasmine on our online consultation.

They also act on the pancreas – an organ that plays a key role in managing your blood sugar. Think of the pancreas as your body's internal glucose traffic controller. When you eat and your blood sugar rises, the pancreas releases insulin, a hormone that helps shuttle sugar from your bloodstream into your cells for energy or storage. GLP-1 medications enhance this process, but only when blood sugar is elevated – this is known as glucose-dependent insulin release. That's important, because it means these drugs help to lower blood sugar without causing dangerous drops. GLP-1 medications were originally developed to treat type 2 diabetes because of this very ability: they help the body respond more effectively to food, keeping blood sugar in check while also contributing to that longer-lasting feeling of fullness.

Interestingly, some users even report a reduced preference for ultra-processed or junk food, saying that their old go-to comfort foods no longer hold the

same appeal. This combination of effects explains why, for some, the impact of GLP-1 medications can feel almost too strong. As my client Denise put it, 'I actually have to remind myself to eat.' And while that may sound like a dream scenario for anyone who's battled persistent hunger, it can carry its own challenges – especially when nutritional needs go unmet.

More than half of GLP-1 medication users experience side effects like nausea, constipation, diarrhoea or the infamous eggy burps – but for most, these are mild, manageable, and tend to ease with time, especially when supported by the right nutrition and lifestyle changes. In my clinical practice, nausea and constipation are the two most frequently reported side effects, along with fatigue and hair loss. Nausea can be caused by the medication itself or, in some cases, the unfamiliar sensation of early fullness. Sometimes, nausea can also be brought on due to low blood sugar levels, emphasising the need to keep yourself well fuelled even if your hunger has reduced. Constipation is more common when on semaglutide, but as you eat smaller meals, your overall intake of fibre can reduce, which can cause constipation. Dehydration can also exerbate constipation as some GLP-1 medications may also slightly supress thirst signals. Overall, drinking plenty of water can significantly minimise side effects.

Why Eating Less Isn't Always a Win

At first, the reduced appetite feels like a gift. You're eating less without trying. The scale is moving. You're finally seeing results. But there's a line – and when you cross it, the consequences aren't always visible at first. My client Denise's words that I shared above stuck with me, because they speak to something I see far too often: when weight loss tips into undernourishment. She said: 'I was barely eating. I lost weight, but I was exhausted and seemed to have lost my strength and my spark.'

Eating less doesn't just mean fewer calories – it often means less of *everything*. Less protein. Less fibre. And far fewer of the essential vitamins and minerals your body depends on every single day. As soon as your calorie intake dips below around 1,200 calories for women or 1,800 calories for men, it becomes nearly impossible to meet your basic micronutrient needs without careful planning. Even if you're technically 'hitting your macros', you can still fall short if

your meals lack variety or are mostly made up of ultra-processed foods, because it's not just how *much* you're eating – it's *what* you're eating. If you're still relying on the same ultra-processed foods, just in smaller amounts, your risk of deficiency climbs even higher.

Micronutrients like vitamins A, D, E, K, B1 and B12, along with minerals such as iron, calcium, magnesium and zinc, play critical roles in energy production, mood regulation, immunity, wound healing and tissue repair. When you don't get enough of them, the signs start to show in subtle ways. You might feel more tired than usual. Your hair might thin or shed. Your skin becomes drier, flakier or more prone to irritation. Some people notice they bruise more easily or that cuts take longer to heal. These small symptoms are your body's way of waving a flag: I need more.

So yes, the appetite drop might feel like a breakthrough. But when your body is quietly falling behind – fatigued, under-fuelled and depleted – it's not a sustainable path. The scale might be moving, but underneath the surface, your body is running on empty.

YOUR BRAIN ON LOW FUEL

Let's start with the brain. It's the hungriest organ in your body. Even though it only weighs about 1.5kg (3¼lb), it consumes roughly 25 per cent of your energy each day.[9] And it doesn't just want *any* calories – it wants the good stuff. The brain needs a steady supply of glucose, protein, healthy fats and vitamins to function properly. Protein plays a structural role in the brain and helps to regulate stress and mood by influencing the hypothalamic-pituitary-adrenal (HPA) axis. Omega-3 fatty acids are vital, too – they reduce inflammation, protect brain cells and have been shown to improve mood and cognitive function in both children and adults. Then there are the B vitamins, especially B12 and folate, which help produce neurotransmitters – the brain's chemical messengers. A lack of these nutrients can lead to memory loss, brain fog, cognitive clouding and even depression. And let's not forget antioxidants – the compounds that give colourful fruit and veg their vibrant shades. These substances help protect the brain from oxidative stress, which is like cellular rust. They help protect your brain, stabilise your mood and support long-term mental clarity.

THE COST OF MUSCLE LOSS

When people lose weight – especially rapidly – they often assume it's all fat. But that's rarely the case. Your body doesn't just burn fat when you're in a calorie deficit, it taps into muscle, too – especially if you're not eating enough protein or doing the right kind of exercise. This is a throwback to our hunter-gatherer roots, when energy conservation was a survival tactic. But today, in the context of modern weight-loss medications like GLP-1s, that same biological mechanism can work against us.

Take the STEP 1 trial, for example (the landmark study demonstrating semaglutide's effectiveness for obesity treatment).[10] In a subset of 140 participants who underwent DEXA scans to measure their body composition (how much of their weight is fat or muscle), the average weight loss was 13.6kg (30lb). Of that, roughly 5.3kg (11½lb) – or 39 per cent – was lean mass. That's a substantial loss of tissue that includes not just muscle, but also water and organ mass.[11][12] A similar pattern emerged in the SUSTAIN 8 trial, which tested semaglutide at a lower dose in people with type 2 diabetes.[13] Here too, around 40 per cent of the weight lost came from lean mass. And it's not unique to semaglutide – a meta analysis in which researchers pulled together all the results from 10 randomised gold-standard research trials on the same topic found that, on average, 28 per cent of weight lost in clinical interventions was lean mass.[14]

At first glance, that might seem alarming, but these trials focused on individuals with obesity, who typically carry more total lean mass to begin with. In that context, some muscle loss may be a tolerable trade-off if overall body composition improves. And indeed, in the STEP 1 group, lean mass as a percentage of total body weight actually increased by around 3 per cent.[15] But that doesn't mean the same outcomes apply to everyone.

The use of GLP-1 medications is expanding rapidly, often beyond the populations they were originally trialled in. People who don't meet clinical criteria for obesity but simply want to drop a few kilos are now using these drugs, and we still don't fully understand the implications for body composition in these cases. And while large trials have shown that lean mass loss occurs across both sexes, emerging evidence suggests that women may be more vulnerable – particularly those who are perimenopausal or older and who aren't resistance training or consuming adequate protein.[16]

From my work in women's health, I've seen this vulnerability up close. If not proactive with training and nutrition, women tend to lose muscle faster, in part due to differences in hormone biology. Oestrogen and progesterone influence muscle protein synthesis differently than testosterone does. Research suggests that women oxidise less leucine – the amino acid that helps 'switch on' muscle growth – than men, and fluctuating hormone levels throughout the menstrual cycle can also influence muscle breakdown.[17] These differences may make it harder for women to maintain or build muscle, especially during perimenopause, when hormonal patterns become even more unpredictable.

All of this matters, because muscle is your metabolic engine. It helps to regulate blood sugar, supports posture and joint health and burns more energy at rest than fat does. Muscle burns more calories than fat even at rest (around 6kcal per 450g/1lb compared with just 2kcal for fat), keeping your metabolism in a healthier space. Losing muscle doesn't just reduce mobility, it slows your metabolism, raises your risk of weight regain and accelerates aging. Over time, this decline can lead to sarcopenia – literally, 'poverty of the flesh' – a condition marked by a progressive loss of strength, function and independence. For many of the people I work with, the goal isn't just to lose weight, it's to keep the weight off and stay strong enough to lift shopping bags, climb stairs, play with children or grandchildren and maintain the freedom to move through life rather than end up in a wheelchair.

The good news is that the next generation of weight-loss medications is starting to address this. Drugs like tirzepatide, a dual agonist that targets both GLP-1 and GIP receptors (the latter help with insulin release and may improve how your body handles energy), have shown lower rates of muscle loss – around 10–15 per cent in women and 20–25 per cent in men, even in the absence of strength training.[18][19] Other experimental approaches are combining GLP-1s with compounds like bimagrumab, which may preserve or even enhance muscle mass during weight loss.[20] It's an exciting shift – away from weight loss at any cost, and toward more thoughtful, metabolically protective strategies.

But the takeaway is clear: if you're losing weight – especially with GLP-1s – don't forget to protect your muscle. It's the foundation of strength, function and long-term health.

WHY BONES MATTER MORE THAN YOU THINK

Perhaps surprisingly, your bones can also take a hit during weight loss – especially if it happens fast. Rapid reductions in body weight, particularly more than 14 per cent over just a few months, have been shown to negatively affect bone density.[21] While the focus is often on fat or muscle loss, bones are quietly and significantly impacted too.

Only a handful of trials to date have measured bone mineral density, which means we still don't have the full picture of how weight-loss medications affect our bones.[22][23] What we do know, however, is that bone health needs to be a priority, and that some people are more vulnerable than others. Post menopausal women, for example, already face an increased risk due to lower oestrogen levels, a hormone essential for maintaining bone density. Others at higher risk include those who avoid dairy (often the main dietary source of calcium) and those following highly restrictive or extreme diets that fail to provide enough total energy or nutrients to support healthy bones.

The foundation of strong bones isn't just calcium or vitamin D – it's energy. Bone isn't static. It's a living tissue that constantly breaks down and rebuilds. But it can't do that if it doesn't have the raw materials and the energy it needs. When you consistently eat too little, especially over long periods, you can enter what's called 'relative energy deficiency in sport' (RED-S). While this term was originally coined for athletes, it applies more broadly to anyone not meeting their body's energy needs. RED-S sets off a hormonal domino effect, lowering reproductive hormones, suppressing thyroid function and ultimately reducing bone formation. This is one reason why disordered eating and long-term under-fuelling can leave lasting damage, even years after someone starts eating normally again.[24] In one study, obese women who followed a 925-calorie-a-day diet for four months lost significant bone mass in the hip and upper thigh region, even if they were doing resistance training.[25] That's important because weight-bearing exercise is usually protective for bones, but it couldn't offset the damage of too little energy coming in. If there is one thing that will impact your quality of life massively it is getting a stress fracture.

This isn't theoretical for me. My own mother – a Black woman living in sunny Zambia, and someone who wouldn't typically be considered at high risk for osteoporosis – sustained a femur fracture as a side effect of medications used to manage her multiple long-term conditions, including dementia. She

developed osteoporosis as a result. I know first-hand the trauma that comes with that kind of injury. Everything changed after the day she fell. Her independence, her mobility, her confidence – it all took a hit. The truth is, for older adults, a fracture can be life-altering. In some cases, it can even be life-shortening – exactly the story in my darling mother's case.

Eating for your bones now protects your future self. And yet, we rarely think about our bones until something goes wrong. Osteoporosis has earned the nickname 'the silent thief' for a reason. It causes damage you can't feel – until it's too late. Don't feel disempowered, though. You have far more influence than you might think – through how you eat, move and live each day, you can actively nourish, protect and strengthen your bones, and I will show you how.

ESSENTIAL INSIGHTS: HOW GLP-1 MEDICATIONS WORK

1. GLP-1 IS ALREADY IN YOU.
   Your body naturally produces GLP-1, a powerful hormone that helps regulate appetite, blood sugar and fullness after meals. Medications like Ozempic or Wegovy simply mimic and extend the action of what your body already does.

2. FOOD NOISE IS REAL – AND GLP-1S CAN QUIET IT.
   For many, constant thoughts about food can feel relentless. GLP-1 medications dampen those signals in the brain, reducing cravings and the mental chatter that drives overeating.

3. IT'S NOT JUST ABOUT EATING LESS.
   GLP-1s reduce hunger, but less appetite can also mean less nutrition. Without careful planning, you risk under-fuelling your body, missing out on protein, fibre, vitamins and minerals that are essential for energy, mood and health.

4. PROTECT YOUR MUSCLE AND BONES.
   Rapid weight loss, including that which comes from using GLP-1s, often includes lean tissue loss – including muscle and bone mass. Since both are crucial for strength, metabolism and long-term health, prioritising adequate energy and protein intake as well as resistance training is non-negotiable.

5. THE FUTURE IS ABOUT SMARTER WEIGHT LOSS, NOT JUST FASTER WEIGHT LOSS.
   Next-generation medications and combination therapies are showing promise in preserving muscle while promoting fat loss. But regardless of what's available, the fundamentals remain: nourish your body, move with purpose and protect the tissues – muscle and bone – that keep you strong for life.

Life After Weight-Loss Medication

Given how effective these medications can be, it's striking that around two thirds of people stop taking them within just a year.[26][27] The irony is that while they're designed for long-term use, one of the challenges is staying on them.

In manufacturer-sponsored trials of GLP-1 medications for obesity, adherence rates look impressive – 83–88 per cent at around 66–68 weeks.[28] But in the real world, it's a different story: adherence drops to roughly 33–50 per cent at one year, and just 15 per cent by year two.[29] A recent study found that of those prescribed weight-loss drugs, only 44 per cent were still taking them after three months, and just 19 per cent after a year.[30] A survey in the USA cited that only 6 per cent of users plan on being them for the long-term.[31]

We know that better adherence to medications like Wegovy is linked to greater weight loss and better weight maintenance. So why are so many people calling it quits?

The reasons are complex, spanning both the physical and the practical. While most people find the side effects tolerable, for about 15 per cent of people they're enough to derail treatment. Katie, one of my clients, put it bluntly: 'I'm going on holiday, and I actually want to enjoy my food – I don't want to be nauseous.' Others stop when they reach their goal weight, when the medication no longer feels necessary or simply because they've never thought through what 'life after' looks like. And then there are the food lovers who just miss food too much.

Cost is another major barrier. These drugs are expensive, and insurance coverage is patchy at best. For those only taking the weight-loss medications for weight loss, once you reach your goal weight, your insurance or the National Health Service (in the UK) may no longer be able to cover it. Long-term use can be financially out of reach. For some, concerns about the lack of long-term safety data or a desire to try alternative strategies also drive the decision to stop.

It's worth noting that stopping medication isn't unique to weight loss. In conditions like diabetes and high blood pressure, studies show that almost half of patients discontinue treatment within a year. In general, people prefer not to take medications if the reason they started them seems to have been 'resolved'. For many who take weight-loss medications, once the weight has come off, the feeling is that they no longer need to be on them. With GLP-1 meds, as they are designed for long-term use, what happens *after* you stop is critical.

WHAT HAPPENS WHEN YOU STOP

Much like taking insulin for diabetes or statins for high cholesterol, weight-loss medications work only while you're on them. Once you stop, the story changes – and what happens next depends on how much weight you lost, how quickly you lost it, whether the loss was mostly fat or muscle, and how much exercise and lifestyle support you've built around it. Stopping these medications doesn't have to mean failure, but it does mean new challenges – and you need the tools to meet them head on.

REBOUND WEIGHT GAIN: THE 'OZEMPIC EFFECT'

The clearest and most consistent pattern in every study is this: weight regain is the rule, not the exception. The STEP 1 trial extension was a follow-up study that looked at how people did after completing the original STEP 1 trial. Participants who took 2.4mg semaglutide weekly for 68 weeks lost an average of 17.3 per cent of their body weight. A year after stopping, they'd regained two thirds of what they'd lost, leaving a net loss of just 5.6 per cent.[32]

We see the same trend with other drugs. The SURMOUNT-4 trial tested what happens when people stop taking tirzepatide for weight loss. Participants took tirzepatide for 36 weeks, then either continued or switched to a placebo for another year. Those who stayed on lost a further 5.5 per cent. Those who stopped regained 14 per cent. After 88 weeks in total, continued use meant a 25.3 per cent total loss; stopping meant just 9.9 per cent. Regain with tirzepatide tends to stretch over 2–3 years, but with semaglutide it's mostly back within 12 months.[33]

If you've lost more than 20 per cent of your initial weight before stopping, you may still hold on to a clinically meaningful 5 per cent loss. But for most people – especially those with smaller losses – full regain is a real risk. And for many this will feel like a return to an exhausting loop of losing weight, regaining it and then starting all over again. This cycle, often called yo-yo dieting or weight cycling, is more than just mentally draining. It leaves biological fingerprints that can make each attempt harder than the last.

THE MUSCLE–FAT IMBALANCE

When weight comes back, it's rarely an even 50:50 split between fat and muscle. Regain is usually made up of mostly fat – and with it, cardiometabolic risks like raised blood pressure, cholesterol and an increased chance of developing diabetes begin to creep back in. The hard-won metabolic gains achieved on treatment slowly start to erode.

For postmenopausal women, the stakes are even higher. In one study, 88 per cent of regained weight after dieting was fat, and only 12 per cent was lean tissue.[34] That shift undermines strength, bone health and metabolic function.

This imbalance really matters. As I have stated before, muscle is key for weight maintenance and it also shapes how we move through life: it gives us strength, independence and dignity as we age. It's what allows us to open jars, get off the sofa – or the toilet – and stay steady on our feet. Muscle is the difference between not just living longer but actually enjoying those extra years. And when you feel strong in your body, it carries into your confidence, your mood and the way you show up in the world. Losing muscle, on the other hand, sets the stage for a number of problems, including difficulty maintaining weight loss due to a slower metabolism. The most concerning scenario is sarcopenic obesity: a double whammy of too much fat paired with too little muscle.

And excess fat, especially when stored in the wrong place, is its own problem. If the body can't tuck it safely under the skin (subcutaneous fat), it pushes it deeper into the abdominal cavity as visceral fat. This is the dangerous kind – the fat that wraps around your organs and doesn't just sit there quietly. Visceral fat pumps out inflammatory substances like IL-6 and TNF, fuelling chronic low-grade inflammation that's been linked to heart disease, type 2 diabetes, and even cancer.

THE SPEED OF WEIGHT GAIN

What makes weight gain after stopping GLP-1s even more challenging is the pace at which it can happen. Once the medication stops, the biological brakes are released and the rebound can be sharp and fast – much quicker than the gradual regain we tend to see after a diet.

One analysis suggested that patients could regain all the weight they had lost within 10 months on older GLP-1 drugs, and within about 20 months on the newer ones. Another study found that 68 per cent of lost weight was regained within just a year.[35]

Why is this? My clinical insight is that GLP-1 weight loss is assisted – and there is absolutely no judgement in that. These medications work powerfully on appetite biology, but when that assistance is withdrawn, the biological pressure to regain can be rapid and intense. With traditional dieting, people are often relying more heavily on behaviour from the start – even if imperfectly. They are navigating hunger, managing portions, restructuring meals, building routines. Because the adaptation and struggle are present throughout the process, the relapse pattern may unfold more slowly.

Another important point is that many GLP-1 trials did not include long-term behavioural retraining. Participants lost weight effectively while appetite was suppressed but were not always systematically taught how to maintain muscle mass, prioritise protein, strength train, regulate stress eating or rebuild internal appetite awareness.

Of course, the rate and total amount of regain vary from person to person, with factors like lifestyle support and the specific drug used influencing outcomes. But the message is clear: ongoing treatment is usually needed to sustain the benefits – or a new strategy must come into play.

APPETITE SURGES, CRAVINGS AND THE RETURN OF FOOD NOISE

Previous research has found that 57 per cent of people living with overweight or obesity experience what we now call 'food noise' – though many aren't familiar with the term itself.[36] For those affected, it often makes healthy food choices harder and sticking to exercise plans more challenging. One of the reasons these medications are so effective is that they reduce food noise and even alter taste preferences.

It generally takes four to five days for a GLP-1 drug to be almost completely cleared from the body, while some of the long-lasting GLP-1 medications linger in the body for 25–30 days after the final injection.[37] But the research we have so far looks mainly at weight regain, not the lived experience of appetite in that transition period.

From my clinical perspective, many clients start noticing appetite changes within the first few weeks of stopping. Experiences vary, but those who fare better are usually the ones who built consistent healthy eating and lifestyle habits while on the medications.

For others, cravings surge back like someone has cranked the dial up to full. This isn't about willpower. It's a biological rebound. Hunger hormones rise,

digestion speeds up and the brain often becomes more sensitive to hunger cues. The pull towards food feels urgent and constant. The food noise is louder. Without strategies in place, the return of appetite can feel overwhelming – and with it, the risk of weight regain becomes very real.

GUT HEALTH: THE HIDDEN CYCLE

The trillions of bacteria living in your gut act like an internal ecosystem, and when that ecosystem is in balance, it supports everything from weight to metabolism to mood. Some research suggests that GLP-1 medications may support beneficial microbial balance, help restore balance disrupted by obesity and diabetes and lower inflammation as an overall consequence.[38][39] Weight loss itself can also give the gut a temporary boost, lowering inflammation and increasing helpful bacteria like *Akkermansia*.[40][41] It's exactly the kind of shift you want for overall wellbeing.

But there's a catch. These benefits only last if you can avoid the yo-yo weight cycling I mentioned earlier. Unless your new gut balance is actively nurtured and supported, those gains can fade – leaving you vulnerable to slipping back into the same vicious rebound cycle.

We know from studies of dieting alone that repeated weight loss and regain has a net-negative effect on the gut microbiome.[42] Every cycle reshuffles the microbial deck, but it doesn't always reset cleanly. Instead, the gut often holds onto an 'obese' microbial signature that quietly tips the scales against you. That might mean more bacteria driving inflammation, fewer that support metabolic efficiency and shifts that interfere with appetite-regulating hormones – leaving you hungrier, with stronger cravings.[43]

The good news? You do have influence here. What you put on your plate and how you live day to day have a powerful knock-on effect on your gut health. It means you can shift the balance back in your favour.

WHY DOES WEIGHT REGAIN HAPPEN?

There are many reasons why weight creeps back on, and the biology behind it is more complex than most people realise. GLP-1s add yet another layer of complexity to an already tangled system. Understanding this isn't just 'nice to know' – it's powerful.

Many people (maybe you included) who struggle with their weight feel trapped in what I call 'food jail'. They're stuck in cycles of unhealthy eating patterns, rigid food rules, deprivation, emotional eating or constant cravings. The result? Shame, guilt and feeling bad about themselves. But when you start to learn that it's not all your fault, something shifts. You stop blaming yourself, and the myth of 'willpower' begins to lose its grip.

As you begin to understand the biological challenges, how your brain works and what helps you thrive, you'll be able to start unpicking the habit loops that need rebuilding. This is where curiosity and kindness become essential. I may ask you to try things you don't naturally enjoy, or to reflect on your relationship with food and yourself. That can feel uncomfortable at times but these shifts allow you to begin nourishing your body in a way that is both sustainable and worthy of you.

First, let's unpack the layers of weight loss and regain biology and the challenges we need to work with. It's going to get a little technical, so stick with me.

SHRINKING FAT CELLS: THE FIRST LAYER

When you lose weight, the most obvious change is a drop in body fat. But here's the catch: those fat cells don't disappear – they shrink. And that shrinkage triggers some fascinating shifts.

Weight loss changes how your body makes and manages fat cells. 'Baby' fat cells, or precursor cells, become better at maturing into small, healthy cells that release helpful hormones like adiponectin and leptin while dialling down inflammatory signals. That's great news for your metabolism and overall health.

But there's a flip side. When fat cells shrink following weight loss, they send a powerful alarm bell: fuel stores are falling. Leptin – the hormone that tells your brain you have enough energy – drops in proportion to that loss. With less leptin circulating than your brain is used to, it can respond as though you're running on empty, even if you still carry adequate fat. Hunger ramps up, cravings sharpen and your body urges you to restore its previous 'comfort zone' weight. In short, after weight loss, your biology becomes primed to store fat again if the opportunity arises.

THE BODY'S DEFENCE SYSTEM TO WEIGHT LOSS: THE SECOND LAYER

And it isn't just leptin. The body does not know whether weight loss is intentional, medically advised or aesthetically driven. It monitors energy stores and

change. When fat mass shrinks and calorie intake drops, the brain registers potential energy scarcity – and responds accordingly. Imagine your body as a smart home. When the pantry is low, the thermostat is turned down to save energy. Your metabolism slows and your body becomes more efficient at conserving energy. This process, known as adaptive thermogenesis, can begin within just a few days of significant calorie restriction. It reflects a protective, evolutionary response to perceived energy threat – not a flaw in your willpower. In some individuals, a degree of this metabolic adaptation can persist beyond the active dieting phase, which may make maintenance more challenging.

For example, one study found that within the first week of a strict diet, some participants burned around 180 fewer calories per day than expected.[44] Those who experienced the steepest early drops in energy expenditure tended to lose less weight overall, showing how metabolic adaptation can influence results from the outset.

THE SET-POINT THEORY: THE THIRD LAYER

Layered on top of this is what's often called the 'set-point theory' – the idea that the body tends to defend a biologically regulated weight range. This range is not fixed at birth, nor is it purely a matter of willpower. It reflects a dynamic interaction between genetics, early life programming, environment and weight history. Over time, the body becomes accustomed to a certain level of fat mass and works to maintain stability around it. When weight drops below that accustomed range, regulatory systems respond. Appetite-stimulating hormones increase, food becomes more rewarding and energy expenditure subtly shifts downwards. Importantly, this defence is triggered by change and perceived energy loss, not by whether the starting weight was medically ideal.

These adaptations can be surprisingly persistent. Six years after the US TV show *The Biggest Loser* aired, contestants still had resting metabolic rates roughly 500 kcal per day lower than predicted for their body size.[45] This illustrates how strongly the body can defend its previous weight – particularly after rapid, substantial loss – making weight maintenance a challenge for many.[46]

GLP-1 MEDICATIONS: ANOTHER LAYER

GLP-1 medications add yet another twist. Some scientists suspect that long-term, high-dose use may temporarily reduce the body's own GLP-1 production. If that's true, stopping the medication could make weight regain even more

likely. Not only do you lose the drug's appetite-suppressing effect, but your natural 'stop eating' signal may also be dampened.

For people who've suppressed hunger so effectively on GLP-1s, there is also the massive disconnect between body and brain, and its effect can be enormous. The further away you drift from your natural hunger and satiety signals, the harder it is to relearn how to listen to them.

If this feels disheartening, pause there. Yes, biology defends weight. Yes, the system pushes back. That may not be what you want to hear. But it does not mean change is impossible – it means change requires strategy.

When you recognise that appetite, metabolism and reward systems are involved, you stop blaming yourself and start building smarter approaches. The challenge is real – but so is your capacity to adapt.

BEYOND THE PRESCRIPTION: EXPLORING SUSTAINABLE STRATEGIES

As I write this, the conversation around GLP-1 medications is evolving at lightning speed. Each month brings new research, more questions and deeper insights into how these medications fit into the bigger picture of long-term weight management. There is lively debate in the weight-management space about what maintenance looks like in the GLP-1 era. The honest answer? We are still mapping it out. But several emerging pathways are beginning to take shape.

1

CONTINUING GLP-1S LONG TERM

If we view obesity as a chronic, relapsing condition, much like high blood pressure or type 2 diabetes, then long-term treatment may include medication. These drugs were designed with sustained use in mind for those who struggle with obesity. Some experts argue that remaining on treatment long term offers the strongest protection against regain, particularly for those with a long history of weight cycling. Finding your maintenance dose is a dynamic process and is best done with your medical doctor guiding you.

2

ADJUSTED DOSING STRATEGIES

For others, a more flexible model may emerge. Some may use medication during specific life phases; others may transition to a lower micro-dosed maintenance dose. But we are still learning about what this looks like. Currently, microdosing is considered off-licence and must be done under clinical supervision. As research develops, we are likely to see more nuanced approaches, including oral options. At the time of writing, a new oral GLP-1, orforglipron, has entered Phase 3 trials, the final stage before potential approval. How you transition off medication – or establish your long-term rhythm – will always be individual.

3

STOPPING GLP-1 MEDICATIONS COMPLETELY

Some individuals will choose to discontinue treatment entirely. If that is the path, the focus must shift decisively towards building the physiological and behavioural systems that protect maintenance, as outlined in the following chapters.

4

REVISITING OLDER, MORE AFFORDABLE MEDICATIONS

GLP-1s may dominate today's headlines, but pharmacological support for weight management is not new. Older medications, such as orlistat and other lower-cost options remain available. They may not command the same attention, but they can play a role, particularly when cost or access limits choice.

One element remains essential – lifestyle

No matter which path you choose, how you live matters. Lifestyle is not simply about weight. It is about safeguarding health, preserving vitality and giving your body the best opportunity to thrive. For some, lifestyle shifts may not fully replace medication. But they will always enhance its impact – and become indispensable if, or when, you step away from it.

If you've followed my work, you'll know that my love language as a clinician is helping you win. My role is to equip you with the tools that allow you to manage your weight so you can live well, feel strong and show up fully in your world. That means supporting you with the right tools for you – whether that includes medication, lifestyle strategies or both.

What these medications make abundantly clear is this: losing weight and keeping it off are two very different games. They require different skills, different structures and often a new mindset. There is no one-size-fits-all formula.

Think of it this way: during active fat loss, a GLP-1 may have played the lead role – helping regulate appetite, quieten cravings and support metabolic change. As you move into maintenance, the role shifts. Medication, if used, becomes the supporting actor. Now it is your systems, habits and mindset that take centre stage.

Maintenance means protecting muscle. Nourishing consistently. Training for strength. Managing stress. Designing your environment wisely. Staying mentally engaged. It requires accountability – not blame, but ownership – so that the results you achieved stay with you for a lifetime.

Introducing My Methodology for Sustainable Weight Management

Let's be honest – nutrition advice can feel like a moving target. There's noise, contradiction and a million opinions. But when it comes to long-term weight maintenance, there are some fundamentals we can trust – and they're often more powerful than we give them credit for.

Take the National Weight Control Registry, the largest ongoing study of people who've lost weight and kept it off. What's clear from the data is that there's no single blueprint for success. The researchers identified distinct subgroups of people who maintained weight loss, each with their own strategies. Some leaned on structured exercise, others on food tracking or managing emotional triggers. Different approaches, same outcome.

And that's the point. It's not just about willpower. It's about how your brain, body, habits and environment all work together over time. Sustainable weight management is deeply individual, yet it also rests on shared principles. A bio-psycho-social framework helps us see beyond the scale, recognising that your biology, psychology and social world are all part of the picture. It sees you as a whole being with a unique story to tell, not just a number or a set of behaviours. That means eating in a way that supports muscles, your brain, your bones and your gut. Moving regularly. Sleeping well. Being mindful of your stress and

emotions. Having a support system. And building an environment that nudges you towards health, not away from it.

Above all? It has to be personal. *Your* plan, built on *your* preferences, routines and non-negotiables. The strategies that feel good, fit your life and evolve with you. Whatever path you choose, make sure it's yours – not your best friend's or the influencer's on Instagram. Because the plan that's truly yours is the one you'll stick with. And that's the one that lasts. This isn't just about a lower number on the scale. It's about building a strong, resilient, well-nourished body and a lifestyle that supports it – for life.

In my work as a dietitian, I use a flexible framework to help each client build a plan that works for them as an individual. And in the next few chapters, I want to do the same for you.

So, imagine you're sitting across from me. We're diving into what's going on in your life, what matters most to you, and how we can create something that actually sticks. I'll walk you through the exact approach I take with my one-to-one clients – but adapted for you, here, in these pages.

As a start, ask yourself the following questions:

Where am I right now?

What has brought me here?

What am I experiencing?

What are my goals?

What is my relationship with food like?

Why do I eat when I eat?

What motivates me?

What are my fears?

What's likely to trip me up?

Over the course of this book, I'll ask you to tune in – to become aware of your habits, patterns and mental roadblocks without judgement. Awareness is powerful. It's how you start spotting the behaviours and beliefs that trip you up. And once you see them, we can make a game plan to work around them, not just bulldoze through.

I'll bring you back to the basics, too. I am all about small wins that build momentum. Impactful changes that actually last. Because it's not about doing it perfectly. It's about doing it consistently. Consistency is the quiet superpower I see in every high-performing client I work with. The details of your diet matter far less than your ability to stick with something 80 per cent of the time over weeks, months and years. Life gets messy – kids, work, hormones, the unexpected – but when you've got a system you can fall back on (even at the minimum effective dose), you stay in the green. That's the difference between starting over and staying steady.

This process is holistic, because real, lasting change isn't just about what's on your plate. In my clinic, I often see someone absolutely nailing their nutrition but still not making progress. Then we look deeper and realise they're running on five hours of sleep. And that lack of sleep? It's messing with their hunger hormones, cravings, energy and recovery.

And finally, I want you to enjoy this. Yes, enjoy it. Research shows that when people focus on making healthy changes enjoyable – not just something to grit their teeth through – they're far more likely to stick with them. And let's be honest: life's too short not to have fun along the way.

This isn't a bootcamp. It's a build – of self-awareness, resilience and habits that last. My NEAI method is your roadmap to sustainable weight freedom.

Let's get started.

ESSENTIAL INSIGHTS: LIFE AFTER WEIGHT-LOSS MEDICATION

1. MOST PEOPLE DON'T STAY ON GLP-1 MEDICATIONS AFTER 12 MONTHS.
   In clinical trials, adherence looks high. But in the real world, only about one in three people are still on GLP-1s after a year, and fewer than one in five by year two. For some, nausea or digestive issues make the medication hard to live with. For others, it's simply too expensive, or they stop once they hit their goal weight.

2. REGAIN IS THE RULE, NOT THE EXCEPTION.
   Studies consistently show that when the medication stops, most people regain two thirds of the weight they lost – often within a year.

3. THIS ISN'T ABOUT WILLPOWER.
   Weight loss activates biological defences – from adaptive thermogenesis to shifts in hunger hormones and set-point regulation – that can make maintenance harder, but understanding this shifts the focus from willpower to building strategies that support your new physiology long term.

4. WEIGHT LOSS ISN'T THE FINISH LINE.
   GLP-1s highlight a hard truth: losing weight and keeping it off are two different games, each needing its own strategies, skills and mindset.

5. MEDICATION IS ONLY ONE PIECE OF THE PUZZLE.
   The long game is about muscle, metabolism and habits. Protect your lean tissue, support your gut and build routines that last – because that's what carries you beyond the prescription.