



0434 564 544

diverse
DIETETICS

diversedietetics.com.au

Nutrition on GLP-1 Medications: Your Practical Guide

For people taking Ozempic, Wegovy, or Mounjaro –
what to eat, what to watch for, and how to protect
your results



The important idea

GLP-1 medications can reduce appetite and make it easier to eat smaller amounts of food. That can be very helpful.

What they do not automatically do is improve food quality, protect muscle, prevent constipation, or make sure you are getting enough protein, fibre, vitamins and minerals.

That is where nutrition matters.

The goal is not just to eat less. The goal is to eat well enough to support your health while your appetite is lower – including strength, energy, digestion, blood glucose, heart health and long-term wellbeing. [1,2]



Primary Weight Management Medications

Ozempic [semaglutide] – commonly prescribed for type-2 diabetes

Wegovy [semaglutide] – approved for chronic weight management and reduction in cardiovascular risk in some adults

Mounjaro [tirzepatide] – a dual GIP/GLP-1 medicine used for type 2 diabetes, chronic weight management.

For simplicity, this resource uses “GLP-1 medications” to include GLP-1 receptor agonists and dual GIP/GLP-1 medicines.

Medication decisions should always sit with your prescribing doctor. [3–6]



The 5 Nutrition Priorities on Weight Loss Medications

1. Protein first



When appetite drops, protein intake can drop too. Protein helps support muscle, strength, fullness, immune function and recovery from training. [1,2]

During active weight loss, many expert recommendations sit around 1.2–1.5 g protein per kg body weight per day, but this needs individual adjustment. For many adults, a practical target often lands around 80–120 g protein per day. [1,2]

Your target may differ depending on current body weight, age, bariatric surgery history, training load and medical history.

Practical start: include a protein food first at each meal. Useful options include:

eggs,
Greek yoghurt
tofu or tempeh
fish
chicken
lean meat
legumes
cottage cheese
protein-fortified foods,
or a protein supplement
if food intake is too low.





Constipation is common with GLP-1 medications. This can happen because people are eating less food overall, drinking less, eating less fibre, or because gut movement has slowed. [6]

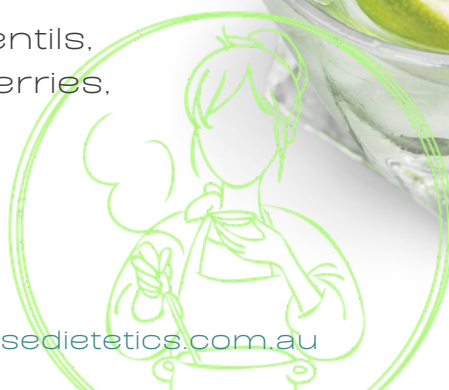
A useful long-term target is to build towards at least:

25 g fibre per day for women
30 g fibre per day for men [8]

Increase fibre gradually and drink enough fluid. Adding fibre without enough fluid can make constipation worse.

Useful fibre foods include oats, wholegrain bread or crackers, lentils, chickpeas, beans, vegetables, berries, kiwi fruit, pears, nuts, seeds and psyllium if needed.

2. Fibre & Fluid



Make Each Bite Count

When food volume drops, every bite has to do more work. This does not mean every mouthful needs to be perfect. It means more of your regular foods should bring something useful to the table.

Nutrients to keep an eye on include iron, vitamin B12, calcium, vitamin D, folate, thiamine, magnesium and zinc. [1,2,8]

Higher-value choices include dairy foods or calcium-fortified alternatives, lean protein foods, legumes, seafood, eggs, colourful vegetables, fruit, nuts, seeds and wholegrains.

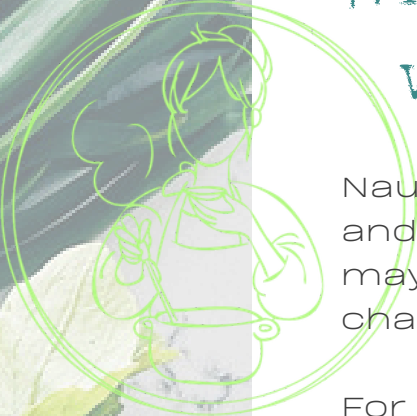
A helpful way to think about meals is:

Protein first. Plants often.
Carbs with quality and purpose. Healthy fats included.





4. Manage side effects with meal structure



Nausea, early fullness, reflux, constipation and diarrhoea are common issues people may experience, especially during dose changes. [6]

For nausea or early fullness, it may help to eat smaller meals, eat slowly, stop at comfortable fullness, avoid very large or very high-fat meals, try cool or room-temperature foods, and avoid lying down soon after eating.

For reflux, it may help to keep meals smaller, limit fizzy drinks and alcohol, avoid eating close to bedtime, and notice whether rich, greasy or spicy foods are triggers for you.

Please seek medical advice promptly if you have persistent vomiting, signs of dehydration, severe abdominal pain, worsening symptoms, or symptoms that feel unusual for you.

A medication safety note: GLP-1 and dual GIP/GLP-1 medicines have product warnings that your prescribing doctor and pharmacist should discuss with you, including delayed stomach emptying and other medicine-specific considerations. Mounjaro may also affect oral contraceptive absorption around treatment initiation or dose increases, so contraception advice should be checked with your prescriber or pharmacist. [6]



Protect muscle & plan ahead

Weight loss from any method can include loss of lean mass. Protein helps, but protein alone is not the whole plan. Strength-based activity is the other major piece. [1,2]

This may include supervised strength training, Pilates, weights, resistance bands, body-weight exercises, exercise physiology support, or simple home strength work.

It is also worth planning beyond the appetite-suppression phase. Research shows that weight regain is common after stopping weight-management medications, and some cardiometabolic benefits may reduce as weight returns. [7]

This is not failure. It is biology.

The aim is to build a realistic nutrition, movement and monitoring plan early, so you are better supported if your medication dose changes, access changes, side effects occur, or you decide to stop.



At-a-glance targets to discuss in your appointment

Protein

Individual target:
often 80–120 g/day or around
1.2–1.5 g/kg/day during active
weight loss



Fibre

25 g/day for women
30 g/day for men
increase gradually



Calcium

Most adults 1000 mg/day;
many post-menopausal
women and older adults
- 1300 mg/day



Hydration

Often 2+ L/day, adjusted for
body size, heat, exercise and
medical conditions



Movement

Build towards 150 minutes/week
aerobic activity plus 2–3
strength sessions/week, as able



Targets should be personalised.
This table is a starting point for
discussion, not a rule book.
[1,2,8]

A helpful meal rhythm on weight loss medications

The goal is not to force big meals when your appetite is low. The goal is to make the food you can manage count.

This is not a meal plan. It is a simple structure you can adapt.

Breakfast

eggs, vegetables +
healthy carbs



Lunch

Salmon, chicken, tofu
or legumes +
salad/vegetables +
small wholegrain
carbohydrate



Snack, if needed

Protein-led option such
as yoghurt, cheese,
egg, nuts, roasted
chickpeas, or a protein
drink or snack



Dinner

Protein first
vegetables second
Carbohydrates as
tolerated



References

1. Mozaffarian D, et al. Nutritional priorities to support GLP-1 therapy for obesity: a joint advisory. American Journal of Clinical Nutrition. 2025;122:344–367. doi:10.1016/j.ajcnut.2025.04.023
2. Sievenpiper JL, Ard J, Blüher M, Chen W, Dixon JB, Fitch A, et al. Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1-based therapies: an expert consensus statement using a modified Delphi approach. Obesity Pillars. 2026;17:100228. doi:10.1016/j.obpill.2025.100228
3. Therapeutic Goods Administration. New diabetes and weight loss medicines. Published 3 June 2025. Available from: [LINK](#)
4. Therapeutic Goods Administration. WEGOVY [Novo Nordisk Pharmaceuticals Pty Ltd] prescription medicine registration. Updated 2026. Available from: [LINK](#)
5. Therapeutic Goods Administration. MOUNJARO [Eli Lilly Australia Pty Ltd] prescription medicine registration. Updated 2026. Available from: [LINK](#)
6. Therapeutic Goods Administration. Product warnings updated for GLP-1 RA class. Published 1 December 2025. Available from: [LINK](#)
7. West S, et al. Weight regain after cessation of medication for weight management: systematic review and meta-analysis. BMJ. 2026;392. doi:10.1136/bmj-2025-085304
8. National Health and Medical Research Council and New Zealand Ministry of Health. Nutrient Reference Values for Australia and New Zealand. Available from: [LINK](#)



0434 564 544

diverse
DIETETICS

diversedietetics.com.au



© Diverse Dietetics. Created for educational use with clients of Lara Jones, Accredited Practising Dietitian & Diverse Dietetics. Please do not copy or distribute without permission. If something here feels useful, you are welcome to share the idea in conversation and encourage others to seek individual support

diversedietetics.com.au

0434 564 544

hello@diversedietetics.com.au