



GUIDE 01 · MAREN WHITLOCK



Eat Anyway

The GLP-1 Nutrition Guide for People Who've Lost Their Appetite

Think before you inject.

A NOTE BEFORE YOU START

GLP-1 medications are extraordinarily effective at suppressing appetite. That is the point. But the suppression does not distinguish between the hunger you want to quiet and the hunger your body actually needs to function.

Men and women alike on semaglutide or tirzepatide are frequently eating far less than they realize — and far less than their bodies require to maintain muscle mass, energy, hormonal function, bone density, and metabolic health. The medication handles the calorie equation. Your job is to handle the nutrition equation.

This guide is educational. It is not a prescription, a protocol, or a promise. Talk to your clinician before changing anything.

Why You've Stopped Eating Without Realizing It

GLP-1 receptor agonists work by mimicking a naturally occurring hormone that signals fullness to the brain. When semaglutide or tirzepatide activates these receptors, it tells your brain you are satisfied — even when you have eaten almost nothing.

The problem is that hunger is your body's primary mechanism for ensuring adequate nutrition. When that signal is removed, most people default to eating when they remember — which often means not eating enough and losing muscle alongside fat without realizing it.

Research consistently shows that without deliberate nutritional strategy, a significant portion of weight lost on GLP-1 medications comes from lean muscle mass rather than fat. Some studies suggest as much as 25 to 40 percent of total weight lost may be lean tissue depending on individual factors.

***Maren's note:** The medication suppresses your hunger signal. It does not suppress your body's need for nutrition. Those two things are now disconnected. Your job is to bridge that gap deliberately.*

The Single Most Important Nutrient on GLP-1 Medications

Protein is the only macronutrient that directly supports muscle synthesis and preservation. On GLP-1 medications, protein becomes the most critical dietary priority — above carbohydrates, above fats, above everything else.

FOR EVERYONE

Aim for 1.2 to 1.6 grams of protein per kilogram of body weight per day during active GLP-1 treatment. This is supported by the International Society of Sports Nutrition position stand and reflects the muscle preservation demands of medically supervised weight loss.

TARGET RANGES BY BODY WEIGHT

- 130 lbs / 59 kg — 71 to 94 grams of protein daily
- 160 lbs / 73 kg — 87 to 116 grams of protein daily
- 190 lbs / 86 kg — 103 to 138 grams of protein daily
- 220 lbs / 100 kg — 120 to 160 grams of protein daily
- 250 lbs / 113 kg — 136 to 181 grams of protein daily

ADDITIONAL CONTEXT FOR MEN

Men typically carry more muscle mass and have higher baseline protein requirements. The upper end of the 1.6g per kilogram range is appropriate for men doing resistance training.

ADDITIONAL CONTEXT FOR WOMEN

Women in perimenopause and postmenopause should target the upper end of the range — 1.6g per kilogram — due to declining estrogen that accelerates muscle protein breakdown.

- Greek yogurt — 15 to 20 grams per serving, cold and easy to eat without appetite
- Eggs — 6 grams each, versatile and fast
- Cottage cheese — 25 grams per cup, high protein density
- Canned salmon or sardines — 20 to 25 grams, no cooking required
- Edamame — 17 grams per cup, plant-based
- Unflavored protein powder — add to water, coffee, or smoothies
- Chicken breast or turkey — 30 to 35 grams per 4oz serving

***Maren's note:** Eat protein first at every meal. When appetite is suppressed and you can only manage a few bites, make those bites count.*

03 — MUSCLE PRESERVATION

Why Muscle Loss Matters More Than the Scale

Muscle is metabolically active tissue. It burns calories at rest, regulates blood sugar, supports joint function, protects bone density, and is directly correlated with longevity. Losing it is a metabolic and functional concern with downstream consequences that extend well beyond the period of active weight loss.

FOR MEN — PERFORMANCE AND STRENGTH FRAMING

For men, muscle loss on GLP-1s often manifests as reduced strength, slower recovery, and decreased athletic performance. The goal is not just to weigh less — it is to be stronger, leaner, and more functional at the end of treatment than at the beginning.

FOR WOMEN — METABOLISM AND LONGEVITY FRAMING

For women, muscle loss accelerates the metabolic slowdown associated with perimenopause and postmenopause. Preserving muscle during GLP-1 treatment protects metabolic rate, bone density, and physical capacity for decades to come.

CREATINE — FOR EVERYONE

Emerging research suggests creatine monohydrate supplementation during GLP-1 treatment may help preserve muscle mass and support cognitive function. 3 to 5 grams daily is the standard research dose. Discuss with your clinician before adding.

Maren's note: *Track how you feel, how you perform, and how your clothes fit — not just what you weigh.*

What Gets Depleted When You Eat Less

Eating significantly less means taking in significantly fewer vitamins and minerals. The most commonly depleted nutrients on GLP-1 medications are B12, vitamin D, iron, magnesium, and zinc. A simple blood panel can identify what is low.

UNIVERSAL DEPLETIONS — MEN AND WOMEN

- Vitamin B12 — energy, nerve function, mood. Deficiency causes fatigue and brain fog. Methylcobalamin is the active form many people prefer.
- Vitamin D — bone health, immune function, mood, hormonal support. Deficiency is extremely common in adults.
- Magnesium — sleep, muscle function, stress response. Glycinate form is well tolerated.
- Zinc — immune function, taste, wound healing, hormone production.

ADDITIONAL FOR WOMEN

- Iron and ferritin — critical for premenopausal women. Request ferritin specifically as it is frequently missed on standard panels.
- Calcium with K2 — bone density support. Vitamin K2 may help direct calcium toward bones rather than soft tissue — emerging evidence supports this, though research is ongoing.

ADDITIONAL FOR MEN

- Zinc is directly involved in testosterone synthesis. Low zinc is associated with reduced testosterone levels.
- Vitamin D is clinically associated with testosterone levels in men independent of other factors.

Maren's note: Ask for a full micronutrient panel at your next appointment. Include ferritin specifically.

What You Eat Affects More Than Your Weight

FOR MEN — FOODS THAT SUPPORT TESTOSTERONE

Testosterone production requires adequate dietary fat, zinc, magnesium, and vitamin D. On GLP-1 medications where caloric intake is already reduced, prioritizing these nutrients becomes particularly important.

- Eggs — complete protein, healthy fats, vitamin D, and cholesterol needed for testosterone synthesis

- Fatty fish — omega-3s support hormone production and reduce systemic inflammation
- Oysters and shellfish — among the highest dietary sources of zinc
- Cruciferous vegetables — support estrogen metabolism in men
- Avocado — healthy monounsaturated fats essential for hormone production
- Olive oil — associated with favorable testosterone levels in observational research

FOR WOMEN — FOODS THAT SUPPORT HORMONAL BALANCE

- Flaxseeds — lignans support estrogen balance
- Soy — phytoestrogens may help with perimenopausal symptoms in some women
- Leafy greens — magnesium and folate support hormonal health
- Berries — antioxidants reduce inflammation that disrupts hormone signaling
- Fermented foods — gut health is directly connected to estrogen metabolism

Maren's note: *What you eat — or don't eat — on GLP-1 medications has hormonal consequences that extend well beyond the number on the scale.*

When to Eat When You Are Never Hungry

The solution to never feeling hungry is scheduled eating. Remove hunger from the equation entirely and replace it with a clock. Three small meals at fixed times, regardless of how you feel, with protein as the anchor of each.

- Breakfast within 90 minutes of waking — even just a protein shake or two eggs
- Lunch at a fixed time — do not skip because you are not hungry
- Dinner early — eating late amplifies GLP-1 gastrointestinal side effects
- Keep portions small — nutrient density matters more than volume
- Eat slowly — GLP-1s slow gastric emptying, large meals cause discomfort
- Set phone alarms for each meal for the first two weeks

Maren's note: *Scheduled eating feels strange when you are not hungry. Do it anyway.*

The Hidden Problem Nobody Talks About

GLP-1 medications blunt thirst signals alongside hunger signals. Dehydration is extremely common and frequently misattributed to fatigue, headaches, or the medication itself.

The minimum target is 2 to 2.5 liters of fluid per day. Moderate coffee and tea still contribute to your fluid intake — heavy caffeine consumption can be mildly dehydrating at the margins, but moderate amounts count toward your daily total.

- Start every morning with 500ml of water before anything else
- Add a pinch of sea salt and lemon for basic electrolyte support
- Keep a water bottle visible — out of sight means out of mind
- If you feel fatigued, drink water before assuming it is the medication
- Urine color is your simplest gauge — pale yellow is the target

Maren's note: *Rule out dehydration and electrolyte deficit before attributing any symptom to the medication.*

What Makes GLP-1 Side Effects Worse

- High fat meals — slow gastric emptying further and increase nausea significantly
- Fried or greasy foods — amplify every gastrointestinal side effect
- Spicy foods — worsen gastric discomfort and acid reflux
- Carbonated drinks — bloating and pressure are amplified on GLP-1s
- Alcohol — effects are amplified and blood sugar response is more pronounced
- Very large portions — gastroparesis effect is worsened by volume
- High sugar foods — glucose spikes and crashes are more pronounced

Maren's note: *The foods that feel worst on GLP-1 medications are almost always the ones highest in fat, sugar, and volume.*

The supplements, foods, and products referenced throughout this guide are ones Maren has researched carefully. For current recommendations and vetted links visit Maren's profiles on Instagram, TikTok, and Facebook — or go directly to marenwhitlock.com. These are updated regularly as the evidence evolves.

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This guide is for educational purposes only and does not constitute medical advice. Consult your licensed healthcare provider before making any changes to your medication, diet, or exercise routine.

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