

Weight loss medications and nutrition: Current position and guidance from the British Nutrition Foundation

The rapid rise in the use of weight loss medications (GLP-1 and GIP Receptor Agonists such as *Wegovy* and *Mounjaro*) marks a shift in the treatment landscape for obesity. These medicines can help people living with obesity achieve clinically meaningful weight loss by reducing appetite and calorie intake.

Their increasing use presents both opportunities and challenges. The period of treatment provides a unique window for individuals to establish habits that support long-term wellbeing as appetite is reduced and dietary change may be easier.

The British Nutrition Foundation supports the safe and appropriate use of prescribed weight loss medications, in line with national clinical guidelines, and emphasises that their success depends on sustained attention to a healthy balanced diet, physical activity, and prioritising long-term behaviour change alongside medical treatment.

By integrating nutrition, lifestyle support and behaviour change into all stages of treatment, healthcare professionals, industry and policymakers can help ensure people achieve and maintain better health outcomes. Support is also vital to help prevent weight regain which is commonly seen once a weight loss medication is stopped.

Why it matters

- Obesity remains one of the UK's leading causes of preventable illness, costing the NHS an estimated £6.5 billion annually.
- Around 29 million people in England are eligible for weight loss medications under NICE and MHRA guidance, but it is estimated that only around 220,000 patients will be treated in the first three years. This means that most people are accessing them privately, often without sufficient clinical or nutritional support.
- As these medications suppress appetite, calorie intake decreases – driving weight loss, however this raises the importance of nutrient density, hydration, and preservation of muscle mass.
- There is growing anecdotal evidence of users experiencing fatigue, constipation, or inadequate nutrient intake and dietary strategies can help to address these.

The surge in weight loss medication use represents an opportunity to integrate dietary guidance into every stage of care, ensuring that people benefit fully from treatment and maintain improvements beyond medication use.

Priority nutrition concerns

1. **Fibre** – Most adults do not meet the 30 g/day target. Reduced food intake may widen this gap, affecting gut health and potentially longer-term diet-related disease risk, unless high fibre meals and snack are chosen.
2. **Protein and muscle maintenance** – Some of the weight lost may be lean tissue including muscle. Adequate protein and strength-based activity are essential to help maintain muscle mass.
3. **Micronutrient adequacy** – Iron, iodine, calcium, folate, vitamin B12 and vitamin A intakes are often low in UK diets and could fall further with reduced energy intakes.
4. **Hydration** – Fewer meals and smaller portions could lower fluid intake if fewer drinks are consumed, increasing risk of constipation and fatigue.
5. **Digestive comfort** – Nausea or gastrointestinal side effects could lead to limited food variety; practical dietary advice can help manage symptoms.

Supporting vulnerable groups

Certain population groups may need additional consideration:

- **Older adults** – Are more at risk of muscle and bone loss; they require emphasis on protein, calcium and vitamin D intakes.
- **Women of reproductive age** –there is evidence that many women of reproductive age have inadequate intakes of nutrients including folate, iron and iodine, which are important for their own health and for future pregnancies¹.
- **People without regular healthcare contact** – Those accessing medicines online or abroad using unregulated sources may miss essential monitoring and nutrition guidance.

Healthcare professionals should provide consistent, evidence-based dietary advice and use structured approaches such as the *5A's framework* (Assess, Advise, Agree, Assist, Arrange) to support long-term behaviour change. The British Dietetic Association will be releasing further guidance on managing diet in weight loss medication users in 2026, which will be useful for healthcare professionals.

¹ Women who are pregnant, breastfeeding, or trying to conceive should not take weight loss medications, as these treatments are not recommended during pregnancy and may affect nutrient availability for both mother and baby.

Policy and system priorities

To support safe, effective and equitable use of weight-loss medications, the British Nutrition Foundation recommends:

- **Embedding nutrition and lifestyle support** in all weight loss medication prescribing pathways, both NHS and private.
- **Ensuring equitable access** to advice and monitoring across all income groups.
- **Enabling the food industry** to reformulate and develop healthy, nutrient-dense, smaller-portion products.
- **Reinforcing public messaging** on fibre, nutrient dense food choices, adequate protein, good hydration and balanced diets.
- **Investing in training** for pharmacists, nurses and GPs to strengthen confidence in delivering dietary guidance.

This content forms part of the British Nutrition Foundation's ongoing evidence review on the nutritional implications of weight loss medications. As further research becomes available, this guidance will be updated to reflect new insights and best practice recommendations.