

Why Do People Taking GLP-1 Weight Loss Drugs Move Less?

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STORY AT-A-GLANCE

- › People taking GLP-1 weight loss drugs lost weight but also walked less and spent less time exercising, showing that a lower number on the scale doesn't automatically translate into better physical health
- › GLP-1 medications reduce lean muscle mass as well as body fat, so preserving your strength through regular movement becomes just as important as losing weight
- › Your body already has a natural appetite-control system that depends on butyrate, a beneficial compound made by your gut bacteria that helps your intestine produce its own GLP-1
- › Rebuilding butyrate production starts with restoring your gut microbiome by eliminating seed oils, calming digestive problems first, then gradually introducing whole-food carbohydrate sources that nourish beneficial bacteria
- › Long-term success comes from measuring more than body weight. Tracking your daily movement, strength, and energy while supporting your body's own GLP-1 production helps build lasting metabolic health instead of relying on injections alone

Weight loss grabs headlines, but what happens after the pounds come off matters just as much. Research presented at the Endocrine Society's ENDO 2026 meeting tracked adults taking popular GLP-1 weight loss drugs such as Ozempic, Wegovy, Mounjaro, and Zepbound, and found something that runs counter to conventional wisdom: as participants lost weight, their day-to-day physical activity went down, not up.¹

How easily you move through daily life tells a bigger story about your health than any number on the scale. GLP-1 receptor agonists reduce appetite and help people lose weight, but they also reduce lean muscle mass — the tissue responsible for strength, balance, and everyday physical function.

The new research adds another concern: People taking these medications also became less physically active, even though losing weight should make movement easier. That combination — less muscle and less movement — raises serious questions about whether the scale is telling the whole story, and whether there's a better way to support your body's own weight-regulation system.

People Became Less Active After Starting GLP-1 Drugs

The researchers behind this study started with a straightforward question: After people lose weight on **GLP-1 medications**, do they naturally start moving more? Rather than asking participants how much they exercised, the team analyzed objective activity data collected by Fitbit **wearable devices** alongside electronic health records from the National Institutes of Health's All of Us Research Program.

That approach gave researchers a much clearer picture of what people actually did during everyday life instead of what they remembered or believed they did.

Instead of focusing only on pounds lost, the researchers examined how much participants walked each day and how much time they spent performing moderate-to-vigorous physical activity, which includes activities such as brisk walking, cycling, jogging, or anything that noticeably raises your heart rate. Those measurements paint a much broader picture of health because they reflect how active your body remains outside the doctor's office.

- **Hundreds of adults provided enough wearable data for detailed analysis** — The researchers initially identified 1,950 adults with obesity who started a GLP-1 medication. Only 753 participants had enough Fitbit information before and after

treatment to allow meaningful comparisons, making this one of the largest analyses of wearable activity data in people taking these medications. Most participants were women (78.6%), and the average age was 52.7 years.

This matters because wearable devices continuously collect movement data throughout the day. Instead of measuring activity during one clinic visit or relying on questionnaires completed months later, researchers observed how daily routines changed over time. That creates a more realistic picture of what happened after participants began treatment.

- **The study challenged one of the biggest assumptions about weight loss** — Many people expect that carrying less body weight automatically makes everyday movement easier. If climbing stairs requires less effort or walking becomes more comfortable, common sense suggests that people would naturally move more. The investigators found exactly the opposite.

Study leader Dr. Sajana Maharjan summarized the preliminary findings directly: "While many assume that weight loss leads naturally to increased physical activity, our study suggests otherwise." She added that the results reinforce that "exercise cannot be optional for people taking these medications."² Those comments highlight the central message of the research: weight loss and physical activity are not interchangeable measures of health.

- **Movement declined in more than one important way** — The decline involved both everyday movement and structured exercise. Researchers reported that average daily step counts dropped from 5,047 steps before treatment to 4,487 afterward. Time spent in moderate-to-vigorous physical activity also fell from 28 minutes per day to 22 minutes per day.

Looking at both measurements together tells an important story. Participants didn't simply skip gym workouts while staying active throughout the day. They walked less overall and also spent less time performing activities that strengthen the heart,

lungs, and muscles. If you focus only on the number on the scale, you miss those important changes in daily habits.

- **Some participants experienced even larger declines than others** — Researchers found that the greatest reductions in physical activity occurred in men and in participants who reported joint or muscle pain. On the other hand, factors such as age, heart failure, and a previous stroke did not meaningfully change the overall findings.

If joint discomfort or muscle soreness already limits your activity, losing weight does not automatically solve that problem. Building a routine that protects muscle strength and encourages regular movement becomes even more important when pain makes exercise less appealing.

- **GLP-1 medications reduce more than body fat; they also reduce lean muscle mass** — This includes the muscles responsible for strength, balance, posture, and everyday movement. At the same time, participants became less physically active after starting treatment. Together, those two changes raise concerns about preserving physical function during weight loss.

Muscle does much more than help you lift heavy objects. It allows you to climb stairs, rise from a chair, carry groceries, maintain balance, and remain independent as you age. When you lose muscle and move less at the same time, you're working against your long-term health on two fronts. That's why the researchers stressed that exercise can't become optional.

Preserving strength and maintaining regular movement provide a more complete picture of health than watching the scale alone.

But here's what the study doesn't address: your body already has a built-in system for regulating appetite and metabolism, and it doesn't require a prescription. The fact that GLP-1 drugs can weaken muscle and discourage movement doesn't mean

you're stuck choosing between a smaller waistline and a body that actually works well. It means the better path is restoring the biological machinery that handles both, and that starts in your gut.

Protect Your Muscle While You Support Your Body's Natural GLP-1

The real solution isn't to replace your body's appetite-control system with a drug. It's to support the biological system you already have. Your gut naturally produces GLP-1 through specialized cells in your colon, and those cells depend on **butyrate**, a short-chain fatty acid (SCFA) made by beneficial gut bacteria.

When your microbiome is healthy, it may help regulate appetite, blood sugar, and metabolism without injections. The goal is to rebuild that system from the ground up while preserving your strength and your ability to move.

- 1. Nurture the gut bacteria behind your body's own GLP-1 signaling** — Butyrate serves as the primary energy source for the cells lining your colon. SCFAs also interact with receptors on nearby L-cells, the gut cells involved in releasing GLP-1. Nurturing the microbial community behind these signals is one way to support your gut's own GLP-1 activity from the ground up.

Akkermansia muciniphila is one of the species researchers study most closely here. Rather than producing butyrate directly, it lives in the gut's mucus layer and releases SCFAs like acetate and propionate — the raw material that other resident bacteria use to make butyrate. In this way, a healthy *Akkermansia* population may help sustain the wider community of butyrate-producing microbes.

- 2. Remove the foods that interfere with butyrate production** — I recommend eliminating seed oils, which are high in **linoleic acid** (LA), because they weaken your colon's protective lining and make it harder for beneficial bacteria to thrive. These unstable fats also interfere with your colon cells' ability to burn butyrate for energy, allowing oxygen levels inside the colon to rise.

That creates an environment where many beneficial bacteria struggle to survive. Keep LA intake below 5 grams per day, and ideally closer to 2 grams, so your microbiome has the opportunity to recover.

- 3. Calm your digestion before increasing fiber** — If you deal with bloating, abdominal discomfort, or unpredictable bowel habits, avoid adding large amounts of fermentable fiber all at once. Start with simple, easy-to-digest meals that reduce excessive fermentation and the release of **endotoxins** — toxic fragments from bacterial cell walls — while your intestinal lining repairs itself.

As your digestion becomes more predictable, gradually increase carbohydrate intake using foods your gut tolerates well.

Whole fruit and well-cooked starches such as white rice provide glucose for cellular energy without overwhelming an already stressed microbiome. From there, add root vegetables first, followed by non-starchy vegetables, then starchy vegetables such as squash and sweet potatoes.

Leave beans, legumes, and minimally processed whole grains until last, and only if your digestion remains comfortable. Most adults do best with roughly 250 grams of carbohydrates daily once metabolic health improves.

- 4. Feed the bacteria that make butyrate** — Once your gut becomes more stable, begin adding foods that nourish butyrate-producing microbes. Cooked-and-cooled white potatoes and green bananas contain resistant starch, a type of carbohydrate that reaches your colon intact and feeds beneficial bacteria.

As those microbes multiply, butyrate production increases, your gut barrier tightens, and inflammatory compounds remain inside your digestive tract instead of leaking into your bloodstream. That may help restore communication between your microbiome and the rest of your metabolism, helping your body regulate appetite and fat metabolism through its own biological signals.

5. Measure success by how your body performs, not just by the scale — It's important to track more than body weight. Pay attention to your daily steps, your strength, your energy, and how easily you move through everyday life.

If you're preserving muscle while rebuilding your gut microbiome and restoring your body's own GLP-1 production, you're improving the systems that regulate appetite and metabolic health in the long term rather than relying on a medication like **Ozempic** that only temporarily replaces them.

My book, "**Weight Loss Cure: Melt Fat Naturally with Your Own GLP-1**," available in ebook and hardcover, explains how to restore your body's natural GLP-1 production through diet and metabolic support. When your gut microbiome produces enough SCFAs, especially butyrate, your body is better able to regulate appetite, metabolism, and fat loss through its own biological signals.

FAQs About Reduced Activity in People Taking GLP-1 Drugs

Q: Why did people taking GLP-1 weight loss drugs become less active?

A: Researchers found that people taking GLP-1 medications such as Ozempic, Wegovy, Mounjaro, and Zepbound took fewer daily steps and spent less time exercising after starting treatment, even though they lost weight. Average daily step counts fell from 5,047 to 4,487, while moderate-to-vigorous physical activity dropped from 28 minutes to 22 minutes per day. The findings show that weight loss alone doesn't automatically lead to a more active lifestyle.

Q: Why is losing muscle during weight loss a concern?

A: GLP-1 medications reduce more than body fat; they also reduce lean muscle mass. Muscle supports strength, balance, posture, and everyday activities such as climbing stairs and carrying groceries. When muscle loss occurs alongside lower

physical activity, physical function becomes harder to maintain, making regular movement and strength-building especially important.

Q: How does your body naturally produce GLP-1?

A: Your intestine already produces GLP-1 through L-cells. Those cells depend on butyrate, an SCFA made by beneficial gut bacteria when they ferment certain carbohydrates and fibers. Healthy butyrate production strengthens your gut barrier and supports the metabolic signals that help regulate appetite, blood sugar, and fat metabolism naturally.

Q: What foods help rebuild butyrate production?

A: Start by reducing seed oils, which are high in LA, and stabilizing your digestion before increasing fermentable fiber. As your gut health improves, gradually add whole fruit, well-cooked starches, root vegetables, and resistant starch foods such as cooked-and-cooled white potatoes and green bananas. These foods nourish butyrate-producing bacteria that support your body's natural GLP-1 production.

Q: How should you measure success if you want lasting weight loss?

A: Don't rely on the scale alone. Track your daily steps, strength, energy, and how easily you move through everyday life. Improving physical function while restoring your gut microbiome and your body's own GLP-1 production provides a stronger foundation for long-term metabolic health than focusing only on body weight.

This article is for informational purposes only and does not constitute medical advice. Consult a qualified healthcare provider before making changes to your health regimen.

Sources and References

- ^{1, 2} [Science Daily June 14, 2026](#)