

THE ACTIVE WOMAN'S GUIDE TO

MICRODOSING GLP-1s

What they are, how they work, what the research actually says, and whether they're right for an active woman like you.

WHAT'S INSIDE:

- ✓ What GLP-1s actually are (beyond the headlines)
- ✓ Why microdosing is different from standard dosing
- ✓ The muscle-loss problem — and how to protect yourself
- ✓ Who's a good candidate (and who should wait)
- ✓ Questions to ask before starting

Strong.
Informed.
Empowered.



Before We Start

GLP-1s are everywhere right now — and so is the noise around them. Celebrities using Ozempic for rapid weight loss. TikTok before-and-afters. Doctors overprescribing. Friends losing 40 pounds and then... losing muscle, losing energy, losing their relationship with food.

And then there's a quieter conversation happening — about **microdosing**. Lower doses, longer timelines, used not for dramatic weight loss but for metabolic support, blood sugar regulation, inflammation reduction, and body composition in women who are already training, already eating well, and still not getting the results their effort deserves.

That's the conversation I want to have with you in this guide. Not hype. Not fear. Just honest, research-informed education — so you can make a decision that's right for **your** body and your goals. I'm Courtney Mericle — certified life coach, personal trainer, and EllieMD Brand Partner. This guide reflects what I wish every active woman had access to before she walked into a conversation about GLP-1s.

— Courtney | @courtney.mericle

Important disclaimer: This guide is educational only. It is not medical advice, not a prescription recommendation, and not a substitute for working with a licensed healthcare provider who knows your full health history. GLP-1 medications require a prescription and medical supervision. Everything in this guide is meant to help you ask better questions — not replace that conversation.

WHAT WE'RE COVERING

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SECTION 1

GLP-1s 101

What they are and how they actually work in your body

GLP-1 stands for Glucagon-Like Peptide-1 — a hormone your body naturally produces in your gut after you eat. It has several jobs:

→ Signals insulin release	Tells your pancreas to release insulin when blood sugar rises — precisely and proportionally.
→ Suppresses glucagon	Glucagon raises blood sugar; GLP-1 keeps it in check, reducing post-meal glucose spikes.
→ Slows gastric emptying	Food leaves your stomach more slowly, which extends satiety and blunts blood sugar spikes.
→ Acts on the brain	Communicates with the hypothalamus to reduce appetite and increase feelings of fullness.
→ Has anti-inflammatory effects	Emerging research shows GLP-1 reduces systemic inflammation — relevant well beyond blood sugar.
→ Supports cardiovascular health	Multiple large trials show reduced cardiovascular events in people using GLP-1 agonists.

The Main GLP-1 Medications

aka: Ozempic, Wegovy, Rybelsus

Originally approved for type 2 diabetes (Ozempic), then for weight management at higher doses (Wegovy). Weekly injection or daily oral. Most widely studied. Half-life of ~7 days.

- Approved: T2D + chronic weight management
- Weekly dosing (injection)
- Longest safety track record
- Available as compounded semaglutide at lower cost

aka: Mounjaro, Zepbound

Dual agonist — acts on both GLP-1 and GIP receptors. Newer, showing superior results in trials. Often preferred for metabolic support given dual mechanism.

- Dual GLP-1 + GIP receptor action
- Greater average weight reduction in trials
- Weekly injection
- Increasing availability via compounding pharmacies

SECTION 2

Microdosing vs. Standard Dosing

Why less might be more— especially for active women

Standard GLP-1 dosing protocols are designed to produce significant caloric reduction and rapid weight loss — often 15–20% of body weight in clinical trials. For an active woman who trains regularly and isn't seeking dramatic weight loss, that protocol may be the wrong tool entirely.

Microdosing refers to using significantly lower doses — often 25–50% of standard therapeutic doses — with the goal of accessing the metabolic and anti-inflammatory benefits of GLP-1 receptor activation without aggressive appetite suppression or rapid weight loss.

Standard Dose vs. Microdose — Side by Side

	STANDARD DOSE	MICRODOSE
Goal	Significant weight loss (15–20%)	Metabolic support, body composition, inflammation
Typical dose (semaglutide)	1.0–2.4mg/week	0.1–0.5mg/week
Appetite suppression	Significant — often described as 'food noise gone'	Mild to moderate — reduces cravings, not hunger
Expected weight change	10–20%+ of body weight	8% — more body composition than scale change
Muscle loss risk	Higher — rapid loss can include lean mass	Lower — especially with adequate protein + training
Side effects	Higher incidence of GI symptoms	Generally mild, shorter adjustment period
Best for	Significant metabolic disease, obesity	Active women seeking body comp + metabolic support

The Microdosing Ramp Protocol

Most microdosing protocols follow a slow titration approach — starting very low and increasing only if needed and tolerated. This is a general framework; your provider will customize based on your response:

PHASE 1 Foundation Weeks 1–4	PHASE 2 Calibrate Weeks 5–8	PHASE 3 Optimize Weeks 9–16	PHASE 4 Sustain Week 17+
0.1–0.25mg/week Observe: GI tolerance, energy, sleep, appetite shifts	0.25–0.5mg/week Assess: body composition changes, performance, recovery	0.5mg or maintain Evaluate: hold at effective dose, don't chase more	Lowest effective dose Goal: minimal dose for maintained benefit

The microdosing mindset shift: The goal is the lowest effective dose — not the highest tolerated dose. More is not better. The aim is metabolic recalibration, not suppression.

SECTION 3

The Muscle Problem

The risk no one's talking about — and how activewomen can protect themselves

This is the section I wish more providers led with. It's the most important thing an active woman needs to understand before considering GLP-1 therapy of any kind.

The data: Clinical trials show that 25–39% of weight lost on GLP-1 medications is lean mass (muscle), not fat. In some studies of older women, that number is higher. For an active woman who has spent years building strength, this is not a small concern.

Why This Happens

GLP-1s reduce appetite significantly. When calorie intake drops sharply — especially protein intake — the body breaks down muscle for fuel. Combined with the natural muscle loss that accelerates after 40 (sarcopenia), aggressive GLP-1 dosing can meaningfully set back a woman's body composition, strength, and long-term metabolic health.

How Microdosing Reduces the Risk

→ Lower calorie deficit	Microdoses produce mild appetite reduction — not the dramatic calorie drop of full doses. This preserves the ability to hit protein targets.
→ Maintained training capacity	Women on standard doses often report significant fatigue and reduced exercise tolerance. Microdosing tends to preserve workout quality.
→ Slower rate of change	Slower weight loss (if any) gives the body time to adapt. Rapid weight loss is the primary driver of lean mass loss.
→ Conscious protein emphasis	At lower doses, women can still feel hungry enough to prioritize protein intake — the most critical muscle-preservation tool.

The Non-Negotiables for Muscle Preservation

- 1 Protein: 1g per pound of body weight minimum**
 This is the single most important nutritional non-negotiable. If GLP-1 appetite suppression makes this hard, use protein shakes, Greek yogurt, and cottage cheese to hit targets.
- 2 Resistance training 3–4x per week**
 Strength training is the only proven way to send a 'keep this' signal to your body during a calorie deficit. Cardio alone is not sufficient.
- 3 Avoid excessive cardio**
 High-volume cardio in a calorie deficit accelerates muscle breakdown. Prioritize lifting over running during any GLP-1 protocol.

4**Creatine 3–5g daily**

One of the most research-backed supplements for muscle preservation. Especially relevant for women over 40 on GLP-1 therapy.

5**Leucine-rich meals**

Leucine is the amino acid that triggers muscle protein synthesis. Find it in eggs, chicken, beef, fish, and dairy — prioritize these.

6**Regular body composition tracking**

The scale doesn't tell you if you're losing fat or muscle. Use DEXA, InBody, or body measurements alongside weight.

SECTION 4

Myth vs. Fact

Separating what you've heard from what the research actually shows

GLP-1s are one of the most talked-about medications in history right now — which means the misinformation is equally historic. Here's what active women need to know:

X MYTH: GLP-1s are just Ozempic for weight loss — it's cheating



FACT:

GLP-1 receptor agonists address biological mechanisms that diet and exercise alone often

can't fix, including insulin resistance, leptin resistance, and chronic inflammation. For many women, these are physiological barriers — not motivation failures.

Why it matters for athletes: Reframing GLP-1s as a metabolic tool rather than a shortcut changes how you evaluate them — and how you use them.

X MYTH: You'll regain all the weight when you stop



FACT:

Weight regain after stopping is real — but it's ^{driven} by returning appetite, not a permanent metabolic change.

Women who maintain muscle mass, continue training, and optimize nutrition have significantly better long-term outcomes.

Why it matters for athletes: The transition off GLP-1s requires an intentional strategy — not just stopping. This is a key conversation to have with your provider upfront.

X MYTH: If you're already healthy and active, you don't need this



FACT:

GLP-1 benefits extend beyond weight loss — including blood sugar regulation, inflammation

reduction, cardiovascular protection, and potentially neuroprotection. Some of the most interesting emerging research is in cognitively healthy, metabolically healthy adults using low doses.

Why it matters for athletes: 'Already healthy' doesn't mean 'can't benefit.' The question is whether the benefit-to-risk ratio makes sense for your specific goals and biology.

X MYTH: GLP-1s will destroy your muscle



FACT:

Rapid weight loss on high doses does carry meaningful lean mass loss risk — but this is not

inevitable. With adequate protein, resistance training, creatine, and a microdosing approach, muscle can be preserved or even built.

Why it matters for athletes: The protocol matters enormously. Women who strength-train and hit protein targets on GLP-1 therapy consistently outperform those who don't on body composition metrics.

X MYTH: You'll never be able to eat normally again



FACT:

Many women report that a thoughtful GLP-1 protocol actually resets their relationship with

food — reducing obsessive food thoughts, improving response to hunger cues, and building new eating patterns that persist after stopping.

Why it matters for athletes: The psychological effects of GLP-1s are an underexplored benefit. Many women describe improved eating patterns and reduced emotional eating — outcomes that can persist if built on deliberately.

X MYTH: It's just for people with diabetes or obesity



FACT:

GLP-1 medications are approved for T2D and weight management — but off-label and

compounded versions are increasingly used for metabolic optimization in women who don't meet those criteria. This is a clinical conversation, not a categorical one.

Why it matters for athletes: Eligibility is determined by your provider based on your full clinical picture — not just your BMI or diabetes status.

SECTION 5

Are You a Good Candidate?

An honest self-assessment for active women considering GLP-1 microdosing

This is not a medical evaluation — only your provider can make that determination. But this framework will help you think clearly about whether this is worth exploring and what conversation to have.

Signs GLP-1 Microdosing Might Be Worth Exploring

- ✓ You have insulin resistance or pre-diabetes, even with an active lifestyle
- ✓ Blood sugar and energy are unpredictable despite eating well and exercising
- ✓ You carry weight around your midsection disproportionate to your overall body
- ✓ You've been told your inflammation markers (CRP, hsCRP) are elevated
- ✓ You've hit a genuine plateau after 12+ months of consistent training and nutrition
- ✓ You have a family history of metabolic disease or cardiovascular disease
- ✓ You're in perimenopause or post-menopause and experiencing significant body composition changes
- ✓ You want to support longevity and metabolic health, not just aesthetics

Signs You Should Pause Before Pursuing GLP-1s

- You have a history of eating disorders or disordered eating — GLP-1-induced appetite suppression can interact in complex and harmful ways
- You're already underweight or have low body fat for your height and activity level
- You have a personal or family history of medullary thyroid carcinoma or MEN2 syndrome (specific contraindication)
- You're pregnant, breastfeeding, or actively trying to conceive
- You have a history of pancreatitis or gallbladder disease
- You're not currently strength training and unwilling to start — muscle loss risk increases significantly
- Your primary goal is rapid weight loss for an event — this is the wrong tool for that goal
- You're not ready to work with a provider who will monitor your progress

The Active Woman's Readiness Checklist

If you're considering GLP-1 microdosing, are you prepared to commit to these?

- I will prioritize 1g of protein per pound of body weight daily
- I will maintain resistance training at least 3x per week
- I will work with a licensed provider who will monitor my labs and progress
- I will track body composition — not just scale weight
- I will supplement with creatine 3–5g daily
- I understand this is a tool that works best alongside good nutrition and training — not instead of it
- I will not chase a lower number on the scale as the primary success metric
- I have had or will have an honest conversation about my eating history before starting

SECTION 6

Questions to Ask Your Provider

Go into the conversation informed — not just hopeful

The quality of your GLP-1 experience depends enormously on the quality of your provider relationship. These questions will help you identify whether a provider is the right fit — and ensure you're making a fully informed decision.

About Your Candidacy

Q: Am I a good candidate for GLP-1 therapy based on my full clinical picture — not just my weight or BMI?

A good provider will look at your metabolic labs, body composition, training history, eating patterns, and health goals — not just put you on a protocol because you asked.

Q: What labs do you want to run before I start, and what are you looking for?

You should expect: fasting glucose, HbA1c, fasting insulin, lipid panel, thyroid panel, comprehensive metabolic panel, and ideally a body composition assessment.

Q: Do you have experience with active women or athletes on GLP-1 therapy?

This population has different considerations than sedentary adults. A provider with experience here will have specific protocols for muscle preservation and performance maintenance.

About the Protocol

Q: Can we start with a microdose and titrate up slowly based on my response?

If a provider insists on starting at a standard dose without discussion, that's a flag. A personalized approach should be the default, especially for an active woman.

Q: What is the protocol for monitoring my lean mass vs. fat mass during treatment?

If they don't have a plan for this, ask for a DEXA referral or InBody assessment at baseline and at 3 months. Don't fly blind on body composition.

Q: What happens if I experience side effects — what's the protocol?

Nausea, fatigue, GI symptoms are common in early weeks. A good provider will have a clear plan: dose reduction, timing adjustments, anti-nausea support if needed.

About Stopping

Q: What does the off-ramp look like — how do I transition off if I choose to stop?

Abrupt stopping is fine medically, but appetite returns quickly. A good provider will discuss a transition strategy, including nutrition and behavioral support.

Q: What's the risk of weight regain after stopping, and what can I do to minimize it?

Realistic conversation here is a green flag. Anyone promising you'll keep results without effort is not being honest with you.

Q: How long do you typically recommend patients stay on GLP-1 therapy?

There's no single right answer — but you want to understand their philosophy. Is this a 6-month tool? A years-long protocol? What's the exit strategy?

Red flags to watch for: A provider who doesn't ask about your training history. No baseline labs. No conversation about muscle preservation. Prescribing the highest dose immediately. No follow-up plan. Promising results without discussing the role of nutrition and exercise. These are signals to get a second opinion.

SECTION 7

The Peptide Clarity Call

Your next step — if you're ready for a real conversation

If you've read this guide and you're thinking — ***okay, I want to explore this further, but I want to talk to someone who actually understands active women's physiology*** — that's exactly what the Peptide Clarity Call is for.

What We'll Cover on the Call

→ Where you are right now	Your training, your nutrition, your symptoms — what you've tried and what hasn't worked.
→ What you're hoping to feel like	Not just a number on a scale — the energy, the performance, the body composition, the life you want.
→ Whether GLP-1s or peptides make sense for your goals	An honest conversation about what the research supports for your specific situation.
→ What EllieMD offers and how the process works	If it's a fit, I'll walk you through what accessing peptide therapy through EllieMD looks like.
→ Next steps — regardless of whether we work together	You'll leave with more clarity than you came in with. That's the minimum.

DM me the word PEPTIDE on Instagram to book your Clarity Call.

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About Courtney

Courtney Mericle is a certified life coach, personal trainer, breathwork facilitator, and EllieMD Brand Partner based in Colorado. She co-owns Surge Athletics gym with her husband Brandon and founded The Shift Project to help women 30–50 navigate hormones, metabolism, and body composition with evidence-informed tools and honest coaching.

Her work sits at the intersection of performance, longevity, and women's hormonal health — and she believes access to real information is the first step toward real change.

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