

TABLE 5 Components and topics for medical and nutritional screening and assessment.

Medical history and diagnoses

- Age of onset of problems with excess weight
- Periods of rapid weight gain and triggers for such exacerbations
- Goals for weight reduction and general health
- Patient-centered approach to consider the person's circumstances, preferences, values, and medical conditions (see Table 4)

Screening/assessment for conditions relevant to GLP-1 use

- Gastrointestinal symptoms or disorders
- Affective disorders/mood disorders, suicidal thoughts
- Binge eating disorder, anorexia nervosa, bulimia nervosa, and night eating disorder^a
- Sarcopenia, osteopenia
- Nephrolithiasis or renal impairment

Physical exam

- Comprehensive clinical exam
- Muscle strength and function (e.g., sit-to-stand, stair climb, timed-up-and-go; consider consultation with an exercise physiologist or strength trainer)
- Consider measurement of muscle mass (e.g., bioelectrical impedance analysis, air displacement plethysmography, dual-energy X-ray absorptiometry)

Social determinants of health

- Food insecurity, nutrition insecurity
- Housing or transportation challenges
- Other barriers to healthcare access

Diet history and related assessments (could be conducted by a registered dietitian nutritionist)

- Current dietary habits (e.g., meal/snack patterns, intake of food groups, fast foods and processed foods, cultural and household preferences)
- Emotional triggers for off-plan, loss of control, or late-night eating
- Food allergies, intolerances, sensitivities
- Conditions that may influence nutrition needs (e.g., smoking, history of kidney stones, use of certain medications)
- Previously attempted weight interventions (e.g., diet or lifestyle approaches or interventions, medications, or metabolic procedures including devices and surgeries)^b

Lifestyle behaviors

- Physical activity including resistance training, with referral to exercise physiologist or physical therapy where appropriate
- Sleep habits, with referral to sleep specialist where appropriate
- Mental stress management, with referral for cognitive-behavioral therapy or mindfulness-based stress reduction where appropriate
- Substance use, with referral for cessation or counseling services where appropriate
- Social connections, consider group medical visits, shared medical appointments, weight management or peer support groups, and addressing barriers to social engagement

^aPersons with history of eating disorder and considering GLP-1s for obesity should be referred to an obesity medicine specialist and an eating disorders specialist; restrictive eating disorder is a general contraindication to GLP-1 use.

^bIndications that may warrant additional assessment and/or laboratory testing prior to therapy: Prior history of a very low-calorie diet, bariatric surgery, celiac disease, other inflammatory conditions predisposing to nutrient deficiency; history of previous nutrient deficiency.

To achieve the screening necessary for appropriate patient care (Table 5), efficient implementation strategies are required. For example, screening tools can be incorporated into the electronic medical

record, and many could be completed by the patient through digital portals prior to their clinical visit. Additional training of providers and team-based care are also important to ensure familiarity with these tools and their implications for care.

Management of GI side effects

Nausea, vomiting, constipation, and diarrhea pose challenges to compliance and optimal long-term outcomes. Because the health benefits of obesity treatment generally outweigh these temporary challenges, both proactive prevention strategies and effective support are crucial during periods of therapy adjustment. For example, gradual dose escalation helps the body adjust over time, minimizing the frequency and severity of GI symptoms [40]. During dose escalation in the clinical trials, subjects were allowed to remain at a GLP-1 dose for up to 8 weeks, as needed, to allow GI side effects to dissipate [14, 15]. In the clinical experience of some authors of this Advisory, another approach is to maintain individuals at the lowest effective dose and escalate only as needed (i.e., when weight reduction ceases or efficacy wanes), although shortages or lack of insurance coverage of medications at lower doses may be a barrier.

Before initiating therapy, clinicians should present GI side effects in detail, advise individuals to contact them early if side effects develop and provide mitigation strategies should side effects occur. GI side effects are generally more likely to occur during GLP-1 initiation or dose escalation. Nausea is the most common GI side effect and often occurs in the morning or after longer periods without eating. Smaller, more frequent meals and avoiding fatty or high fiber foods during the first few days of treatment can help alleviate symptoms [45]. Some individuals get caught in a cycle of not eating due to nausea, which worsens the symptoms, which then further reduces the likelihood of eating. Individuals can be counseled to eat a small breakfast and then additional small meals every 3–4 h while drinking adequate fluids. Ginger or peppermint tea, as well as acupressure bands, can be beneficial. Anti-nausea medications can also provide relief while individuals adjust to therapy and during dose increases; agents such as prochlorperazine may be preferable to those targeting serotonergic receptors (e.g., ondansetron) that can worsen constipation. Vomiting is more likely to occur with large meals. Dehydration from severe nausea, vomiting, or diarrhea can cause acute kidney injury, with or without existing kidney disease [140], as well as heart palpitations, so efforts should be made to prevent dehydration.

Constipation is common with weight loss and should be managed proactively. Extended constipation can also lead to reactive diarrhea. Adequate fluids and fiber from foods should be encouraged, although additional strategies are often required. Foods with lower viscosity (i.e., that flow easily), fewer calories, lower glycemic index, and higher water content (e.g., certain fruits and vegetables and fruits) can facilitate faster gastric emptying [141]. Gradual increase in foods with soluble and insoluble fiber, such as prunes or other dried fruits, can be helpful. Foods high in protein or fat can further slow gastric emptying, which can promote weight reduction and metabolism but also worsen