

Not All Weight Reduction on GLP-1 Meds Is Healthy, Cardiologist Warns

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STORY AT-A-GLANCE

- GLP-1 medications lower body weight, but rapid weight loss often includes muscle loss, which reduces strength, slows your metabolism and makes it easier to regain weight after stopping the medication
- Simply eating less doesn't guarantee better health. Preserving muscle through adequate protein intake and regular resistance exercise is essential if you want to improve your long-term metabolic health instead of just lowering the number on the scale
- National Poison Center data show reports involving GLP-1 medications rose sharply after semaglutide received FDA approval for chronic weight management, with many cases involving accidental dosing mistakes and a growing number requiring medical evaluation
- Rather than relying on medications that imitate GLP-1, restoring a healthy gut microbiome supports your body's own appetite-regulating system by increasing butyrate production and strengthening the metabolic signals that help regulate hunger and blood sugar
- The best measure of success isn't how much weight you lose but how well your body functions. Improvements in strength, energy, mobility, and daily performance show that you're building a healthier metabolism instead of simply becoming lighter

GLP-1 medications have transformed how millions of people lose weight, but the number on the scale tells only part of the story. When appetite drops and pounds disappear quickly, it's easy to assume everything is moving in the right direction. Yet

experienced clinicians are raising a pointed question: what exactly are you losing?

If the answer includes a significant share of muscle along with fat, the consequences reach far beyond appearance. Muscle supports your strength, balance, mobility, and metabolism, and once it disappears, rebuilding it demands far more effort than preserving it in the first place.

At the same time, as prescriptions have surged, so have reports of medication-related problems reaching poison centers across the U.S. National data reveal a striking increase in reported exposures following approval of these drugs for weight management. A growing share of those cases proved serious enough to require professional medical evaluation.

The patterns behind those reports point less to a flaw in the medications themselves and more to gaps in education, dosing errors, and a population of newer users still learning how to handle the drugs safely.

Those trends highlight an important shift in the conversation. Success with these medications isn't simply about losing pounds. It's about preserving your health, protecting your metabolism, and avoiding preventable problems along the way. That starts with understanding why the quality of your weight loss matters every bit as much as the amount.

Muscle Loss Changes the Story Behind Weight Loss

In an MSN news report published in June 2026, interventional cardiologist Dr. Sanjay Bhojraj, who has more than 20 years of clinical experience, challenged the common belief that every pound lost on GLP-1 medications like [Ozempic](#) represents better health.¹ Instead, he emphasized that the way you lose weight determines whether your health improves or declines. It's worth noting that his comments come from a news interview and reflect his clinical perspective rather than findings from a formal study.

His message centered on a simple but often overlooked point: Successful treatment involves much more than taking a weekly injection. It requires a complete strategy that includes nutrition, exercise, and a realistic plan for maintaining results after the medication ends.

Instead of asking yourself only, "How much weight have I lost?" Bhojraj encourages you to ask a better question: "What exactly did I lose?" That shift in thinking changes the entire conversation because losing muscle carries very different consequences than losing excess body fat.

- **Eating less doesn't automatically make you healthier** — One of Bhojraj's strongest warnings addressed a mistake he frequently sees among patients who rely on appetite suppression alone. As he explained, "Not all weight loss on GLP-1 medications is healthy weight loss," adding that "the biggest mistake I see? People confuse eating less with getting healthier."

Your body still requires enough protein and regular physical activity while you lose weight. If your calorie intake drops sharply but your protein intake falls with it, your body begins breaking down muscle tissue to meet its energy needs.

- **Protein and strength training help tell your body to protect muscle** — Bhojraj explained that **GLP-1 medications** reduce appetite, but they don't automatically protect lean body mass. Lean body mass refers to everything in your body that isn't fat, including your muscles, bones, and organs. Muscle represents the largest part of that lean tissue and deserves special attention during weight loss.

His advice was straightforward. Prioritize adequate dietary protein while following a resistance-training program. Resistance training means exercises that force your muscles to work against a load, such as weight machines, free weights, resistance bands, or even your own body weight through movements like **pushups**, squats, and lunges. Those activities send your body a powerful signal that your muscles remain necessary and deserve to stay.

A practical way to monitor your progress is to track more than body weight. Notice whether everyday tasks become easier, whether you continue lifting similar weights in the gym, and whether your balance and stability remain strong. Those improvements provide evidence that you're protecting the muscle that supports healthy aging instead of sacrificing it during rapid weight loss.

- **Losing muscle slows the engine that burns calories every day** — Bhojraj highlighted another consequence that many people overlook. Rapid weight loss frequently includes a significant amount of lean muscle loss, which he compares to sarcopenia — the loss of muscle tissue faster than the body replaces it.

Strictly, sarcopenia describes age-related muscle loss, while lean mass lost during rapid weight reduction is a related but distinct problem. Either way, the same two habits help protect muscle: adequate protein and resistance exercise.

Muscle requires energy even while you rest, which means people with more muscle naturally burn more calories throughout every day. When muscle disappears, your resting metabolic rate falls. Resting metabolic rate simply means the calories your body burns to keep your heart beating, lungs working, and organs functioning even while you sit or sleep.

This explains why some people struggle after stopping GLP-1 medication. A slower metabolism means your body requires fewer calories than before. If old eating habits return while calorie needs have dropped, regaining weight becomes much easier.

- **Digestive health deserves attention throughout treatment** — Another important point from Bhojraj's discussion is that appetite suppression alone doesn't equal complete metabolic health. He specifically included digestion among the factors people often ignore while focusing exclusively on the scale.

Digestion affects how efficiently your body breaks down food and absorbs the protein, vitamins, and minerals required to support muscles and normal body functions.

Simply eating less without paying attention to food quality leaves your body with fewer building blocks to repair and maintain healthy tissue. One useful habit is to review your routine every week instead of waiting until problems appear. Ask yourself whether you consistently eat enough protein, complete resistance exercise, tolerate meals comfortably, and maintain your energy throughout the day.

Those simple checkpoints help you judge your progress using real measures of health instead of relying only on body weight. The urgency to lose weight quickly doesn't only affect what happens inside your body. It also shapes how quickly people take up the medications, and national data from poison centers track how sharply reported problems have grown alongside that uptake.

Poison Center Reports Revealed How Rapidly GLP-1 Problems Grew

A nationwide analysis, published in the *Journal of Medical Toxicology*, tracked how GLP-1 medication exposures changed after approval for weight loss.² To understand how GLP-1 medication problems changed after semaglutide received U.S. Food and Drug Administration (FDA) approval for chronic weight management in 2021, researchers analyzed 10,033 exposures reported to the National Poison Data System between 2012 and 2023.

Semaglutide, sold under the brand names Ozempic and Wegovy, is the GLP-1 medication at the center of that growth.

The researchers focused on who experienced medication-related problems, what types of exposures occurred, and how often those events required medical care. Because the National Poison Data System collects reports from poison centers throughout the U.S., it provides a broad picture of real-world medication problems rather than the tightly controlled conditions found in clinical trials. That makes the findings especially valuable because they reflect what happens after medications reach everyday patients.

- **Reported exposures more than doubled after weight-loss approval** — The researchers identified 3,113 GLP-1 exposures before July 2021 and 6,920 afterward, meaning reports increased more than twofold following semaglutide's approval for obesity treatment. Semaglutide-related poison center calls accelerated by an additional 9.9% every quarter after approval, confirming that the increase represented far more than routine year-to-year growth.

Semaglutide quickly became the medication involved in most reports. Before approval, it accounted for 24.6% of reported GLP-1 exposures. After approval, that figure jumped to 64.2%, making it the dominant product reported to poison centers. Other GLP-1 medications increased only slightly during the same period.

- **The average age of reported exposures dropped from 57 years before approval to 51.6 years afterward** — When the authors roughly estimated the age of just the newly exposed group, the average dropped to about 47.5 years — though they called this an approximation, and the data can't tell whether someone was taking the drug for diabetes or for weight loss.

Women also represented a much larger share of reported exposures, increasing from 68.9% before approval to 78.2% afterward. Those changes reflect how the medications expanded beyond their original role in diabetes treatment. As more adults without diabetes began using GLP-1 drugs for obesity, poison center reports shifted toward a younger population that differed from the earlier patient group.

- **Most reports involved dosing mistakes rather than intentional overdoses** — Researchers found that therapeutic errors, meaning people accidentally took the medication incorrectly, accounted for the majority of reported exposures in both periods — 85.6% before approval and 81.0% afterward, a slight decline as a share even as the raw number rose. Examples include taking the wrong dose, injecting the medication too often, or misunderstanding how to use the injection pen.

The pattern also shifted toward first-time or short-term use. Acute exposures, meaning a single incorrect dose or one-time mistake, increased from 47.2% before approval to 58.7% afterward, while acute-on-chronic exposures, meaning problems that developed during ongoing regular use, declined. This supports the researchers' conclusion that many reports involved newer users who were still learning how to use the medication correctly.

- **More people needed medical evaluation even though many symptoms remained mild** — The investigators found that the proportion of patients managed in or referred to a health care facility increased from 23% before approval to 33.5% afterward, representing a 46% higher likelihood of requiring professional evaluation.

Note that this category counts people who were already at a health care facility when the call was placed as well as those referred to one, so it is broader than "required professional evaluation." At the same time, the study reported that most exposures still produced relatively mild gastrointestinal symptoms.

Even so, **digestive symptoms** sometimes became severe enough to require medical attention because repeated nausea and vomiting increase the risk of dehydration, meaning your body loses more water and minerals than it replaces. One death was reported across the 10,033 exposures — a patient who had undergone liposuction and developed colonic ischemia — and the authors state that causality cannot be determined from a single report.

They concluded that improved patient counseling and clearer poison center guidance may help reduce preventable therapeutic errors and unnecessary emergency evaluations.

- **They are equally clear about what their data cannot do** — Poison center reports "cannot establish causality," and the study is descriptive pharmacovigilance rather than evidence that these medications caused the outcomes reported.

Two cautions the authors themselves raise are worth keeping in mind alongside these numbers. Because these drugs drew intense media and social media attention, the authors write that the rise in call volume "likely reflects a combination of rapid expansion in the user base and variable degrees of stimulated reporting."

This means some of the increase reflects more people picking up the phone, not only more people having problems. At the same time, because reporting to poison centers is voluntary, the data may understate how often these problems actually occur.

Build the System That Regulates Your Appetite Naturally

Your body already contains the machinery to regulate appetite, burn fat, and protect muscle without a weekly injection. The problem isn't that the system is broken beyond repair. The problem is that modern diets and lifestyle habits have suppressed the signals it depends on. GLP-1 medications reduce appetite, but they also introduce risks that range from muscle loss to medication errors and [other complications](#).

Rather than replacing your body's own appetite-regulating system with an injection, I recommend restoring the biological processes that already exist. Your colon naturally produces GLP-1 through specialized cells called L-cells,³ and those cells are thought to respond to [butyrate](#),⁴ a short-chain fatty acid made by beneficial gut bacteria. When your microbiome functions the way it was designed, it helps regulate appetite, blood sugar, and metabolism while you preserve your strength instead of sacrificing it.

- 1. Remove the foods that prevent your gut from recovering** — I recommend eliminating seed oils, such as soybean, corn, canola, sunflower, and safflower oil, because their high [linoleic acid](#) (LA) content degrades the gut environment that beneficial bacteria depend on to thrive. Excess LA is also thought to impair your colon cells' ability to use butyrate for energy, weakening the protective lining of your digestive tract.

Use more stable traditional fats instead, such as tallow, ghee, or grass fed butter. Keep your LA intake below 5 grams per day, and ideally closer to 2 grams, to give your microbiome the opportunity to recover and begin producing the compounds that support healthy appetite regulation.

- 2. Heal your digestion before increasing fiber** — If you struggle with bloating, abdominal discomfort, or irregular bowel habits, avoid loading your diet with large amounts of fermentable fiber all at once. Begin with simple, easy-to-digest meals that reduce excessive fermentation while your intestinal lining recovers. As digestion becomes more predictable, gradually increase carbohydrates using foods your body tolerates well.

Whole fruit and well-cooked white rice provide glucose for cellular energy without overwhelming an already stressed microbiome. Next, add root vegetables, followed by non-starchy vegetables and 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 each day once metabolic health improves.

- 3. Feed the bacteria that produce 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 serves as food for beneficial bacteria.

As those microbes multiply, butyrate production increases, your gut barrier becomes stronger, and your body regains the natural metabolic signals that help regulate appetite and blood sugar.

A useful detail: You don't have to eat potatoes cold to get the benefit. Cooking, cooling, and then gently reheating them retains most of the resistant starch, so a rewarmed baked potato or a pan of leftover roasted potatoes still feeds those beneficial bacteria effectively.

4. Protect your muscle while your metabolism recovers — Preserving muscle deserves as much attention as losing fat. Prioritize adequate protein and regular resistance exercise throughout your weight-loss journey. Aim for 0.6 to 0.8 grams per pound (1.32 to 1.76 grams per kilogram) of ideal body weight, with one-third coming from [collagen-rich sources](#) like slow-cooked meats or bone broth.

Weight training, resistance bands, and bodyweight exercises all help tell your body to hold onto muscle instead of breaking it down for energy. Strong muscles also keep your metabolism higher, making it easier to maintain your progress over the long term.

5. Judge success by how your body performs, not just by what you weigh — I encourage you to look beyond pounds lost. Your strength, daily movement, energy, and ability to handle everyday activities without strain tell you far more about your metabolic health than any number on a scale.

Those measurements tell you whether your metabolism is becoming healthier or simply becoming smaller. I explain how to restore your body's own GLP-1 production through nutrition and metabolic support in my book, "[Weight Loss Cure: Melt Fat Naturally with Your Own GLP-1](#)," where I outline practical strategies for rebuilding the biological systems that regulate appetite naturally.

FAQs About GLP-1 Medications and Weight Loss

Q: Why isn't all weight loss on GLP-1 medications considered healthy?

A: The scale doesn't distinguish between fat and muscle. If a significant portion of your weight loss comes from muscle, your metabolism slows, your strength declines, and maintaining your results becomes more difficult. Protecting muscle through adequate protein intake and resistance exercise is just as important as losing excess body fat.

Q: Why did poison center reports involving GLP-1 medications increase so quickly?

A: As these medications became widely prescribed for weight management, reports to poison centers rose sharply. Many cases involved accidental dosing mistakes rather than intentional overdoses, especially among newer users who were still learning how to administer the medications correctly.

The study's authors add that intense media attention probably encouraged more people to call, so part of the rise reflects reporting behavior rather than a rise in problems alone – though because reporting to poison centers is voluntary, the data still likely understate how often these problems actually occur.

Q: What's the biggest mistake people make while taking GLP-1 medications?

A: Focusing only on eating less instead of improving overall health. Appetite suppression alone doesn't preserve muscle, support digestion, or build habits that last after the medication stops. A long-term plan includes nutritious meals, regular strength training, and attention to metabolic health.

Q: If I decide not to use a GLP-1 medication, how can I support healthy appetite control?

A: Restoring a healthy gut microbiome helps your body regulate appetite naturally. Removing foods that disrupt gut health, healing digestion, feeding beneficial bacteria, and preserving muscle all support the biological systems involved in healthy metabolism instead of relying on an injectable medication.

Q: How should I measure progress if the scale isn't the whole story?

A: Look at more than your body weight. Improvements in strength, energy, balance, endurance, and your ability to perform everyday activities provide a much better picture of whether your metabolism and overall health are moving in the right direction. Your goal is lasting health, not simply a lower number on the scale.

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 [MSN June 27, 2026](#)
- ² [Journal of Medical Toxicology 2026 Feb 3;22\(2\):275–285](#)
- ³ [Front Endocrinol \(Lausanne\). 2021 Jun 8;12:694284](#)
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