



GLP-1s Explained: The Facts, Fiction, and What's Next with Joe Zucchi, PA-C, MPAS (ep – 92)

[00:00:04] **Dr. Ginger Hultin** For a long time, the field of obesity medicine has been shrouded in stigma, leaving patients confused and unsure of their options. If you've been following the conversation, you've likely been hearing about the rise of GLP-1 medications. We've touched on these drug types before in some of my more recent episodes, including a great conversation on weight health with Ashley Koff. So check that out if you haven't already. Today though, I wanted to take that one step further and do a really deep dive. If you have questions that are still unanswered, like how these medications work, their effectiveness, side effects, access, or even what it looks like to come off of them, we've got you covered. Today, I have the pleasure of speaking to Joe Zucchi, physician associate and clinical supervisor at Transition Medical Weight Loss. His passion for obesity medicine is only matched by his ability to break down the latest research in a relatable and enlightening way. If you've been looking for the latest on these medications, this is the place to be. Everyone is talking about GLP-1s. Everyone. Even as a dietician working in cancer care, I have a lot of patients coming to me with questions about these medications. Today, Joe and I review science to show how GLP-1s may be one tool that's right for some folks. And he shares some compelling research to back that up. My hope is that this episode is a shame-free space, whether you're considering these medications, have questions about them or are already on them. Let's get this conversation started. First, Joe walks us through the history of these medications because actually, they aren't new at all. From there, we're gonna break down how they work so you have a deeper understanding. Joe, welcome to the podcast.

[00:02:11] **Dr. Joe Zucchi** Thanks for having me. So excited to be here. It's an honor.

[00:02:13] **Dr. Ginger Hultin** Today, we are diving into one of the most talked about topics in healthcare right now, GLP-1s. And the story behind it stretches back a lot further than most people realize. So I'd like to hear from you some history about GLP-1s, where the medication started and how it has evolved into what we're seeing today.

[00:02:35] **Dr. Joe Zucchi** I think people often hear about it in the news lately, and they think it's some brand new medication, but it really has a long track record. So there is research dating back into the 80s and 90s looking into GLP-1 as a potential therapeutic option. And we know that GLP-1 is a natural hormone in our body. Our body makes GLP-1. It's called an incretin hormone that gets released from our intestines, typically after eating. And it does several things, but it signals to our brain some fullness aspects. It does help slow down digestion. It has benefits on blood sugar. It actually helps the pancreas to release more insulin to help bring down blood sugar when it's high. But when it is normal, it doesn't bring it down too low, which is nice. It also helps the liver to produce a little bit less glucose as well. So it definitely has benefits on blood sugar regulation on an appetite control. But the first medication that was FDA approved as a pharmaceutical ingredient was back in 2005, Byetta, and this was approved for diabetes. The first medications were often either daily injections or even sometimes twice a day. And then they eventually evolved into doing weekly injections. And now we have options now that are even oral pills, which is great. There's even potentially monthly injections to come in the future. GLP-1 itself is called glucagon-like peptide-1, and a lot of these medications are very much similar to our bodies endogenous GLP-1. In fact, our body's natural GLP-1 is 94 percent similar to semaglutide, which is the active ingredient in Ozempic and Wegovy. And so they've tweaked a few things here to make it last longer in our body, because unfortunately natural GLP-1 has a very short half-life, one to two minutes. And so these medications nowadays are tweaked just a little bit to have a lot longer half-life. And now we're getting five or seven days of activity here along with better potency to allow the benefits to occur.

[00:04:09] **Dr. Ginger Hultin** You hit on a few topics that I talk to folks about all the time. One is these are not new. Because they're so popular right now and so easy to get your hands on and showing up in orals, a lot of people are like, we don't know enough about them for safety, but that's not true. And then people also ask me how they work. And it's such a hard question to answer because you mentioned they work in lots of different ways throughout the body. So it's more complex than a lot people realize.

[00:04:33] **Dr. Joe Zucchi** Many actions involved here. We know that patients certainly feel reduced appetite, which is a major mechanism here. Less hunger, less cravings, it reduces food noise. They're not thinking about food as much. The medications also slow down digestion. So food stays in our stomach a little bit longer after we eat. So that helps with feeling fuller faster. Certainly these medications improve blood sugar directly. So patients that have any diabetes or pre-diabetes, we tend to see great reductions in their A1C and their glucose. There are some mechanisms of these medications even having benefits beyond

just the weight loss. They're not weight loss medications, they're cardiometabolic medications. And now they're approved for things like reduction of heart disease, which is the case for Wegovy, MASH, which is a type of fatty liver condition. ZepBound is now approved for obstructive sleep apnea. And so when we treat obesity, we're treating upstream and hopefully treating over 200 comorbidities that are tied in some essence to obesity. And so these medications certainly are a powerful tool. That works alongside the lifestyle to help enable better success. We wanna think about sleep and hydration and exercise and protein intake and making sure they're getting enough water and are they getting enough fiber throughout the day. So there's a lot of nuances that sometimes get overlooked when people assume these medications are just a cop out or a crutch, they're a tool, and they should be done alongside the right education and guidance. And that's why getting it from a professional who is hopefully understanding of this topic and also of the field can hopefully give patients the best scenario.

[00:05:51] **Dr. Ginger Hultin** A thousand percent. One thing that you mentioned that is so important is that these hormones are inside us already. Can you talk to me a little bit more about hormones like GLP-1 and GIP and how they work in the body?

[00:06:03] **Dr. Joe Zucchi** These medications are mimicking a natural hormone in our body. We often just toss around the term GLP-1, but now it's more multiple different things involved here, which we'll talk about GLP-1, GIP, Amylin, Glucagon, all of these are often nutrient stimulating hormones. But at the end of the day, GLP-1 is the most popular one because that was the first one that was made back when we said in 2005, and that was approved for diabetes. And that is designed to mimic this hormone in our body that gets released from our intestines. After eating, it's part of the signaling cascade of fullness and helping our body with blood sugar regulation. Then we talk about GIP, which is another hormone that gets released from our intestinal cells as well, that also has some synergistic effects with GLP-1. And so that seems to further benefit blood sugar and further benefit appetite control and also may have benefits on even reducing nausea. The first medications that came out were pure GLP-1s, and then back when Ozempic came out around 2017, that was semaglutide, which was a pretty big deal because that medication was a once a week injection. And now we get long-lasting benefits and certainly there are many different dosages of these medications, but we do see a dose-dependent relationship with higher dosages having better blood sugar benefits and weight reduction as well. But then the next evolution was tirzepatide. Tirzepatide is not just a GLP-1, but also targets GIP. It's one molecule, but it targets both hormones and agonizes GLP-1 and GIP. And this medication is known as Mounjaro for type 2 diabetes and Zepbound for obesity. And so now we have dual mechanisms involved there.

But the future will continue evolution here. We have a medication in trials that will likely be available perhaps next year from Eli Lilly called Retatrutide that is a triple agonist. It targets GLP-1 and GIP just like Tirzepatide, but also as a third molecule on or targets a third molecule called Glucagon. These medications have multiple mechanisms. But truly these are the most effective medications we've seen in history for both blood sugar improvements as well as obesity. But there's also a lot of research looking into other things like inflammation and even potentially cognitive health and so forth.

[00:08:02] **Dr. Ginger Hultin** One thing that you and I are extremely aligned on, it's a stigma question. And I know that you love to push back on the stigma that unfortunately exists with these medications with the science. So what do you see as some of the common misconceptions around obesity medicine right now?

[00:08:18] **Dr. Joe Zucchi** Yeah, it's such a good point. It's frustrating for me when I hear patients being criticized or stigmatized for using a medication. They're just being proactive about their health. And of course, these need to be used for the right purposes. But can you imagine if we criticize the patient who was on the antidepressant and said, told that patient, you should just try harder to be happy, that would be just inhumane. And so why do we think of obesity as a different disease state? We should consider this with the same empathy and compassion as any other disease state. These patients are trying. They are often doing more than you can imagine for lifestyle changes. And sometimes that's not enough. We have to understand obesity as a truly chronic, relapsing, multifactorial disease state that for many patients is much more than just willpower alone. We have to keep in mind that for several different things, certainly our environment is incredibly challenging to lose weight. Everyone has different genetics and physiology, different health conditions. And combining that with the neurobehavioral aspect, which we need to be mindful of, is that when we lose weight, our body sees weight loss as a survival threat. It doesn't know we have access to food around us. So it sees weight loss as a concern. And so its compensation to that is an increase in hunger hormones, a decrease in fullness hormones, and a slowing of our resting metabolism. It sees that as a safety net. And so when patients lose weight through lifestyle or whatever mechanism, they often have a tendency of weight regain. Most studies show that people regain at least half the weight within two years. And so that's why we need to think of patients that perhaps are now using a medication as not a cop-out, it's a tool. Shouldn't be thought of as any other difference than color-chronic diseases.

[00:09:46] **Dr. Ginger Hultin** That's such a great point. A lot of questions that I get from my clients is what happens if I want to get off this medication or if I need to get it off? How do you navigate that?

[00:09:56] **Dr. Joe Zucchi** That's why the most common question I get from patients, if we use the analogy of other chronic diseases, we can say if somebody goes on a blood pressure medication and their blood pressure now gets down to 120 over 80, we don't all of a sudden just stop that medication, right? We say now it's controlling that blood pressure, it's managed. But these medications, like many, are a treatment and not a cure. And so for many patients, the studies show that when they eventually come off of the medications, there is a high risk of weight regain. But I help people understand the data. And I again, try to always make this a patient provider conversation. There's a no one size fits all here. I don't want patients to feel like once they start this, they're locked on it forever because that's not the case either. Everyone's different. And so there are instances of patients that may be able to come off in the future. But again, if we look at the data, I try to be always evidence-based here, we can see that those that sustain therapy maintain the weight long-term. And there are trials over 176 week long now looking at obesity trials, showing weight maintenance when patients are preserving therapy. There are also options such as reducing dose. And we have many patients that titrate up slowly to help them lose the weight, but we often can titrate down towards a maintenance dose to help the sustain their weight loss. And then of course there are some that may come off of it, whether that's because of various reasons or they choose to try it, and we'll just closely monitor things. We wanna certainly make sure that we're keeping the habits in place. We know that appetite will likely return to baseline, but hopefully they can preserve things. But if they do struggle, we can always add it back on, hopefully sooner than later if we need to. And so hopefully people realize, again, it's not one size fits all.

[00:11:21] **Dr. Ginger Hultin** Such a great point, there's not just one medication or one dose or one story for anybody. And I see that with my patients.

[00:11:28] **Dr. Joe Zucchi** Yeah, it's so true. It's like with anything else, right? And of course, the success rates will vary based on other factors too. So we're always trying to think, yes, we can tweak dosing, but what else can we be working on? How is our protein intake? How's our fiber intake? How's are meal portioning? How's our water intake activity? All these things, even sleep and stress levels, there's so many factors that are involved here. So as powerful as the medications are, we never wanna overlook the other things that play just as important of a role.

[00:11:53] **Dr. Ginger Hultin** One thing that I always focus on with my clients is weight is important to some folks and it's part of the conversation, but there's so many other parts of integrative care also. Your labs, your energy, your muscle mass, your personal goals. And so there's a lot of different things we can track for success when using these medications.

[00:12:12] **Dr. Joe Zucchi** I agree. I think we as a society felt focused a little too hard on that number on the scale. And it's much more than that. It should be on health, quality of life. It should hopefully be even looking at body composition. This is not about just getting to a certain number. It's about looking full picture. How are we feeling? Hopefully we're feeling better, more energy levels, better quality of life. And that's why we should think of these medications. These are not vanity drugs. These are used for somebody looking to lose five pounds to get in shape for a wedding. This is designed for somebody who has struggled with obesity and perhaps has comorbidities related to that. And when we treat this patient, we hopefully are improving their overall health outlook and reducing risk for chronic diseases down the road.

[00:12:49] **Dr. Ginger Hultin** You can really speak to the research and you mentioned clinical trials. And I feel that a lot of folks might not realize what a clinical trial is like or the process that people go through to be in or work in a clinical trial. Walk me through that.

[00:13:04] **Dr. Joe Zucchi** Yeah, it's so true. I think when people hear these medications get announced, they're afraid because it sounds like it's a brand new thing, but there's so much data and stories and studies that go into this before something is truly FDA approved. So when we look back at molecules, they're testing things often in animal trials and so forth, looking at efficacy. And these phase one trials that are done are small animal studies showing potential mechanisms here, and they're looking into safety profiles. And then eventually phase two trials happen where they enroll a smaller subset of humans and start to look into side effect profile, tolerability, efficacy, starting to gain an idea of what we can expect from these medications. And then phase three trials are required and sometimes multiple phase three trials are required. And these are large gold standard double blind placebo controlled trials that are randomized. This is truly important because we can say anecdotally the person felt like something was helpful or not but until we compare it to a placebo group we don't know exactly if that was the medication helping or just lifestyle changes were happening on the side. And so when these trials are done for some of these medications, it's thousands of patients over the course of multiple countries trying to get a wide variety of male versus female, different ethnicities, different BMI criteria, and they're looking at all different types of health outcomes. And they're not just tracking weight loss. They're looking at lab work before the

patients, lab work after they lost the weight. They're looking at both in the placebo group and the medication group. They're also looking at what dosage is gonna be effective here. These dosages were studied and approved as they are because that's what the efficacy was shown in the trials to be. And so there's a lot of data that goes into this. And when we have a medication that truly is FDA approved, just note that went through a lot of history of safety and efficacy and studying to prove its worth.

[00:14:41] **Dr. Ginger Hultin** It's really important to understand how rigorous these are and the design. So double-blind means I'm in the study participating and you're the scientist. We're both blinded. We don't know what dose or if I'm on placebo or not. And placebo control means, I am taking the medication and you are taking the sugar pill or saline. And so they're trying to control for the placebo effect, which is the mental emotional part that could trick you into thinking you're on one or not.

[00:15:12] **Dr. Joe Zucchi** Yeah. And it's a good point too, because people often ask about how much weight loss of the placebo group, because the placebo group in these trials was trying to lose weight. Even in the trials, they were counseled on nutrition and exercise changes to alongside their weight loss journey. And they were doing an injection. It was probably salt water, but they were doing an injection. And guess what? The average weight loss in the placebo group over the course of 68, 72 weeks or so over a year was two and a half percent. That's the average. That's unfortunately the reality of lifestyle alone for patients who have a long standing battle with obesity. And it goes to show how lifestyle alone may not be enough for some. And these medications showed that against placebo, they had achieved this 15, 20 percent plus weight loss. That's significant here. So when we say a medication is proving its benefit in trial, they are really comparing it to a group that was also trying to lose weight. They just were not on a medication.

[00:16:00] **Dr. Ginger Hultin** This episode is brought to you by Orgain. For all my coffee lovers out there, Orgain has something I know you'll enjoy. Their Cafe Latte 30g Protein Shake blends rich, smooth coffee flavor with 30 grams of protein and as much caffeine as your regular cup of coffee. It has a great texture and is made with just one gram of sugar, no artificial sweeteners, and no added hormones. Whether you need a boost before a workout or a pick me up in the mid afternoon, this one's got you covered. Find it at orgain.com. Joe is such a wealth of knowledge. It's fascinating to hear how this class of medication is evolving. What strikes me most is how GLP-1s communicate with the body in ways beyond weight loss, expanding the growing list of conditions these medications appear to be affecting. An example of this is addiction research. Early studies are already showing some meaningful impact for substance use

disorders. It's really exciting. A new study published in March 2026 looked at the risk of substance use disorders among 600,000 US veterans with type 2 diabetes, following them over a three-year observational period. Researchers compared outcomes between a group taking a GLP-1 for their diabetes and another group taking different oral medication. For those on the GLP-1, with no prior history of substance use, they saw a statistically significant lower risk of developing one. Alcohol use disorder, for example, saw an 18 percent lower risk. And opioid use disorder saw a 25 percent lower risk. For those who already had a pre-existing substance use disorder, GLP 1 use was tied to 31 percent fewer related emergency department visits, and 39 percent fewer drug overdoses. To note some limitations here, this was done on a very specific population, and some of the rarer disorders had smaller event counts to draw from. What makes this so powerful to me is that it loops back to the message that it's not just about willpower. Whether you're talking about weight loss or addiction, both conversations can experience the same stigma, the idea that people simply aren't trying hard enough. Research like this helps dismantle stigma by showing us the measurable impact these medications can have. I find that really empowering, and I hope you do too. Time to dive back in. Next, I'm asking Joe about side effects. We talk muscle loss, care loss, GI complications, and more. Later, we get into the future of these medications and what's coming down the pipeline. You've mentioned side effects a couple of times, and I know that is a really major concern for folks but I find that this conversation is riddled with confusion and misinformation. So if you're game, I wanna give you like really short little clips, and I'd love to hear the clinical evidence from you, whether we need to worry about this or not.

[00:19:28] **Dr. Joe Zucchi** Let's do it. Sounds good.

[00:19:30] **Dr. Ginger Hultin** Okay, so if you hear GLP-1s have been linked to pancreatic or thyroid cancer, what do you tell folks?

[00:19:37] **Dr. Joe Zucchi** I'll talk about pancreatitis, which has been linked to, but there's no evidence showing any concern of increased risk of pancreatic cancer. That has been not shown in any trials. And if anything, there's actually some trials showing that these medications may reduce the risk of cancer because we know obesity is one of the largest comorbidities that can relate with higher risk of cancer. Pancreatitis is sometimes discussed because that has been shown in some trials for GLP-1s, but it is a very low risk. We have to keep in mind there's many things that happen when people lose weight. Sometimes people lose a lot of weight, they can have a gallstone because of that. And then that can lead to a clogged duct that can lead to pancreatitis. We know that for some patients, it comes back to their lifestyle and their dietary changes as well. The risk of pancreatitis is small. Again, I can cite the data here, but Zepbound

trial, they actually found 0.2 percent of patients in the trial had pancreatitis. The placebo group was 0.2. So not a large signal of concern there for sure. We talk about thyroid cancer. So this is a great topic because it is a boxed warning on all GLP-1s to say do not use for patients with a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia syndrome type 2. And it gets concerning to see that, it's a boxed warning. And so the data behind this is because in rodent studies and only in rodents studies, they did see an increased risk of these rare types of medullary thyroid C-cell tumors in those trials. And it was dose dependent. The good news is that no human trials have shown an increased signal here. And that appears to be because rodents express GLP-1s pretty heavily on their thyroid. They have a lot of receptors there. Whereas humans don't, and they have very little expression there. So therefore, it seems to certainly be an issue for rodent studies, but human data has not shown an increased risk there. So just out of an abundance of caution, we still avoid it in patients with this genetic cause of thyroid cancer called medullary thyroid cancer. But other thyroid issues do not apply here. It's safe for those with even a history of papillary thyroid cancer or hypothyroidism, hyperthyroidism. So I hope that helps people to be feeling more assured from that.

[00:21:23] **Dr. Ginger Hultin** Thank you. I didn't know that about mice. You mentioned this before. What does the research show when it comes to bone and muscle loss?

[00:21:30] **Dr. Joe Zucchi** Yeah, great question. We should always be thinking about this with any weight loss endeavor. We know that weight loss itself can lead to muscle loss. And so the trials again have looked at this and it does vary by medication and by trial there's different subsets. But again, if we cite some of the more recent trials they did DEXA scans on patients taking tirzepatide before and after their weight loss. About three quarters of the weight loss came off as fat mass and about a quarter came off is lean mass. And that was actually proportional in terms of ratios to the placebo group. And so that is reassuring. Again, that will vary dramatically based on lifestyle changes, but GLP-1s and GIP, these are not targeting muscle tissue. They help reduce appetite. If someone just starts skipping meals and doesn't eat enough protein, if they're not getting exercise in, then sure, they could lose muscle like anyone else could. And so we wanna just make sure that when we use these medications, we're reducing appetite, but we're not suppressing it to the ground. We still wanna fuel our body with proper nutrition here. And again, making sure we're getting adequate protein and likely even more important is exercise as a stimulus to our muscles to say, let's stay strong. And so a little bit of muscle loss is likely normal and not concerning, but we wanna minimize extra muscle loss. But again, the data at least is relatively reassuring that the majority of the weight

comes off as fat mass and a minority as lean mass. Keep in mind also that lean mass is not just muscle protein. It also includes water weight and organ weight. And with bone density, same thing applied. Somebody loses a hundred pounds, that's a lot of pressure off of their joints. Which perhaps their bones now do not need to have the same strength to accommodate that load in a sense. So a little bit of bone density loss could still be proportionally strong for that person's new body weight.

[00:23:03] **Dr. Ginger Hultin** Yeah, absolutely. What does the research say about hair loss?

[00:23:07] **Dr. Joe Zucchi** Yeah, that's a very common question too. So again, this is another situation where it seems to be more associated with the weight loss itself than the medication causing it directly. When people are losing 50, 100 plus pounds, things can change here and that can happen through again, lifestyle medication or surgery. And so the term that we consider for this is called telogen effluvium. It's basically the hair when it goes through some stress of any kind, whether it's emotional stress, physical stress, the body is adapting to a new weight here. The hair goes through its shedding cycle more than its growing cycle. So it shifts and people see a little bit more hair loss. Or if they notice it, it's often more diffuse hair loss, it's not like it's certain patches like we think about alopecia or things like that. But it is often self-limiting. It is typically transient and does resolve as people's weight eventually plateaus. So we have had a few patients that have lost a significant amount of weight and have noticed a bit of it. It wasn't honestly much that other people could probably notice, but they noticed it when they were combing their hair or in the shower. But in most cases, it was not a concern. Now, other things that are still important here though, is the pace of weight loss matters. If we lose weight, you're gonna probably have slower, healthier pace versus rapid weight loss, lower risk of this to happen. We also wanna make sure again, like we just talked about, are you fueling your body here? If we're just skipping meals and not getting out of a protein, your hair is made of protein. It's made of collagen. So getting enough protein, and I usually recommend a patient at least take a multivitamin if they feel like their calories are a bit low to fill in the gap. There are some studies showing low iron levels can be associated with an increased risk of this telogen effluvium. And so different things to think about, but I hope this helps to reduce the concerns about these medications directly causing hair loss.

[00:24:42] **Dr. Ginger Hultin** When folks come to me and they're losing their hair, nine times out of 10, they often start doing biotin, but I am always like, what's going on with your calories, your protein, and your iron. So I'm so glad that you brought that up. That is so much more powerful than taking biotin. You

touched on this earlier, and I think it's one of the most important conversations, but GI symptoms are one of the more commonly reported side effects of these injectables or orals. How do you typically see this show up in your patients?

[00:25:11] **Dr. Joe Zucchi** In all trials, this is the most common potential side effects. And again, to be reassuring here, most studies show it's mild to moderate and often reducing over time. It's rare that in the trials, three to six percent of people are stopping the medication due to GI side effects, strongest at initiation of the medication and at dose escalation. Because oftentimes we're increasing the dose slowly over time, a few different strategies here. First is start low and go slow. So that's a common term in medicine, but we always want to start the lowest dose and gradually increase over time this is not a race to the top. By going more gradually gives patients time to acclimate. If somebody is seeing good progress, if they're having any side effects, then stay at that dose longer. On the other hand, if somebody is tolerating it well and they're plateauing, then eventually increasing will certainly be worthwhile, but don't be afraid to go a little bit slower and that's gonna lead to better tolerability. Second thing here is the most common symptoms we talk about GI symptoms are like nausea, sometimes a change in bowel habits like constipation or diarrhea, sometimes things like reflux. And again, most of these things are honestly, like a day or two after the injection, they may notice it for a little bit. It's generally pretty manageable for sure. But things that generally are the best tips here are first, think about having smaller meals throughout the day. This medication is slowing down your digestive emptying. And so if we eat a big meal in one sitting, we're gonna feel queasy from that. So instead, smaller portions throughout the day, much better tolerated. Second thing is we're going to feel fuller faster. And so don't assume you'll be eating the same portions that you used to. You'll probably feel more satisfied now with the help of the medication. And then third, higher fat foods have been shown to delay gastric emptying and that can also cause nausea. So if somebody has a greasier meal, those can tend to cause more GI symptoms. And oftentimes when patients tell me they didn't feel that great, I asked them what they ate the day before and it kind of coincides with what they perhaps were eating out at a restaurant that day that was unique. Spicier foods can be more acidic as well. So just think about that. Plenty of hydration is important. And then again, that kind of touches upon the nausea piece, but we also want to talk about bowel habits. When people eat less food, they sometimes eat less fiber, they sometimes drink less water, that can slow things down and back us up. So make sure you're getting plenty of hydration each day. And hopefully let's still make sure we're fueling our body and getting enough fiber through fruits and vegetables and whole grains or supplementation is typically worthwhile. And that's gonna allow for better overall GI health as well.

[00:27:23] **Dr. Ginger Hultin** I really agree with that, and I will say the thing I work on the most is constipation. So the fluid eating enough and fiber and movement conversation is really important. Let's talk about the social side effects. I'd love to hear from you. How do you see patients making different choices around food, around alcohol?

[00:27:41] **Dr. Joe Zucchi** I love that question. It's wonderful to see how these can become a gateway into other good habits. And oftentimes we do see that. And as people start to lose weight, it can snowball into other things. They start losing weight. They feel more energy levels. They can be more active as they become more active. That helps with weight loss. They hopefully have more confidence and just they feel better in their own skin. Again, people sometimes are reporting reductions in inflammation and joint pain. That's powerful. Socially, it's a mixed bag in a sense because certainly food is an important part of our culture and our society, and we often associate food with celebratory events and things. And so we would try to help patients not always turn to food during stressful times or during celebratory times. But for many, it certainly helps them to have more control over these cravings. So they feel like they can now go to these events and not feel swayed so strongly towards these temptations. Alcohol consumption is something that a lot of patients have reported a reduced interest in, and they just consume less of it, which is great.

[00:28:36] **Dr. Ginger Hultin** I am certainly seeing folks reducing alcohol intake on GLP-1s, it's very interesting, and I know there's a lot of research and trials to support that. You really have your finger on the pulse of what's coming down the pipeline. What are you most hopeful and excited about?

[00:28:50] **Dr. Joe Zucchi** In the next three to five years, you will see at least five to potentially 10 more medications FDA approved for obesity and targeting different things. Now we just saw this past year, we now have two oral GLP-1s that are approved for obesity, oral Wegovy and Foundayo. So that's exciting. We also talk about retatrutide, which targets three hormones. So GLP-1, GIP and glucagon. And glucagon has been shown to maybe lead to more energy expenditure, which is exciting. And also helping even further reducing liver fat. And the trials on [00:29:18]Reta [0.0s] are showing up to 30 percent weight loss on average, so significant amounts here. Other medications that are in trial are Survodutide is a GLP-1, the glucagon medication from Boehringer Ingelheim that this medication's in trial and showing great liver fat reduction as well as pretty good weight loss. Amgen has a medication called mariTide that is GLP-1 agonist and a GIP antagonist, which is interesting, but it's a once a month injection and perhaps even longer. And this could be a great maintenance option for patients. We also see that Wegovy now is approved at a higher dose, 7.2 is called Wegovy HD. And now that is semaglutide, but now we're reaching 20

percent weight loss from that. And so just more options in our toolkit between oral options, dual agonists, triple agonist. So just exciting pathway. There's just more hope for better treatments and more personalized medicine where one size does not fit all and we can have the right tool for the right person based on the full picture.

[00:30:10] **Dr. Ginger Hultin** Wow, that's really incredible, and it's developing quickly. We're probably going to see these things in the next few years.

[00:30:15] **Dr. Joe Zucchi** Yeah, these are all ongoing right now in trials, and it's just gonna allow more options. At the end of the day, we still need to have better cost and coverage and access to give patients the tools to utilize this, because we can have all the best data in the world and the best medications, but until it becomes accessible, certainly we still have that limitation. But Medicare is starting to cover obesity GLP-1 starting in July, so we're getting to the point now where there's more options and hopefully a bright future ahead for patients that need the extra support.

[00:30:42] **Dr. Ginger Hultin** I'm interested if somebody comes to you, okay, I'm thinking about this medication, I don't know where to start. How would you describe a first appointment with a weight loss specialist like yourself? What questions should people ask? What should they expect?

[00:30:54] **Dr. Joe Zucchi** In my center, patients come in here often on a frequent basis, especially initially to help to get the support started. So either that's weekly or bi-weekly or perhaps monthly, but the more touch points we can provide patients, we know the better success they're going to have. They get body composition analysis whenever they come in, which is important because that's looking at not just the number on the scale, but muscle versus fat versus water, and then the provider or the team has a background in several different fields. So in our office here, in addition to being a physician associate, I'm also a personal trainer. So we can create workout plans for patients and help them on the exercise front. We have a registered dietician in our office so we can provide that nutrition counseling. We even have a social worker that lost 100 pounds and she does support groups for patients here. So we try to have all the pieces of the puzzle, both physical, mental, behavioral, nutritional, as well as the medication to hopefully make this a full picture.

[00:31:42] **Dr. Ginger Hultin** Yeah, that interdisciplinary care is so powerful. It sounds like you get some great outcomes. Is there anything else you'd like to share about the clinic?

[00:31:49] **Dr. Joe Zucchi** What makes us truly unique is we actually have a full marketplace in our office with over 600 healthy foods for patients. We have freezers, fridges, shelf items. We actually partner with a couple of local restaurants here in New Hampshire that actually make us fresh meals that get delivered each week for our patients. But we really try to have all the options including all different types of protein shakes like Orgain available for patients, bars, and just not designed to take the place of all their meals, but helping to fill in the gaps or give people a kickstart to help them kind of have some sense of portioning, and making sure they're getting adequate protein throughout the day as well. So that's unique to us for sure. We even have a lab on site here so we can assess lab work both initially and afterwards to see how things are changing there. So again, the comprehensive care is something that we truly are passionate about and it's great to see how that's led to such great success.

[00:32:35] **Dr. Ginger Hultin** That is really unique to have that amount of food on site. Next time I'm in New Hampshire, I'll come check it out and grab a snack.

[00:32:42] **Dr. Joe Zucchi** You're always welcome for sure.

[00:32:47] **Dr. Ginger Hultin** That wraps up our conversation for today. Thank you to Joe for all of his expertise as he took us through the past, present, and potential future of these medications and just how personalized this journey can be. If there's one thing I hope you walk away with, it's this, GLP-1s are well-studied, evidence-based medical tools that are best supported with lifestyle intervention. But in many ways, their story is still being written. Researchers are uncovering benefits that extend well beyond weight. That's what makes this such a compelling space to keep an eye on. I'll be watching this research closely, so follow the show and I'll keep bringing you the updates as they come. Thank you for listening. If this conversation gave you something worth thinking about, share it with someone else who's had questions. I'll catch you in the next conversation.

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