What Protein, Gut Health, and GLP-1s Mean for Weight Health with Ashley Koff, RD (ep – 88)

[00:00:04] **Dr. Ginger Hultin** If you're still thinking that weight loss is simply about calories in and calories out, well, I'd have to disagree. And if you listened to our last episode, you'll understand why. Welcome back to The Good Clean Nutrition podcast. This is the highly anticipated follow-up to our conversation on weight health with the one and only Ashley Koff, author, registered dietitian, and weight health expert. In our first episode, we dove into the biology and mechanics of how the body changes weight. In this episode, we're talking about nutrition strategies that support your metabolism and energy. It's all about what Ashley likes to call better nutrition. So if you are still clinging to the calories in, calories out mantra, that's not how we roll around here. And I think you'll find this conversation insightful and hopefully very supportive. As we get started, I want you to consider nutrition as one of your tools for metabolic health. But as we unpacked in our first episode, it's not the only factor. Sleep, stress, and hydration all play a role. I offer this reminder because if you have a goal to lose weight, and your immediate reaction is to just cut back on calories because it feels like something you can control, you might actually be doing your body a disservice. The other key reminder, which we'll dive deeper into today, is that the nutrition quality of your food will be far more important than just focusing on calories. We're going to focus on quality over quantity. And I do mean that literally. To begin, I wanna get Ashley's definition of what she calls better nutrition. After that, we'll talk about the role macronutrients play. Ashley, welcome back. In episode one, we talked about the how behind weight change. For this conversation today, I'd love to focus more on the what, specifically what nutrition looks like in a weight-health conversation. So to start, you have a definition of better nutrition and I think it really grounds the whole conversation. So can you walk me through your definition, and explain how you develop this approach?

[00:02:34] **Ashley Koff** When I created the definition for better nutrition, given your body, what it needs to run better today while reducing or avoiding what can irritate, overwhelm, and disrupt it, I came up with four pillars, the timing, we talked about that in episode one, the quantity. So if you have a gas tank, you

can only put in the amount in the gas tank that can fit in there. The quality, your body has to be able to recognize it and use it. And then when we look at it, I like to say the balance. So most things in nature exist in balance. There's no food that is just a protein. Every protein food either has carbohydrates and fats as well, or just carbohydrates or a protein food also has just fats on that part. So it's going to have some balance of macronutrients. What we want to do is figure out how to make sure that your nutrition gives your body balance. The final piece of better nutrition is a modern-day discussion. The modern-day piece is that it's total nutrition. What we have to understand is today we're getting a lot of nutrition from nutrients that are not in food, they're in supplements. We also get supplements in the form of foods that have things fortified in there, ingredients that are added in supplement amount or in supplement form that didn't exist. So when we look at that, what you and I do is we look somebody's total nutritional to determine is it better nutrition.

[00:03:53] **Dr. Ginger Hultin** For their body. But at the end of the day, I think people are still struggling with the complexity of the conversation and so they want tell me what to do. Should I do low-carb which is still trending? Should I do the Mediterranean diet which has all sorts of cool research? Should I go really low and do keto? Should I be plant-based? Should I count calories? Is how do you approach these big picture questions?

[00:04:15] **Ashley Koff** So let's take low and high and let's just take them off the table. I just want to start there. I think those definitions, they're problematic. Low or high doesn't actually help us. And the bigger piece of that is total nutrition in the day. Your body is designed more like a race car. So the what that I want you to take away is you want to pit stop about every three hours to get in nutrients, to give your body what it needs to use in that moment. We want a balance of carbohydrate proteins and fats. And under carbohydrate, we have a double click on carbohydrate for fiber. That's really something key that we wanna make sure we're getting. As adults, almost none of us will do well if we don't get in about 15 grams of protein. And that's helpful because in the old days, we were so low on protein and things like energy bars, they might've had two or four grams. They were higher in carbohydrate. So now we wanna shift to understanding that low part of the minimum threshold might be about 15 of protein. I use the same range, 15 to 30 grams for carbohydrates, because that seems to be a pretty decent space for most of us. And one of the other things is I don't tend to count the carbs that are in our non-starchy vegetables. So it can be pretty easy to get to 15 grams. So 15 to 30 grams, carbohydrates, proteins, unlimited non- tarchy vegetables, because I want all those colors coming in. They provide plant antioxidants. In your carbohydrate range, I love the idea of at least seven grams of fiber. And then fats are interesting. It's a little bit of a wider range. I use five to 15 grams, maybe five to 20 grams. Maybe your

genetics will be at play there, and maybe a little bit of how much satiety or what your protein source is. If I'm having an animal protein source, I'm going to get more fat in overall. And that's okay if the quality is better for my body. Now, what about keto? What about paleo? What about all of these other things? We are not getting in things that the body needs. So you have to work on a plan that optimizes all of the nutrients and delivers your body what it needs. In that case, I'd probably lean into more supplements and I would also look at, is this really what I'm gonna do lifelong or is this something I'm using for a time period? We all would do better to break up with any of the labels that are out there and really just come back and be like, the body is a car. It is an operating system. And then let's look at my particular body and car, things like genetics or what my health issues are, what my performance goals are, and optimize around it.

[00:06:46] **Dr. Ginger Hultin** The critical piece of personalization is just not part of the conversation as it should be. For example, I have written a couple books, and they are obviously pretty high fiber. However, I get questions from people that are like, oh, I have this gut disorder, right? Should I follow your book? And I'm like, please, no. You might need a low fiber diet. So it's not just that I say something in a book that you should follow, it's got to be personalized for you. And I get lot of confusion about that.

[00:07:17] **Ashley Koff** If you, in particular, if you have slow motility, things are not moving through the system at a pace that where the body's going to respond favorably, and you insert where you increase fiber at that moment, you are going to have a problem. It would be like if you had weak ankles, and I told you to go from 500 steps to 10,000 steps. We don't do that. What we do is we come in and we say, hey, let's get your body's motility working first. And you and I also know too, that one of the things that we could do for someone is like, as an example, I had somebody the other day who had tried to get 30 grams of fibering. Ginger, they got 30 grams a fiber in the first day that they took their GLP-1 shot. They were just really trying to do well. And it was a new dose. They'd gone up a higher amount on dosage, and they took 30 grams of fiber in as at one meal. Okay, guys, 30 grams, notice I said seven before, and seven is when I know that your motility is working well. If you're somebody who is adding a medication like a GLP-1 agonist that intentionally delays gastric emptying, slowing down motility on that part, on the first day or two that you take that shot, or if you're using oral in the morning, you may not benefit from increasing your fiber. What we want you to do is maybe have a little bit of fiber spread throughout the day or we might have just one day a week where you're not getting in fiber, and then we make up for it. One of the reasons the back half of my book are all questions and things for you to experiment with rather than things that I'm telling you is I wanted people to have that playbook, but even then I put a QR code in my book so that you can come over for free, and

message with my team and ask them, Hey, this is what I have going on. And we'll be like, okay, this is what you should consider. And here's what you think about. Because none of us can take the same advice, even for our own body, day in and day out on that part.

[00:09:08] **Dr. Ginger Hultin** As a dietitian, I don't think I ever thought that I would do so much low fiber work. Diverticulitis, ulcerative colitis, a Crohn's flare, every single one of those and other conditions require a little to no fiber diet with a step up liberalization. So to your point, this has got to be personalized.

[00:09:26] **Ashley Koff** And so I think what we wanna also acknowledge is that a small amount of fiber from your food spread out regularly is not going to interfere, shouldn't interfere theoretically, depending on your own body with absorption of nutrients. But as soon as you get into the place of supplements, you do have the potential for there to be absorption issues. So I love what you're talking about because when we think about personalization, so much of what we see as when people feel like I tried that, and it didn't work for me, it becomes something that is actually about, I didn't maybe tried in the right order or the right balance, or it wasn't the right plan for me personally.

[00:10:06] **Dr. Ginger Hultin** Before we continue, this episode is brought to you by Orgain. For someone constantly on the go, having a protein-packed option that helps keep you feeling fueled can be really helpful. If that sounds like you, Orgain's Organic Protein and Superfoods Plant-Based Protein Powder, packed with 21 grams of protein, 50 superfoods, and nine grams of prebiotics and fiber to support digestion. Where other protein powders often come with a gritty texture, you won't find that here. Rated the number one plant protein powder brand on Amazon. It has a taste and smoothness that will take your smoothies or morning oats to the next level. Learn more at orgain.com. What I love about where we are in this conversation is that we're diving deep into macronutrients, and really giving each one the attention it deserves. I mean, leave any of them off the plate, and you're doing your body a disservice. As we talk through this, I wanna take a quick moment to double click on our carb conversation, because I know there's a lot of confusion about this macronutsrient. Ashley and I just mentioned that carbohydrates are essential. Even if you're using GLP-1 medications, have weight loss goals, or are working on managing your blood sugar. So if the carbs are bad still lingers in your mind, I think we can all agree, it's time for that myth to retire. As Ashley noted, there's a range of carbohydrate we're aiming for, but it should always be personalized to you. The confusion, I think, stems from a simple misunderstanding of what carbohydrates are. I tell my clients all the time, it's a big range of foods. While some refined or simple carbohydrates like soda, juice, candy, or baked goods

can spike your blood sugar higher and faster, complex, high-fiber carbs like whole grains, fruits, and vegetables are essential for energy and digestion. These types of carbs can help maintain steady blood sugar, provide fiber for digestion, and offer key vitamins and minerals that your body needs to function properly. So, the don't eat carbs myth really has no place here, and this applies to all of your macros. They're each important, and I want them all in your diet in a way that works for you. Now that we know a little more about what we need in general, let's get more specific. I'm bringing Ashley back in to talk about how people using GLP-1s can better their nutrition when dealing with the side effects they might be experiencing. You mentioned something that I really wanna talk about, which is potential side effects on GLP-1.

[00:13:10] **Ashley Koff** Ah, I love this question. I'm currently doing battle with the bone health because there's the conversation of, oh, these medications create osteoporosis. So the way I would think about a GLP-1 agonist is it's a weight health hormone replacement therapy. So right now we're talking about GLP-1 and GIP. When we look at these medications, the way that they work is they work instead of being your own hormones going on for two to five minutes, they have your own hormone going on for one day or up to seven days. So just understand the difference. It's exponential, two to five minutes versus 24 hours or 24 times seven, right? So when that happens, the way that these hormones work in our body is they delay gastric emptying, and they also tell other hormones to go to work. So they tell hormones like insulin to go work. They tell hormones, like leptin to go to work. They impact and go to receptor sites in the bone that tell bone resorption to stop that breakdown. So if that's happening for two to five minutes, okay. But now if that happens for seven days, that can really create factors, right? So why might we see hair loss? Why might we muscle loss? Why might be see bone loss? It typically means that two things are happening. Your digestion becomes sub-optimal or it was sub-optimal, and now it becomes worse. And we're not eliminating toxins and eliminating waste product. The second issue is the reduction in what you are taking in, now means that you maybe weren't at optimal level of nutrients before, and now they're sub-optimal or you're further sub-optimal. And that means that the body is having to deprioritize even further, and it's not doing things that are very important. So anybody on a GLP-1 medication should be working with somebody who practices total nutrition, and also understands how to optimize your digestive health, and to optimize your total nutrition.

[00:15:06] **Dr. Ginger Hultin** Everyone is different, of course, but there are some nutrients that are more likely to be impacted. What do you look out for specifically, generally speaking?

[00:15:14] **Ashley Koff** So the first thing I'll do is I look out for what might you have been insufficient in before. So if you are somebody who has avoided carbohydrates for the last five years, because you were trying to lose weight or trying to optimize your blood sugar, I'm gonna be suspicious of fiber, of magnesium, of B vitamins, etc. on that part. Some people come in with their genetics, and they tell me here's this and this, or they come in with a bone health issue. And a bone-health issue, I don't actually first go to calcium. I'll think about calcium, but I'll think about other factors. And then somebody else might tell me I've had heavy periods for my life or I've had other things that I might be looking at iron on that part. I will first and foremost understand who that person is, and see the other one that I'll ask about is bowels, because if somebody was prone to loose stools, then they probably haven't been absorbing most nutrients. That will give me some information. And then where I don't turn with hair loss is I don't turn around and just say biotin. I get really curious about what's going on with hair before I jump right into that one, because it could also be gamma-linolenic fatty acid, we'll look at nail and skin as well.

[00:16:16] **Dr. Ginger Hultin** I've got a lot of folks taking a lot of biotin, which is a B vitamin, and they're really anemic, or they're totally under eating calories, or they are not meeting their protein needs. We're going to the less obvious thing that probably isn't gonna work and missing some of the really important factors in the bigger picture.

[00:16:33] **Ashley Koff** Yeah. And one of the things I'll also look at are you choosing food that is what I'll call digestively difficult. So a steak as an example. So people are like, okay, I'm leaning into a steak when actually liquid nutrition might be a very useful tool for you. One of the reasons that I love liquid nutrition, maybe it's a protein drink, maybe it's bone broth, maybe it is a puree and a smoothie. When we do things like that, the body can absorb it better. So I still will bring it back to the digestion question. So the form of the food may also be dictating where I'm looking at from a nutrient standpoint, too.

[00:17:06] **Dr. Ginger Hultin** When people are on GLP-1s, I do so much liquid nutrition. It's so helpful, especially in the morning. If people are struggling there, it can be quite a lifesaver.

[00:17:16] **Ashley Koff** One of the things I also lean into, and this actually helps me too to see where somebody is with their dosage, because I get a lot of people that have followed and either themselves or been instructed to, or haven't gotten instructions. Hey, if I'm not seeing weight loss, I'm increasing dose. And during that time period, they're losing deliciousness. They're starting to say, I am not even interested in food. So some changes in your food can actually be a benefit. Maybe things that you needed super sweet or had sweet cravings,

maybe that's gone down. But we have GLP-1 receptors on our tongue, and our ability to stimulate in the body, one of the reasons we want our food to actually be delicious is that's actually our first driver towards satiety. That's the signaler of satiety. If we miss that, then our body has to wait for really fullness. So a lot of us as a diet approach and a weight loss approach, learned to eat food that was not delicious to try to be full so that we could move on, but we weren't satisfied, and we just sort of suppressed that satisfaction. Well, on a GLP-1 agonist, we're telling our fullness hormone to go to work. So we're going to feel full, but we may be missing feeling satisfied. So part of the work in there is really inviting people to come back and enjoy things that are delicious to them. I've had people have said not nice things about people on GLP-1 agonists where they've said they're eating unhealthy. Instead of having the chicken and broccoli, they had the pizza. And I was like, oh my gosh, if they wanted the pizza, and the pizza was delicious to them, and we tried to have good quality pizza, and we met their nutrient needs, but what happened there was they weren't choosing a diet food, and going with something less delicious. They were nourishing and enjoying and having it here. I'm gonna see that as a win. What some people have said is they actually have gone in, and have gotten a kiddie cup of ice cream, and not been able to finish it because after the first couple of bites, the deliciousness lost it, and they were like, I don't want it. That's your hormone working. So there's a lot that we can use GLP-1 agonist to help us with learning to make those choices lead into what's ultimately the body wants and enjoys from food.

[00:19:22] **Dr. Ginger Hultin** That is something that I feel most folks are not talking about in this conversation. I think you're right. It is very much like eat less, eat healthy foods. You won't want the unhealthy foods anymore, but I see people at such high risk for damaging their relationship to food, not liking food anymore. It makes me sad, and it makes my patients sad. And so you are reframing that to bring back in. Let's make sure we retain deliciousness, and you're listening to what sounds good and what your body wants in the moment.

[00:19:51] **Ashley Koff** It's a challenge with the concept of intuitive, and I do want to recognize that. And the way that I'll explain it is that we're super physiologically, we're changing at a very high exponential level, how your hormones work. I think in that time period, it would be inappropriate to have somebody try to rely on intuition or even to nurture intuition, because I'm trying to break that diet brain. And so when they're making a choice, we try to work on what are you deeming healthy or unhealthy. And sometimes the healthiest food choice that they thought before was actually really unhealthy and unsatisfying. For me, it always comes back to the grilled chicken salad, leave the croutons off dressing on the side, and I'll have an iced tea with a sweetener in it. That was the world, and it was the Beverly Hills world of my patients. I was like, we're not giving your body what it needs. I want you to have some fat there, or I want

to you to maybe switch from the chicken even to ground beef, or what about tofu that has a sauce on it. And we work through that, right? So I think that's really important. The reason I think it's more important is the enjoyment of food is a form of satisfaction that we get. If we're not satisfied, then we may go look for satisfaction in other places in our lives. And this comes back to the work that I did in bariatrics, where we saw what had historically been more of an addictions, trauma, emotions around food, and it moved over into other places. So people were bin shopping or they were changing their sexual relationship behavior and like other things. And what's interesting about these medications is they're working in a part of the brain that is actually really exciting about addiction overall and looking at that. At the same time, I don't want what I've heard from people to be happening, which is I just don't wanna anything. I'm kind of walking through life, meh. Like a lot of people who are going on and off the medication because they don't like feeling blase, the world is like gray to them instead of bright colors. It is something for us to consistently unpack, and look at with the long-term use of it as well.

[00:21:54] **Dr. Ginger Hultin** A lot of my patients do have goals or have to get off of the medications for whatever reason. What do you think behaviorally equals success?

[00:22:04] **Ashley Koff** The first one I would say is not defining you as a success or failure by being on or off the medication. That's really important. And I don't think that the healthcare system has actually embraced that fully. The second thing to understand is if you are on it and you are replacing your hormones at an exponential level and you go off of it, just like with any medication, if you were taking a bunch of testosterone or thyroid or anything else like that, you will see yourself revert back to where you were before, and that will be very abrupt. Now, the interesting thing, there's only one study that I've seen, it was on Liraglutide, the very first -ide, if you will, or -tide, and that was a one-day. And it showed that being on the medication suppressed your own hormone production for at least a week or a couple of weeks on that part, depending on the person. So now if we're on it for seven days, and maybe we're in higher doses, I think there's some degree of suppression. The ideal space is for any reason, a surgery, a pregnancy, a budget issue, you're not going to be able to financially afford it, you just don't want to be on it any, or you feel like you're at a goal, any of that stuff. Then working with somebody to go through a process of weaning and checking yourself against how you're feeling on it and as it comes off of it. So with a dose, a dose might be for a day or a dose may be for seven days, maybe we extend it and see how do you feel at day 14? Well, you might notice by day 10, you are back to all your old eating behaviors, exercise behaviors, and mindset on that part. Okay, we're not ready to come off the medication.

[00:23:33] **Dr. Ginger Hultin** Such a great point. I have two questions. One is about protein, because that's the hottest topic with GLP-1s. How do you approach protein? How do approach this kind of inflated message people might be getting, or is it true?

[00:23:48] **Ashley Koff** So in the body equal rights. That's what I'm looking for. So protein needs to be considered equally. So for a while, a long time, protein wasn't considered equally, and then a lot of times because of our fat phobia, we made bad decisions in the name of protein. So we have to understand that we need to correct for, but the other piece is to recognize that protein are a blend of amino acids. And so all of those different amino acids deserve attention, just like carbohydrates or fats, etc., there's a whole variety of compounds. And as I shared earlier, I like that 15 to 30 grams, and pit stopping pretty regularly, and seeing where don't you get that and why, or where might you get in a higher amount and maybe we adjust for. And then anything beyond that, I'm gonna really dive into who somebody is personally and look at that.

[00:24:36] **Dr. Ginger Hultin** You said something that's so important, and I feel like people overlook. You said earlier, there's different types of fiber within a given food, protein. There's a lot of different amino acids altogether. You can't pull one out unless you're basically supplementing. And then also people are forever asking me about macro work, and I'm like, dairy is a combo. Nuts and seeds are a combo. Like most foods are some kind of combo of at least two if not three. And I think in the macro conversation and in the amino acid conversation and then the fiber conversation, it's so oversimplified. You could pull these things apart easily, but you can't.

[00:25:14] **Ashley Koff** I get really mad when things become a marketing slogan. So eat protein first. The only way you eat protein at a meal is if you're having whey protein isolate or pea protein isolate, which is an isolate, it's not a food. Or make sure you have fiber to start your meal. Or you really need to have omega-3s. What we've done is we've nutrientized as opposed to fooded. And there's a value in understanding nutrients. I love that. But when we're thinking about food, we do need to really recognize its value.

[00:25:44] **Dr. Ginger Hultin** I always say nutrition is innately complex and should not and cannot be oversimplified because we do it at a service.

[00:25:51] **Ashley Koff** Yeah, I love that. We do have to make it doable for you. And I think that's where I love the podcast, so thank you. I think, that's really the work of the individual is to kind of break up with needing to learn more about nutrition, and instead coming over and saying, hey, I'm curious, do my

current total nutrition choices, are they better for my body? And that comes after the question of, is my digestion optimal? And those would be the things that I would want people to take away.

[00:26:21] **Dr. Ginger Hultin** I love it. I couldn't have said it better myself. This was so fun. People really need to have this information from someone like you. And I have your book here. I'd love to take a minute to talk about the book.

[00:26:32] **Ashley Koff** Yeah, so I wrote Your Best Shot because as somebody who started in the GLP-1 space in 2004, I was seeing that there was a huge opportunity, and there was also a big concern. If we look at the medications, and use them, and we double down on weight loss, we are going to continue to have nine in 10 Americans who don't meet the criteria for metabolic health. The opportunity is to have a playbook, a system approach that allows us to personalize our nutrition through the lens of understanding weight health and through the lens of optimizing our weight health hormones, if needed.

[00:27:12] **Dr. Ginger Hultin** A big thank you to Ashley. I absolutely love her passion for this topic. We covered so much in today's episode, but there were a few core themes that really stood out. Nutrition should be supportive, personalized, and always focused on quality over quantity. If you're working on changing your body weight or managing your blood sugar, you don't have to do it alone. Let kindness and curiosity towards yourself act as a guide. You are more than any number on the scale. And when you need a safe place to land, this podcast is a judgment-free zone. Thank you so much for listening today. If you enjoyed this episode, please share it with someone who might benefit, and don't forget to leave a review. Your feedback helps us continue these important conversations. I'll see you next time.