



SEMAGLUTIDE MEDICATION INFORMATION

Semaglutide is one of the GLP-1 analogue drugs. The name means “glucagon-like peptide 1 agonist”. Peptide drugs are highly specific with less toxicity and fewer drug interactions. These drugs mimic the actions a hormone called glucagon-like peptide 1. When blood sugar levels start to rise after someone eats, these drugs stimulate the body to produce more insulin. The extra insulin helps lower blood sugar levels. Lower blood sugar levels are useful in the management of T2DM. Currently there are 5 drugs in this group with more being developed.

SEMAGLUTIDE AND WEIGHT LOSS

During the studies of GLP-1 class drugs for the treatment of T2DM, investigators found that the medications were not only controlling blood sugar but were also causing significant weight loss in the study participants. Studies using GLP-1 drugs for weight loss found that the drugs caused a statistically significant weight loss in the study participants.

It is not clear how GLP-1 drugs lead to weight loss. Doctors do know that GLP-1 peptides appear to curb hunger. The medication also is known to slow the progress of food through the stomach and small intestines. Patients feel fuller and the effect last for a longer period of time. Patients often comment that they do not feel hungry and are satisfied with smaller portions at mealtimes. Snacking is also reduced as there is no feeling of hunger between meals.

Semaglutide is used as a subcutaneous injection given once a week. Most patients give the injection in the abdomen. The anterior thigh can also be used. Patients are given a detailed regimen describing the amount of medication used and the duration of each dosage interval. The medication is used with a balanced diet with calorie control. Some degree of exercise is beneficial but not mandatory.

Patients that have a personal or family history of medullary thyroid cancer should not use the drug. Patients with a disease called Multiple Endocrine Neoplasia Syndrome II (MENS II) should not use the medication. The drug is also contraindicated in patients with a history of pancreatitis or of chronic renal failure.

As with any use of medication, patients should be aware of side effects and report promptly the onset of unusual symptoms. Acute upper abdominal pain, possibly with fever and vomiting, may be a sign of acute pancreatitis. Bloody urine could indicate kidney injury. These are rare complications. If you experience any of these you should stop the medication immediately and report the issue to your practitioner.

Common side effects are mostly GI related and can include frequent burping or belching, GERD, nausea, mild abdominal discomfort, diarrhea or constipation. These symptoms can be reduced or eliminated by following the dosing regimen carefully. DO NOT increase dosing before the recommended interval. Maintain a calorie-controlled diet with a 40:40:20 ratio of carbs/ protein/fat. The protein and fat help prevent large fluctuations in blood sugar. Weight loss usually starts at week 3 or 4.

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