asymmetrichealth

PATIENT REFERENCE

Starting GLP-1 Therapy

How dosing works, how to titrate, and when to reach out. Your reference for the practical side of GLP-1 therapy at Asymmetric Health.

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// THE SHORT VERSION

You've decided. You've signed the consent. The medication has shipped.

This guide is the practical mechanics. How the medication is dosed, how you titrate it on schedule, and when to reach out. It pairs with the dosing video and the full informed consent. It doesn't replace either.

Keep it nearby. The rules read quickly and they're simple to memorize. The first few weeks of running them are when you'll want it close.

IN THIS GUIDE

- How the medication works and what you're taking
- How dosing is measured, started, and adjusted week to week
- When and how to split your dose at higher levels
- The fundamentals on your side that make the medication work
- Side effects to expect, and the ones that should make you call us

01 // HOW IT WORKS

What the Medication Does

GLP-1 is a hormone your gut already makes after you eat. The medications copy it. They do three things at once.

THREE EFFECTS, ALL RUNNING TOGETHER

- **Quiet the food noise.**
  The constant background chatter about what you're going to eat next gets a lot quieter.
- **Slow how fast your stomach empties.**
  You feel full faster and stay full longer.
- **Improve how your body handles insulin and blood sugar.**
  Better metabolic control on top of the appetite effect.

Add those up and the result is simple. You eat less. You snack less. The medication does some of the work your willpower has been doing alone.

A typical result on semaglutide is around 15% of body weight over a year. Tirzepatide tends to run higher, north of 20% at top doses. These are averages, and they assume you're doing the rest of the work alongside the medication.

OUR TAKE

Roughly 10 to 15% of people don't get the dramatic response. If that's you, we won't keep you on something that isn't working. We'll talk about it and change course.

02 // MEDICATIONS

Your Medication

Two medications, two ways to receive them.

Semaglutide and tirzepatide

Semaglutide is the original. Approved for weight loss as Wegovy, and used off-label from Ozempic. It targets one receptor.

Tirzepatide is the newer molecule. Approved for weight loss as Zepbound, and used off-label from Mounjaro. It targets two receptors, which is part of why it tends to produce more weight loss at the top doses.

Brand-name and compounded

Either medication comes two ways.

FORMAT	HOW IT'S DOSED
Brand-name	Pen or single-use vial. Pre-measured at 50 units (0.5 mL) per shot. Dose changes happen by stepping up to the next available strength on the manufacturer's schedule, directed by your provider.
Compounded	Multi-dose vial from a licensed compounding pharmacy. You measure your own dose using an insulin syringe. Concentration is set by the pharmacy and listed on the vial.

OUR TAKE

We're agnostic between them. Brand is FDA-approved and the dosing is hand-held. Compounded lets us microdose: small adjustments to find the lowest amount keeping the weight loss moving, with the ability to ease off when side effects flare. Most of our patients pick compounded for that flexibility. The rest of this guide covers compounded dosing.

03 // MEASUREMENT

How Doses Are Measured

On compounded, you measure your own dose. That takes one concept and one tool.

Concentration

Drug strength is measured in milligrams per milliliter. A vial labeled 2 mg/mL contains 2 milligrams of medication in every milliliter of liquid. A vial labeled 5 mg/mL contains 5 mg in every milliliter. Same logic.

Different concentration, different volume to get the same dose. That's why we always know the concentration before we talk about volume.

Two syringes, two units

You can draw and measure two ways. A tuberculin syringe measures volume in milliliters. An insulin syringe measures volume in units. The conversion is fixed: **100 units equals 1 milliliter**.

Both deliver the exact same medication. Units are smaller increments, easier to read on the syringe and harder to misdose.

> **WE USE UNITS. ALWAYS.**
>
> Every conversation about your dose uses units. Refills, texts, dose changes, all of it. Always inject with an insulin syringe.

Your compounded concentration

The exact concentration varies by pharmacy. The most common starting concentrations we use:

- **Semaglutide** at 2 mg/mL
- **Tirzepatide** at 15 mg/mL

These map cleanly to the titration steps in the next few chapters. You don't need to do any math. We did it. You measure in units.

04 // STARTING

Your Starting Dose

Your starting dose is 10 to 15 units, injected once a week. Pick a day, stick with it.

10–15 units Once weekly. Pick a day and stick with it.

Where to find your specific number

The exact starting dose for you is set by your provider, based on your weight, body composition and weight loss goal. The number is listed in your prescription and your onboarding handbook. If you can't find it, call us before your first injection.

Why we start this low

The range sits below the standard manufacturer start dose. That's deliberate. Side effects scale with dose, and a slow ramp is the difference between staying on the medication long enough for it to work, and quitting in week three because you feel awful.

OUR TAKE

Starting low is the version of titration that keeps people on the medication. We'd rather take an extra week to reach your final dose than have you stop at week three because the gut side effects became unmanageable.

05 // TARGET

Your Weekly Target

We track one number each week. How much body weight you've lost.

Your weight loss target is set by your provider at evaluation. For most patients it lands between half a percent and one percent of body weight per week. That target is what every dose decision is measured against.

A worked example

You weigh 200 pounds. Your provider set your target at 1 percent.

2 lbs/week

200 lbs × 1% = 2 lbs of weight loss per week. That's the target you're measuring against every adjustment day.

On weighing in

Step on the scale at least twice a week to follow your progress. Day-to-day weight wobbles a lot, and twice-weekly weigh-ins give you a useful sense of the trend without the noise.

The dose decision, though, happens on one specific day: injection day. That's the weigh-in that drives whether you hold or increase. We'll get to exactly how that works in the next chapter.

06 // ADJUSTMENT

The Adjustment Rule

The adjustment rule runs the same way every week from your third injection onward. The first decision sets the pattern. After that, every injection day looks identical.

The first decision

Weigh yourself right before your third shot. By then you've had two weeks of medication on board.

At a 2-pound-a-week target, you should be down at least 4 pounds. If you're down 4 or more, hold the dose. Same dose next week. Reweigh the week after.

If you're down less than 4, increase your dose by 5 units. Hold that new dose for two full weeks before adjusting again. Every dose change resets the two-week clock.

Every week after

From your third shot on, you run the same math each injection day. Take your current weight. Subtract your weight from two weeks ago. Divide by two. That's your average weekly loss over the most recent two weeks.

THE MATH, EVERY INJECTION DAY

(today's weight – 2 weeks ago) ÷ 2 = avg weekly loss

At or above your goal: hold the dose. Below your goal: increase by 5 units.

WEEKLY VARIANCE IS FINE

Weight loss isn't linear. You might drop 2.5 pounds one week and 1.5 the next. If your goal is 2 lbs/week, the two-week average is still 2. No change needed. A heavy week followed by a light week, or the reverse, still tells you whether you're on track. The 2-week window smooths the noise.

07 // SPLITTING

When and How to Split

Once you reach 20 units per shot, switching to twice-weekly dosing becomes an option. The 20-unit mark is the floor, not the trigger. Whether you switch depends on what you're noticing.

Two patterns push patients toward the split

THE CRITERIA

- **Appetite support fades late in the cycle.**
  You hold a calorie deficit early in the week. Then cravings come back and the deficit gets blown out before your next shot. Splitting keeps coverage steady through the whole cycle.
- **Side effects spike after each shot.**
  Nausea, fatigue, constipation or diarrhea in the day or two after each injection. Splitting cuts the per-shot dose in half. Same weekly total, smaller spike.

If neither describes you, stay once weekly. At your next titration up, ask the same question again. The trigger might hit at 25 units, at 30, at 40, or never. There's no fixed schedule. The criteria drive the timing.

How to split

Cut your current weekly dose in half. Inject twice a week, a few days apart.

20 units × 1 / wk	→ 10 units × 2 / wk
25 units × 1 / wk	→ 12.5 units × 2 / wk
30 units × 1 / wk	→ 15 units × 2 / wk

Once you're on twice weekly, your future titration steps split too. The 5-unit weekly increase becomes 2.5 units per shot. Total weekly increase stays the same, just spread across both shots.

08 // THE OTHER HALF

Your Part of the Plan

Your part matters more than the medication does.

When you lose weight this fast, your body will pull from muscle if you let it. Protein plus resistance training is how you keep the loss coming from fat instead. Eat whole foods, hit your protein targets and lift something heavy a few times a week.

The medication shrinks your appetite. The calories you do eat have to earn their place.

Lose it too fast and you mostly shed muscle and water, then regain the fat with interest.

We aim for half a percent to one percent of body weight per week, which is exactly why the titration moves the way it does. Faster than that and you're trading muscle for a number on the scale, and that trade gets paid back later.

Sleep counts too

Short sleep tips your hunger hormones the wrong way and undermines the medication. Aim for seven hours minimum. Sleep does work that no medication does for you.

WHERE TO GO DEEPER

The full version of this material, including the nutrition, movement and sleep specifics, lives in our *Before You Start a GLP-1* patient guide. Worth a read at any point in your treatment.

09 // SAFETY

Side Effects & When to Call

Most side effects are gut-related, and most show up while you're moving the dose up. Going slow on the titration is how we keep them manageable. Almost all of this settles as your body adjusts.

- **Nausea**
  Most common early. Eases as the dose steps up slowly.
- **Constipation**
  Manageable with fluids, fiber and movement.
- **Reflux or heartburn**
  From slower stomach emptying.
- **Early fatigue**
  Often tracks the lower food intake as you adjust.
- **Injection-site soreness**
  Usually minor and short-lived.
- **Lean mass loss**
  Real, and the reason protein and training aren't optional.

None of these is a reason to stop the medication. They settle as you adjust. If anything feels worse than expected, message us. Membership means there's no meter running on contact.

! STOP AND CALL US RIGHT AWAY

A few problems are rare but serious. If any of these show up, stop the medication and call us. Don't tough it out, and don't wait for your next visit.

- Severe belly pain, especially pain that won't quit
- Vomiting that won't stop
- Yellowing of the skin or eyes
- Severe bloating that won't pass
- Any reaction that worries you

For the complete safety picture, review your informed consent and the package insert for your specific medication.

YOUR QUICK REFERENCE

The Three Rules

When everything else falls out of memory, these three keep your dosing on track.

EVERY INJECTION DAY

01 **Hitting your weekly target.** Hold the dose.

02 **Missing the target.** Increase by 5 units.

03 **Every increase holds for 2 weeks** before you adjust again.

WHERE TO FIND THE REST

The dosing walkthrough. Our GLP-1 dosing video covers everything in this guide in moving picture form.

The full safety discussion. Your informed consent document and the consent video together.

The metabolic and lifestyle context. Our *Before You Start a GLP-1* patient guide.

Injection technique step by step. The Subcutaneous Injection instructions sheet.

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