belle

PATIENT GUIDE · GLP-1 CARE

Losing slower than you hoped? You are not off track.

Everyone responds to GLP-1 medicine in their own way. There is no standard amount you should be losing each week. This guide explains what it means to be a slow responder, why it happens, and what you can do to help your body along.

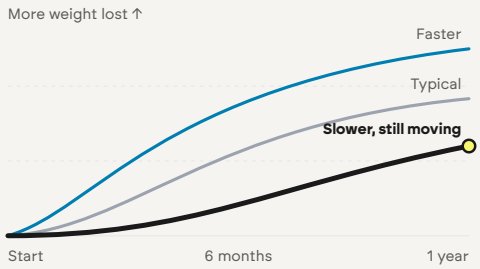
- **There is no "normal" number.** Your pace is your own.
- **Slow does not mean it is not working.** It often means you need more time.
- **Daily habits help.** Water, protein, movement and strength training give your medicine more to work with.

About 15%

of people on a GLP-1 are slow responders.

That is roughly 15 out of every 100 people. If you are one of them, you are far from alone, and your medicine can still work for you.

Same direction, different pace ILLUSTRATION



Not real data. A picture of how three people's progress can look.

PART 1 · EVERY BODY IS DIFFERENT

No two journeys look alike. Neither do the numbers.

You may hear about someone who lost 20 pounds in their first two months. That is their story, not a goal you missed. How fast you lose weight on a GLP-1 depends on many things, and most of them have nothing to do with willpower.

How your body uses insulin

We believe this is one of the biggest reasons some people respond more slowly. More on this in Part 2.

Where you are in your doses

GLP-1 doses start low so your body can adjust, then go up over time. Many people see more change once they reach a higher dose.

Your hormones

Perimenopause, menopause, PCOS and thyroid problems can all change how your body stores and burns energy.

Sleep and stress

Short sleep and high stress raise hormones that make your body hold on to weight and want more food.

Other medicines

Some antidepressants, steroids, insulin and other medicines can make weight loss slower. Never stop one on your own.

Your starting point

Your age, muscle mass, past dieting and how long you have carried extra weight all shape your pace.

PART 2 · WHAT SLOW RESPONSE MEANS

Slow is not the same as stuck. It often comes down to insulin.

A slow responder is someone whose weight comes off more slowly than average on a GLP-1. About 15% of people fall into this group. It does not mean the medicine will not work for you. It means you will likely need more time to see results.

We think a big part of the reason is **insulin resistance**. The more insulin resistant you are, the more work your body has to do before the scale starts to move.

SIGNS YOU MAY BE INSULIN RESISTANT

- **Prediabetes or type 2 diabetes**, or a high A1c on a lab test
- **PCOS** (polycystic ovary syndrome)
- **Weight that collects around your belly**
- **Dark, velvety patches of skin** on your neck or underarms
- **Perimenopause or menopause**, or a family history of diabetes

Your care team can check with a simple blood test, such as A1c or fasting insulin.

1. **Insulin moves sugar into your cells**
   When you eat, your blood sugar goes up. Insulin is the hormone that moves that sugar out of your blood and into your cells for energy.

2. **Your cells stop listening**
   With insulin resistance, your cells do not respond well to insulin. Your body makes more and more of it to get the job done.

3. **High insulin holds on to fat**
   Insulin tells your body to store energy. When insulin stays high, your body has a harder time using stored fat.

4. **Your GLP-1 helps, given time**
   GLP-1 medicines help your body manage blood sugar and insulin. If you start with more insulin resistance, that can take longer to settle before weight starts to follow.

PART 3 · WHAT HELPS

Four habits that help your medicine do its job.

You cannot change how your body responds overnight. But you can give your medicine the best chance to work. These four habits matter most for slow responders, because each one helps your body use insulin better or protect the muscle you have.

1. Stay hydrated

GLP-1 medicines can turn down your thirst along with your hunger. Many people drink far less than they think. Drink at least 64 ounces a day, and more on hot days or when you work out.

64+ oz
WATER A DAY

WHY IT MATTERS FOR YOU

Low water can leave you tired and less likely to move. It can feel like hunger. It also makes side effects like nausea and constipation worse, which can make it hard to stick with your plan.

Quick check: pale yellow urine usually means you are drinking enough. Dark yellow means drink more.

- **Start with a glass.** Drink 8 to 16 ounces before your morning coffee.
- **Sip all day.** Big gulps can feel uncomfortable on a GLP-1. Small sips add up.
- **Keep a bottle in sight.** A 32-ounce bottle filled twice gets you to 64.
- **Add electrolytes** on hot or active days. Pick a sugar-free kind.
- **Skip sugary drinks and go easy on alcohol.** Both add calories and can raise your blood sugar.

2. Eat protein first

When your appetite is small, every bite counts. Protein keeps you full, steadies your blood sugar, and protects your muscle while you lose weight. Make it the first thing you eat at every meal.

25–30 g
PROTEIN EACH MEAL

WHY IT MATTERS FOR YOU

Muscle is where your body uses most of the sugar from a meal. Losing muscle can make insulin resistance worse. Eating enough protein helps you keep it.

Find your daily number

A common starting point is **0.7 grams of protein for each pound of your goal weight.** If your goal weight is 150 pounds, that is about 105 grams a day. Your care team can help you set the right number for you.

BREAKFAST	LUNCH	DINNER
30 g	**30 g**	**30 g**
Greek yogurt + 2 eggs	Chicken salad + edamame	Salmon + lentils

Add a 15 g snack, like cottage cheese or a protein shake, and you reach about 105 g.

Easy protein foods

FOOD	AMOUNT	PROTEIN
Chicken breast, cooked	3 oz	**26 g**
Salmon, cooked	3 oz	**22 g**
Greek yogurt, plain	1 cup	**20 g**
Tuna, canned	3 oz	**20 g**
Protein shake	1 bottle	**20–30 g**
Edamame, shelled	1 cup	**18 g**
Cottage cheese	½ cup	**12 g**
Eggs	2 large	**12 g**
Lentils, cooked	½ cup	**9 g**
String cheese	1 stick	**7 g**

Amounts are close estimates. Check the label for exact numbers. If solid food is hard some days, a protein shake counts.

3. Move your body every day

30 min
MOVEMENT MOST DAYS

You do not need hard workouts. Regular, easy movement helps your muscles pull sugar out of your blood, which takes some of the load off insulin. A walk counts.

WHY IT MATTERS FOR YOU

Working muscles can take in sugar without needing as much insulin. A short walk after you eat helps lower the rise in blood sugar after that meal.

- **Walk after meals.** Even 10 minutes after eating helps.
- **Break it up.** Three 10-minute walks count the same as one 30-minute walk.
- **Add steps slowly.** Try 1,000 more steps a day than last week.
- **Sit less.** Stand up and move for a few minutes every hour.

4. Build strength

2–3 days
STRENGTH EACH WEEK

If you add only one new habit, make it this one. Some of the weight lost on a GLP-1 can come from muscle. Strength training helps you keep it, and more muscle helps your body use insulin better.

A simple starter routine

No gym needed. Do each move for 8 to 12 reps, then rest and repeat for 2 to 3 rounds. Take a day off between strength days.

LEGS
Chair squat
Sit down to a chair and stand back up without using your hands.

CHEST AND ARMS
Wall push-up
Hands on a wall or counter. Lower your chest toward it and push back.

HIPS
Glute bridge
Lie on your back, knees bent. Squeeze and lift your hips, then lower.

BACK
Band or dumbbell row
Pull a band or weight toward your ribs, squeezing your shoulder blades.

WHOLE BODY
Carry
Walk for 30 seconds holding a weight, grocery bag or water jug in each hand.

- **Make it a little harder over time.** When 12 reps feel easy, add weight or a few reps.
- **Eat protein after.** It gives your muscles what they need to recover.

The scale may move slower. When you build muscle and lose fat at the same time, your weight may not change much even as your body does. Your waist and how your clothes fit can tell a better story.

New to exercise, or have joint, heart or back problems? Check with your care team before you start.

PART 4 · TRACK YOUR PROGRESS

The scale is one number. Look at the whole picture.

Slow responders often make real progress before the scale shows it. Weight goes up and down from day to day with water, salt, hormones and your cycle. Watch your trend over weeks and months, not days.

SIGNS YOUR MEDICINE IS WORKING

- **Your waist is smaller,** or your clothes fit looser
- **You feel full sooner** and think about food less
- **Cravings are quieter,** especially for sweets
- **You have more energy** during the day
- **Your lab numbers improve,** like A1c or blood pressure

HOW TO MEASURE

- **Weigh once a week,** same day, same time, before you eat
- **Measure your waist once a month** at the level of your belly button
- **Write down how you feel:** hunger, energy and sleep
- **Compare month to month,** not week to week

PUTTING IT TOGETHER

Your week, at a glance.

Small habits, done often, add up. Start with one or two and build from there.

EVERY DAY

Water and protein

64+ oz of water. 25 to 30 g of protein at each meal, eaten first.

MOST DAYS

Move for 30 minutes

Walk, ideally after a meal. Short walks count.

2 TO 3 DAYS A WEEK

Strength training

The starter routine above, with a rest day between.

ONCE A WEEK

Check in

Weigh in the same way. Once a month, add your waist and look at the trend.

PART 5 · TALK TO YOUR CARE TEAM

You do not have to figure this out on your own.

If you feel stuck, tell us. Your Belle care team can look at your whole picture and help adjust your plan. Do not change your dose or stop your medicine on your own.

Message your Belle care team if:

- Your weight **and** waist have not changed after **several months** on your medicine.
- Side effects make it **hard to eat enough protein or drink enough water**.
- You take **other medicines** and are not sure if they affect your weight.
- You think you may have **insulin resistance, PCOS or a thyroid problem**, or are in perimenopause or menopause.
- You want to **talk about your dose** or your next step.

WHAT WE MAY LOOK AT

Together we can find what is slowing you down.

- **Your dose** and how fast it goes up
- **Lab tests** like A1c, fasting insulin or thyroid
- **Your other medicines** and health conditions
- **Your sleep, stress and daily routine**

PLEASE READ

This guide is general health information. It is not medical advice for you. It does not replace advice from your Belle clinician or your own doctor. Every person is different, and results vary.

Talk to your care team before you start a new exercise plan or make big changes to how you eat. This is extra important if you are pregnant or breastfeeding, have kidney or heart disease, have diabetes, or take other medicines.