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FREE GUIDE — FOR THE GLP-1 COMMUNITY

The GLP-1 Muscle-Protection Guide

The scale can drop fast — and take your strength with it. Six pages on losing the fat and keeping the muscle, built from what actually works.

PART 1 — THE PROBLEM

Where the weight actually goes

GLP-1 medications are remarkably good at one thing: making the scale go down. What the scale doesn't tell you is **what** you're losing. In clinical studies of GLP-1 weight loss, a substantial share of total weight lost — commonly cited at up to 40% — can come from lean mass: muscle, not fat.

Why that matters more than it sounds:

- **Muscle is your metabolism.** Lose it, and you burn fewer calories at rest — which makes regain dramatically easier if you ever stop the medication.
- **Muscle is your future mobility.** Especially past 40, lean mass you lose is slow and hard to rebuild. "Skinny but weaker" is a real and common outcome.
- **Muscle is the difference between weight loss and body transformation.** Two people can lose the same 50 lbs and look, feel, and function completely differently depending on what those pounds were made of.

> **The good news:** muscle loss on GLP-1s is not inevitable. It's the predictable result of a large calorie deficit without two countermeasures — adequate protein and resistance work. Both are fixable this week, and neither requires a gym.

The speed trap

The single most common regret among experienced GLP-1 users: going too fast at the start. Very low intake (1,200–1,500 calories for a larger body) makes the scale fly — and quietly strips muscle. A sustainable target for most people is losing **no more than about 1% of body weight per week** (for many people, roughly 2–3 lbs). Faster than that, sustained for months, and an outsized share of the loss tends to come from lean mass.

Rough rule of thumb only — your prescriber knows your case. If your rate of loss is consistently faster and you're not doing the two countermeasures in this guide, that's the signal to act.

PART 2 — COUNTERMEASURE ONE

Protein: find your number

Protein is the raw material for preserving muscle in a deficit. Aim for **0.6–1.0 grams per pound of goal body weight** per day — keyed to goal weight, the number already adjusts for height and gender.

Goal weight	Daily protein floor (0.6 g/lb)	Better target (0.8 g/lb)
130 lbs	~80 g	~105 g
150 lbs	~90 g	~120 g
170 lbs	~100 g	~135 g
200 lbs	~120 g	~160 g

> **Over 50?** Aging muscle responds less to each meal — researchers call it anabolic resistance. Aim toward the higher column, and make each sitting count: roughly 30 g or more per meal.

The part nobody warns you about

The same medication that shrinks your appetite makes those numbers physically hard to hit — "I can barely finish a chicken breast" is a GLP-1 community refrain. Willpower isn't the fix; strategy is:

- **Protein first, always.** Eat the protein portion of every meal first — fullness arrives early, so make sure it lands after the part that matters.
- **Spread it out.** Four to five protein hits of 20–30 g (30 g+ if you're over 50) beat two large meals you can't finish.
- **Drink what you can't chew.** Shakes, clear protein drinks, high-protein yogurt drinks — on rough-appetite days, liquids do the heavy lifting.
- **Upgrade defaults.** Greek yogurt, cottage cheese, eggs, canned fish, protein pasta — more protein without more volume.
- **Track the one number.** Grams of protein per day — the single metric that pays for the effort.
- **Nausea or GI trouble?** Don't force it — talk to your prescriber, and lean on liquid protein on bad days.

PART 3 — COUNTERMEASURE TWO

Strength: the minimum effective dose

Protein gives your body the materials; resistance training gives it the *reason* to keep muscle. Without the signal that muscle is being used, your body treats it as expendable weight in a calorie deficit. The signal doesn't require a gym, a trainer, or an hour a day.

> **The floor that works:** three sessions a week, 15–20 minutes each, covering the whole body. Consistency beats intensity — three short sessions every week outperform one heroic workout followed by ten days off.

A sample week (home, no equipment to start)

Day	Session (~15 min)	Movements
Monday	Lower body + core	Chair squats or squats, glute bridges, step-ups, plank
Wednesday	Upper body push/ pull	Wall or knee push-ups, band rows, overhead band press
Friday	Full body	Squats, incline push-ups, band rows, farmer's carry (grocery bags count)

Two to three sets of 8–15 repetitions per movement, stopping 1–2 reps before failure. When a movement gets comfortable, add resistance (a heavier band, a backpack with books, dumbbells) rather than more time.

Joint-friendly notes

- Old injuries, arthritis, or a lot of weight still to lose? Start with the easiest version of each movement (wall push-ups, chair squats) — the muscle signal still fires.
- Form first, load second. Slow and controlled beats heavy and sloppy, every time.
- Walking is wonderful for health — but it is not resistance training. It won't send the "keep the muscle" signal on its own.

PART 4 — MEASUREMENT

How to know it's working

The bathroom scale can't tell fat loss from muscle loss. Better signals, from free to fancy:

Signal	What to watch	Cost
Strength benchmarks	Push-up count, squat reps, carry capacity — flat or rising = muscle holding	Free
Rate of loss	Averaging under ~1% of body weight/week	Free
Tape measurements	Waist shrinking faster than arms/thighs = mostly fat loss	Free
Protein adherence	Days per week you hit your gram number	Free
RMR test	Your true resting burn — recalibrates your calorie target	~$50–150
DEXA scan	Gold standard: exact lean mass vs. fat mass over time	~$40–150

Warning signs worth acting on

- Strength dropping noticeably (jars, stairs, carries feel harder, not easier)
- Losing much faster than ~1% of body weight per week for many weeks, with no protein tracking and no resistance work
- Feeling persistently drained rather than lighter

Thinking about stopping the medication someday?

Most people eventually do — by choice, by cost, or by insurance change. What happens after is largely decided by what you build *during*: people who exit with their muscle intact, a protein habit, and a strength routine keep far more of their results. The maintenance phase deserves its own plan — start building the habits now, while the medication is making everything easier.

PART 5 — THE ONE-PAGE VERSION

The checklist

Protein number	Set it: 0.6–1.0 g per pound of goal weight. Write it down.
Protein first	Every meal starts with the protein. Liquids on hard days.
3 × 15 minutes	Three short resistance sessions a week. Home counts. Bands count.
~1% rule	Losing much faster than 1% of body weight weekly, for weeks? Slow down, eat more protein.
Track two things	Grams of protein daily. One strength benchmark weekly.
Plan the exit	The habits you build on the medication decide what you keep after it.

Why this guide exists. We're building **Keep** — a companion app for GLP-1 users that turns this guide into a system: protein tracking that takes under two minutes a day, guided 15-minute home strength sessions, and a weekly Muscle Risk Score that tells you whether you're losing fat or losing yourself. Founding members get their first year for $49 instead of $99.

You're on the early list — watch your inbox.