GUIDES · GUIDE

Starting a GLP-1. *Your first 90 days, step by step.*

The first three months are about getting comfortable and building habits, not racing to the highest dose. Here's how to set yourself up well.

Researched and written by The Goddess Protocol team · Updated October 2026 · Sources at the end

> **THE SHORT ANSWER**
>
> Go slow, eat small, lift twice a week, get protein at every meal and sip fluids steadily. Talk to your prescriber before any dose increase if side effects are getting in the way. Severe belly pain, especially into your back, means stop and get help.

Before your first dose

- Know exactly what you're taking: name, strength in milligrams, how much to inject and where it's from. If it's compounded, know the concentration. Never go by "units" alone.
- Review your history with your clinician: pregnancy plans, thyroid cancer or MEN2 in you or your family, pancreatitis, gallbladder problems, kidney disease, eye problems with diabetes, eating disorder history and any diabetes medicines.
- Note your starting point beyond weight: blood pressure, energy, bowel habits, how strong you feel.
- Stock easy foods: eggs, yogurt or cottage cheese, tofu, beans, fish or chicken, soups, fruit and cooked vegetables. Skip the pricey "GLP-1 supplements."

Days 1 to 30

- Use the exact starting dose. No splitting pens, speeding up or microdosing because of a video.
- Eat smaller, slower meals and stop at comfortable fullness. Big, greasy or boozy meals often make nausea worse.
- Put protein and produce on your plate first.
- Sip fluids through the day. There's no magic gallon, but watch for thirst, dark urine, vomiting or diarrhea.
- Start two full-body strength sessions a week.

- Track how you feel: nausea, bowel movements, fluids, dizziness.

Days 31 to 60

- Increase only as prescribed and as tolerated. Call before the next step up if nausea stops you eating, vomiting comes back or constipation gets severe.
- For nausea: smaller portions, eat slowly, bland and lower-fat foods for a while.
- For constipation: fluids, add fiber gradually, move daily, and ask your pharmacist about a gentle laxative. Severe pain or bloating isn't routine constipation.
- Progress your strength work. Add a little weight or one rep when it feels solid. One change at a time.

Days 61 to 90

- Review with your clinician: side effects, how you're eating, strength, cost and goals.
- The highest dose isn't automatically the goal. The right dose depends on your response and how well you tolerate it.
- If you can't eat enough, feel weak, are shedding hair or keep getting dizzy, get assessed rather than adding supplements.
- Plan for the long term, including what happens if you stop. Weight often comes back after stopping. That's biology, not failure.

About muscle

A 2025 analysis of 22 trials estimated about a quarter of weight lost on these medicines is lean mass, though that includes water and organs, not just muscle. Strength training and protein are the best-supported ways to protect it.

What can help, *without a prescription.*

With an honest read on how strong the evidence is. How we rate research

STRONG

Two strength sessions a week

The most important companion habit.

MODERATE

Protein at every meal

Food first. Your clinician can personalize a target.

CONSENSUS

Slow, small meals

Standard advice for nausea and reflux.

CONSENSUS

Steady fluids

Especially with vomiting, diarrhea, heat or exercise.

WHEN YOU WANT A CLINICIAN IN YOUR CORNER

Goddess Protocol Rx. *No pressure.*

Goddess Protocol Rx offers compounded semaglutide and tirzepatide with monthly check-ins. Compounded medications aren't FDA-approved, and a licensed clinician decides what's appropriate.

See your options at goddessprotocol.com

Worth a call to a clinician *soon.*

- Severe belly pain that won't go away, especially going to your back: stop and get urgent care.
- Repeated vomiting, can't keep fluids down, barely peeing, confusion or fainting.
- Pain under the right ribs, fever, yellow skin or eyes, or pale stools.
- Severe bloating, can't pass stool or gas, or constipation with vomiting.
- Swelling of face or tongue, trouble breathing or widespread hives.
- Pregnancy or planning one.

In an emergency, call 911. For thoughts of suicide, call or text 988.

Questions to bring *to any clinician.*

Ours or yours. Bring this page with you.

1. What exactly am I taking, in milligrams, and is it FDA-approved or compounded?
2. What's the plan if side effects show up before my next increase?
3. How should I protect protein, strength and bone, given my history?
4. Which symptoms mean skip a dose, call you today or go to the ER?

Skip the hype.

Things you'll hear that don't hold up.

~~Faster increases mean faster results.~~

Actually: Slow steps are there to reduce side effects.

~~Everyone needs the highest dose.~~

Actually: Response and tolerance decide.

~~Protein powder alone prevents muscle loss.~~

Actually: Unproven. Lifting plus overall nutrition is the better bet.

~~Compounded semaglutide is an FDA-approved generic.~~

Actually: It isn't, and the FDA prohibits that claim.

Sources.

We read them so you don't have to. But you can.

- Zepbound® prescribing information · U.S. FDA, 2025
- FDA's concerns with unapproved GLP-1 drugs used for weight loss · U.S. FDA, 2025
- Once-weekly semaglutide in adults with overweight or obesity (STEP 1) · New England Journal of Medicine, 2021
- Physical activity guidelines for adults · CDC, 2024

Good to know. This guide is general education, not medical advice. It can't diagnose you or tell you which treatment is right for you. A licensed clinician who knows your history makes that call.

Find the latest version, plus more guides, at goddessprotocol.com/guides