GLP-1 MEDICATIONS & NUTRITION

Why nutrient-dense meals matter more than ever. A guide for people living with diabetes and those using weight-loss medications.

AT A GLANCE

- Around 1.6 million UK adults are using GLP-1 medications, with millions more interested (Jackson et al., 2025).
- GLP-1 drugs reduce calorie intake by up to 40%, but critical nutrient gaps (especially protein and fibre) are common.
- Major UK supermarkets including M&S, Co-op and Morrisons have launched GLP-1 specific nutrient-dense ranges (Jan 2026).
- For people with diabetes, nutrient quality becomes even more important as portion sizes shrink.
- This guide covers the science, the food industry response, and practical strategies to eat well on less.

Disclaimer: This resource is intended for educational purposes and does not replace personalised medical or dietetic advice. Always work with your diabetes care team before making significant dietary changes.

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WHAT ARE GLP-1 MEDICATIONS?

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are a class of medications originally developed to treat type 2 diabetes. They work by mimicking the GLP-1 hormone, a natural gut hormone released after eating, which regulates appetite, slows gastric emptying, and stimulates insulin secretion. In recent years, higher-dose formulations have been licensed specifically for weight management.

The main GLP-1 medications currently used in the UK include:

- Semaglutide (Ozempic for type 2 diabetes; Wegovy for weight management), weekly subcutaneous injection.
- Tirzepatide (Mounjaro), a dual GLP-1/GIP receptor agonist, weekly subcutaneous injection.
- Liraglutide (Victoza / Saxenda), daily subcutaneous injection.

NICE guidelines recommend tirzepatide and semaglutide for adults with at least one weight-related comorbidity and a BMI of 35 kg/m^2 or above. In England, the NHS plans a phased rollout offering these drugs to 220,000 people between 2025 and 2028 (Jackson et al., 2025).

UK UPTAKE: THE NUMBERS

- 1.6 million UK adults used a GLP-1 medication for weight loss in 2024 - early 2025 (Jackson et al., 2025).
- 4.1% of GB households are already using GLP-1 medications (Worldpanel by Numerator, cited in AHDB, 2026).
- 3.4 million adults in England are estimated to be eligible for GLP-1s on the NHS.
- 22% of UK adults said they would use a GLP-1 drug if available on NHS prescription (December 2024 poll, n=2,161).

HOW GLP-1s CHANGE YOUR RELATIONSHIP WITH FOOD

GLP-1 medications produce several physiological changes that profoundly affect how people eat. Understanding these effects is the foundation of good nutritional management on these drugs.

Reduced appetite and early satiety

By slowing gastric emptying and acting on appetite-regulating centres in the brain, GLP-1 RAs significantly reduce hunger. Most users feel full after much smaller amounts of food than before. Clinical evidence shows that GLP-1 use reduces energy intake by up to 40% compared with pre-treatment levels (Kerlikowsky et al., 2025).

Altered food preferences

Many users report changes in taste and food preferences, often developing a reduced desire for high-fat, high-sugar foods and ultra-processed snacks. Some describe changes in the palatability of foods they previously enjoyed. This can be helpful for weight loss, but may also reduce the appeal of nutritious foods if nausea is a factor.

Meal skipping and irregular eating

A 2025–2026 study tracking 332 adults found that GLP-1 users frequently skipped meals and had significantly lower macronutrient intake across the day. Protein intake was found to be critically low at an average of 0.6 g/kg body weight per day — less than half the recommended intake for people on these medications (European Congress on Obesity, May 2026).

Nausea and gastrointestinal side effects

Nausea, vomiting, reflux, and constipation are among the most commonly reported side effects, particularly in the early weeks of treatment. These can further restrict dietary variety and the overall volume of food consumed, compounding nutrient risk.

THE 'LESS BUT BETTER' SHIFT

- GLP-1 users are eating fewer calories overall, but *what they eat* matters far more than before.
- With a smaller 'budget' of food, every meal and snack needs to work harder nutritionally.
- This mindset shift, from volume eating to *quality* eating, is central to managing nutrition on GLP-1s.

THE NUTRIENT GAP: WHAT THE EVIDENCE SAYS

When people eat significantly less, even for beneficial reasons, nutritional deficiencies become a serious clinical concern. Existing nutrient gaps in the UK population make this risk even greater.

Pre-existing UK nutrient deficiencies

The UK Government's National Diet and Nutrition Survey (NDNS) 2025 found that the UK population is already deficient in several key nutrients. Notably, 96% of the population do not meet the recommended daily intake of 30g of dietary fibre. Deficiencies in vitamin D, iron, folate, vitamin B12, calcium, and magnesium are also prevalent across various age groups.

What GLP-1 use adds to this picture

A 2025 review by Kerlikowsky et al., published in Current Developments in Nutrition, found that GLP-1 use reduces energy intake by up to 40%, and that without proactive nutritional guidance, this places users at significantly elevated risk of micronutrient deficiencies, deficiencies that are already more common in people with obesity.

The nutrients most commonly identified as being at risk in GLP-1 users include:

NUTRIENT	WHY AT RISK ON GLP-1s	KEY FOOD SOURCES
Protein	Reduced total food intake; meal skipping; satiety reached before adequate protein is consumed	Chicken, fish, eggs, Greek yoghurt, tofu, lentils, edamame
Dietary fibre	Smaller portions; reduced intake of wholegrains, legumes and vegetables	Oats, wholemeal bread, lentils, chickpeas, broccoli, berries

NUTRIENT	WHY AT RISK ON GLP-1s	KEY FOOD SOURCES
Iron	Reduced meat intake; lower overall dietary variety	Red meat, lentils, fortified cereals, spinach, pumpkin seeds
Vitamin B12	Reduced animal product consumption; nausea limiting food variety	Meat, fish, dairy, eggs, fortified plant milks
Vitamin D	Already deficient in most of UK population; reduced dietary intake	Oily fish, eggs, fortified foods, sunlight exposure
Folate	Reduced vegetable and legume intake	Leafy greens, chickpeas, lentils, fortified bread
Calcium	Reduced dairy consumption due to nausea or satiety	Dairy products, fortified plant milks, sardines, almonds
Thiamine (B1)	Persistent vomiting depletes thiamine rapidly, a serious risk	Wholegrains, legumes, pork, fortified cereals

Thiamine deficiency deserves particular attention. Persistent vomiting, a known side effect of GLP-1 drugs, can rapidly deplete thiamine (vitamin B1), potentially leading to Wernicke's encephalopathy, a serious neurological condition.

Healthcare professionals should be alert to this risk and consider supplementation in patients with ongoing nausea and vomiting (Bridging the Nutrition Guidance Gap, PMC, 2025).

WHY NUTRIENT DENSITY MATTERS MORE THAN EVER

Nutrient density refers to the concentration of vitamins, minerals, protein, fibre, and beneficial phytonutrients in a food relative to its calorie content. A nutrient-dense food delivers a high 'nutritional return' per bite.

For someone eating 1,200–1,500 kcal per day on a GLP-1 medication, compared with a typical adult intake of 1,800–2,500 kcal, every meal and snack carries much greater nutritional responsibility. There is simply less room for foods that offer calories with little nutritional value (sometimes called 'empty calorie' foods).

A joint advisory from multiple US nutrition societies, the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and the Obesity Society (Mozaffarian et al., 2025), emphasises that clinicians and dietitians should help GLP-1 users build diets centred on:

- Fruits and vegetables (providing vitamins, minerals, antioxidants, and fibre).
- Whole grains (providing B vitamins, fibre, iron, and slow-release carbohydrate).
- Legumes (a uniquely nutrient-dense food — high in protein, fibre, iron, folate, and resistant starch).
- Lean proteins from both animal and plant sources.
- Nuts and seeds (concentrated sources of healthy fats, minerals, and fibre).
- Dairy or fortified plant-based alternatives (calcium, B12, vitamin D, protein).

For people living with diabetes, this shift towards nutrient density aligns well with existing dietary guidance, and the blood glucose benefits of higher-fibre, higher-protein eating are an added bonus.

PROTEIN: THE CRITICAL PRIORITY

Of all the nutrients at risk during GLP-1 use, protein is the most clinically urgent. This is because GLP-1 medications, like all approaches to rapid weight loss, carry a significant risk of lean muscle mass loss alongside fat loss.

The muscle loss risk

Research shows that on average, approximately 25% of total weight lost with GLP-1 therapy may come from lean muscle mass, though individual studies have reported ranges from 15% to as high as 60% depending on diet, activity levels, and rate of weight loss (AZ Dietitians, 2025). Preserving muscle is critical not only for physical function but for metabolic health, insulin sensitivity, and long-term weight maintenance.

How much protein?

Expert consensus (Sievenpiper et al., 2025; Mozaffarian et al., 2025) recommends protein intakes of 1.2–2.0 g/kg adjusted body weight per day for people undergoing significant weight reduction on GLP-1 therapy. This is substantially higher than the standard UK reference nutrient intake of 0.75 g/kg/day, and must be achieved within a reduced overall calorie budget, making food choices extremely important.

PROTEIN TARGETS: A PRACTICAL EXAMPLE

- A person weighing 90 kg targeting 1.2 - 1.6g/kg adjusted body weight would aim for approximately 90 - 100 g protein per day.
- This is the equivalent of roughly: 200g chicken breast (~48g protein) + 200g Greek yoghurt (~20g) + 100g lentils (~9g) + 2 eggs (~12g) = **~90g.**
- Spreading protein across 3 meals is more effective for muscle protein synthesis than consuming it in one sitting.
- Eating the protein portion of a meal first is a practical strategy when satiety is a challenge.

FIBRE ON A SMALLER PLATE

Meeting the UK's recommended 30g daily fibre target is challenging enough in the general population, with the NDNS 2025 showing 96% of people fail to reach it. On a GLP-1 medication, where overall food volume is significantly reduced, reaching this target requires deliberate, strategic food choices.

Why fibre still matters on GLP-1s

GLP-1 medications already slow gastric emptying, which can help steady post-meal blood glucose. But dietary fibre — particularly soluble fibre from oats, legumes, and fruit — provides additional glycaemic benefits beyond the drug's mechanism of action. Fibre also supports gut microbiome health, helps manage cholesterol, and (alongside the drug) contributes to satiety. For people with diabetes, these effects are particularly valuable.

Constipation is a common GI side effect of GLP-1 medications, partly because slowed gastric motility reduces gut transit time. Adequate fibre intake, combined with good hydration, is one of the key dietary strategies to manage this.

Fibre-dense foods: Getting more per mouthful

The key on GLP-1s is choosing foods with a high fibre-to-calorie ratio. The following foods deliver the most fibre per typical serving:

FOOD	TYPICAL SERVING	APPROX. FIBRE
Lentils (cooked)	120g	4g
Chickpeas (cooked)	120g	7g
Kidney beans (cooked)	120g	10g
Jumbo Oats	45g	4g
Avocado	½ medium (80g)	3g
Broccoli (cooked)	80g	2g
Ground linseeds	15g (1 tbsp)	3g
Blackberries / raspberries	80g	3g
Wholemeal bread	1 slice (33g)	2g
Edamame	80g	3g

KEY MICRONUTRIENTS AT RISK

Beyond protein and fibre, several specific micronutrients require attention when eating significantly less food. This is especially pertinent for people with diabetes, who may already have altered micronutrient metabolism.

Vitamin B12

Metformin, still widely prescribed in type 2 diabetes, is known to reduce vitamin B12 absorption over time. GLP-1-related reductions in dietary variety (particularly reduced meat and dairy intake due to nausea or satiety) can compound this risk. Foods rich in B12 include meat, fish, eggs, dairy, and fortified plant milks. People with diabetes on both metformin and a GLP-1 medication should have B12 levels checked at least annually.

Iron

Iron deficiency anaemia is more common in women of reproductive age, and reduced dietary intake on GLP-1s can worsen iron status. Good dietary sources include lean red meat, oily fish, lentils, fortified cereals, and pumpkin seeds. Pairing plant-based iron sources with a small amount of vitamin C (e.g. a squeeze of lemon juice, a few cherry tomatoes) improves absorption.

Vitamin D

The UK government recommends that everyone consider a vitamin D supplement (10 micrograms/day) from October to March, given our latitude and limited sunlight exposure. For people on GLP-1 medications eating less food overall, this supplementation recommendation becomes even more relevant. Dietary sources include oily fish, eggs, and fortified foods.

Calcium

Reduced dairy intake, often due to nausea or early satiety, can compromise calcium status. This is particularly important for bone health during rapid weight loss, as weight reduction can reduce bone mineral density. Aim to include at least 2–3 portions of dairy or fortified plant alternatives daily.

SHOULD GLP-1 USERS TAKE A MULTIVITAMIN?

- There is currently no universal recommendation for routine multivitamin supplementation in GLP-1 users in the UK.
- However, given real-world evidence of low dietary variety and nutrient gaps, many dietitians recommend a good quality multivitamin and mineral supplement as a safety net.
- A vitamin D supplement (10 mcg/day) is recommended for all UK adults Oct–March, and year-round for those with limited sun exposure.
- Metformin users should have B12 monitored and supplement if levels are low.
- Always discuss supplementation with your GP, pharmacist or dietitian before starting.

THE UK FOOD INDUSTRY'S RESPONSE

The food industry has moved rapidly to respond to the growing GLP-1 user demographic. In the UK, several major supermarkets have launched dedicated product ranges in early 2026.

Marks & Spencer: Nutrient Dense range

In January 2026, M&S launched its 20-product 'Nutrient Dense' range, explicitly designed for customers with reduced appetites including those using weight-loss injections. Developed in consultation with the British Nutrition Foundation, each product provides at least one of ten micronutrients commonly lacking in the UK diet, including vitamin D, iron, folate, and vitamin B12.

Products in the range include a Super Seeded Oaty Bread, a range of salads, prepared meals, a Chocolate Chia Mousse, and an H5O botanical shot drink developed in partnership with scientists at the Royal Botanic Gardens, Kew. Grace Ricotti, Head of Food Nutrition at M&S, stated that the aim was to ensure that even if people are eating smaller portions, they can still get the right level of nutrients.

Co-op: 'Good Fuel - Power Up Your Plate'

The Co-op launched a line of four 'GLP-1 friendly' mini meals in January 2026, priced at £3.50 each. The 250g portions — designed to align with the reduced appetite of GLP-1 users — are high in protein and fibre, and include options such as Butternut Squash, Beans and Grains; Chicken and Sweet Potato Penang Curry; and Chicken Teriyaki Noodles.

Morrisons: Applied Nutrition range

Morrisons became the first UK supermarket to introduce a dedicated range of GLP-1-friendly ready meals, under a three-year exclusive licensing deal with sports nutrition group Applied Nutrition, announced in December 2025.

WHAT DIETITIANS SHOULD KNOW ABOUT THESE RANGES

- While these product launches represent a welcome acknowledgement that GLP-1 users have specific nutritional needs, clinicians and dietitians should advise patients to:
- Check the full nutrition label. 'GLP-1 friendly' is a marketing term, not a regulated nutritional standard.
- Use these products as a convenience supplement to home-cooked food, not as the sole dietary strategy.
- Prioritise whole, minimally processed foods where appetite and cooking capacity allow.
- Be aware that readymade products may be higher in sodium, which is relevant for people with hypertension or kidney disease.

EATING OUT ON GLP-1s: THE RESTAURANT LANDSCAPE

Dining out presents unique challenges for people on GLP-1 medications — and the restaurant industry is beginning to take notice.

How GLP-1 use is changing dining behaviour

Research by VYPR and Arla Pro (2026) found that 39% of UK GLP-1 users order smaller portions when eating out, 34% choose healthier options, and 30% actively avoid high-calorie items. A survey of 300 GLP-1 users found 70% eat smaller portions at restaurants, and nearly half (48%) said they would dine out more frequently if smaller portion options were available (Acosta Group, 2026).

The industry response

UK restaurants and hospitality operators are beginning to adapt menus to reflect this shift. Circana (April 2026) reported that restaurants are introducing portion-controlled, protein-forward menus and lower-sugar offerings in response to GLP-1 trends. Data from Tastewise (2026) shows that GLP-1 menu trends in the UK are leaning into portion customisation, variable portion sizes, smaller mains, half portions, and 'choose your size' formats. Some operators are introducing 'protein add-on' options and making satiety-forward ingredients more prominent in menu descriptions.

PRACTICAL GUIDANCE FOR EATING OUT ON GLP-1s

- Prioritise dishes with a clear protein anchor, such as grilled fish, chicken, eggs, or legume-based dishes.
- Ask for smaller portions or share a main with a side of veg.
- Choose vegetable-rich dishes, such as salads, soups, and vegetable sides, to boost fibre and micronutrient intake.
- If you are not feeling hungry order a protein rich starter for your main, such as garlic prawns.
- Don't force yourself to eat a standard portion. Listen to your body and take leftovers home if possible.
- Be mindful of alcohol. GLP-1 medications do not protect against hypoglycaemia in people on insulin or sulphonylureas, and alcohol can mask hypo symptoms.

PRACTICAL NUTRIENT-DENSE MEAL IDEAS

The following swap ideas are designed specifically for people on GLP-1 medications. The goal is to maintain high nutritional value within a smaller food volume. All foods listed are available in the Carbs & Cals food database.

Breakfast

Instead of:	Choose:
White Toast (jam & butter)	Granary Toast with smoked salmon and avocado
	
37g Carbs, 2g Fibre, 5g Prot	21g Carbs, 5g Fibre, 16g Prot
72g	164g

Why it helps on GLP-1s

Higher protein, fibre, and micronutrients; more stable glucose response.

Instead of:	Choose:
Cornflakes, Milk (semi-skimmed) & Orange Juice	Porridge Oats, Greek Yoghurt, Ground Linseeds & Raspberries
	
46g Carbs, 1g Fibre, 7g Prot	21g Carbs, 5g Fibre, 12g Prot
30g & 200ml	191g

Why it helps on GLP-1s

Omega-3s, fibre, B12, and healthy fats in a small portion.

Lunch

Instead of:

Ham Salad Sandwich & Crisps

50g Carbs | 4g Fibre | 14g Prot

178g

Choose:

Chicken Caesar Salad & Mixed Berries

7g Carbs | 4g Fibre | 33g Prot

285g

Why it helps on GLP-1s

Higher fibre, protein, calcium, and antioxidants.

Chunky Vegetable Soup & Bap (white)

55g Carbs | 9g Fibre | 10g Prot

200g

Lentil Soup, Wholegrain Crispbreads & Cream Cheese

45g Carbs | 12g Fibre | 18g Prot

361g

Why it helps on GLP-1s

Protein, iron, folate, and fibre in an easily-tolerated format.

Dinner

Penne Arrabbiata

66g Carbs | 6g Fibre | 12g Prot

340g

Lentil Pasta, Tomato Sauce, Spinach & Grilled Chicken

29g Carbs | 7g Fibre | 78g Prot

440g

Why it helps on GLP-1s

Higher protein and fibre per mouthful; pulse pasta boosts iron and folate.

Dinner

Instead of:

Cashew Stir-fry & White Rice

246g

Choose:

Cashew Stir-fry, Cauliflower Rice, Edamame & Tofu

320g

Why it helps on GLP-1s

Reduces carb load while boosting protein, fibre, and micronutrients.

Snacks

Crisps

28g

Oatcake & Peanut Butter

25g

Why it helps on GLP-1s

Protein, calcium, healthy fats, and fibre in a small serving.

Victoria Sponge Cake

44g

Dark Chocolate & Mixed Nuts

32g

Why it helps on GLP-1s

Magnesium, healthy fats, and antioxidants; lower blood glucose impact.

A SAMPLE NUTRIENT-DENSE DAY OF EATING

This is an illustrative example of what a nutrient-dense, GLP-1-appropriate day of eating might look like. Portion sizes should be adjusted to suit individual appetite, medication dose, body weight, and diabetes management targets. Always work with your diabetes care team or dietitian.

MEAL	FOOD IDEAS	KEY NUTRIENTS DELIVERED
Breakfast	Small bowl of porridge oats made with semi-skimmed milk; topped with 2 tbsp Greek yoghurt, 1 tbsp ground linseeds, 80g raspberries	Beta-glucan, fibre, protein (~18g), calcium, omega-3, vitamin C
Mid-morning (if hungry)	Small pot (150g) full-fat Greek yoghurt OR a boiled egg with 2–3 rye crispbreads	Protein (~12–14g), B12, calcium, iodine
Lunch	Small bowl lentil soup (homemade or M&S Nutrient Dense range) with 1 slice M&S Super Seeded Oaty Bread; handful spinach leaves	Protein (~20g), iron, folate, fibre, B vitamins
Afternoon (if hungry)	Small handful mixed nuts + 1 small apple (skin on)	Magnesium, vitamin E, fibre, healthy fats
Dinner	100–120g grilled salmon fillet with 150g cooked edamame, 80g broccoli, and 100g cooked quinoa or brown rice	Protein (~38g), omega-3, vitamin D, calcium, fibre, iron
Evening (if needed)	Small pot mixed berries OR a square of dark chocolate (70%+) with a cup of camomile tea	Antioxidants, magnesium, low glycaemic

Approximate nutritional totals for the day:

1,300 - 1,500 kcal / 90–100g protein / 28–32g fibre

For people using the Carbs & Cals app, each of these foods can be looked up for precise carbohydrate, calorie, protein, and fibre values — essential for accurate insulin dosing and glucose management.

MANAGING GI SIDE EFFECTS THROUGH DIET

Gastrointestinal side effects, particularly nausea, reflux, and constipation, are common in the early weeks of GLP-1 treatment and can significantly affect dietary intake. The following evidence-based strategies can help:

For nausea

- Eat small, frequent meals rather than two or three large ones.
- Avoid high-fat, greasy, or very spicy foods, which slow gastric emptying further.
- Keep food bland in the first days after a dose increase, think plain rice, boiled potatoes, crackers, yoghurt.
- Cold or room-temperature foods may be better tolerated than hot ones when nausea is significant.
- Ginger (ginger tea, ginger shots) has modest anti-nausea evidence.

For constipation

- Prioritise fibre-rich foods as outlined throughout this guide, aiming for 25–30g per day.
- Drink at least 1.5 - 2 litres of fluid daily. Water, herbal teas, and diluted fruit juice all count.
- Include prunes, kiwi fruit, or ground linseeds. All have good evidence for supporting bowel regularity.
- Gentle movement and walking after meals can help stimulate gut motility.

For reflux / heartburn

- Eat slowly and chew food well.
- Avoid lying down within 2–3 hours of eating.
- Limit caffeine, alcohol, and carbonated drinks.
- Smaller, more frequent meals are generally better tolerated.

WHEN TO SEEK MEDICAL ADVICE

- Persistent vomiting (more than 2 days) carries a risk of dehydration and thiamine depletion.
- Severe abdominal pain may indicate pancreatitis, a rare but serious GLP-1 side effect.
- Blood in stool or significant changes in bowel habit lasting more than a few weeks.
- Unexplained rapid weight loss beyond what is expected with the medication.
- Signs of dehydration, such as dark urine, dizziness, or extreme fatigue.

KEY TAKEAWAYS

1: GLP-1 medications significantly reduce calorie intake, often by up to 40%, making nutrient quality the top dietary priority.

2: Protein is the most critical nutrient. Aim for 1.2 - 1.6g/kg body weight/day, spread across meals, to preserve muscle mass.

3: Fibre remains essential. Despite smaller portions, aim for 25 - 30g daily using concentrated sources: legumes, seeds, oats, and vegetables.

4: Key micronutrients at risk include vitamin B12 (in those taking Metformin), iron, vitamin D, calcium, folate, and thiamine.

5: A 'nutrient density' approach, choosing foods that deliver maximum nutrition per mouthful, is the cornerstone of eating well on GLP-1s.

6: UK supermarkets (M&S Nutrient Dense, Co-op Good Fuel, Morrisons Applied Nutrition) and restaurants are actively adapting to GLP-1 users' needs, but these products should complement, not replace, whole-food dietary foundations.

7: GI side effects are common but manageable with small, frequent meals; adequate hydration; and strategic use of fibre. Persistent vomiting requires urgent clinical review.

8: The Carbs & Cals app is a valuable tool for tracking carbohydrate, protein, fibre, and calorie intake on a reduced-appetite diet, helping maintain glucose management alongside GLP-1 therapy.

REFERENCES

The following references informed the content of this article. Links to source material are provided where publicly accessible.

- Acosta Group / The Culinary Edge (2026). GLP-1 consumer dining behaviour survey. April 2026.
- AHDB (2026). GLP-1 weight-loss drugs set to reshape UK dairy demand. ahdb.org.uk
- Arla Pro / VYPR (2026). Why GLP-1 is changing UK dining behaviour. arlapro.com
- Bridging the Nutrition Guidance Gap for GLP-1 RA Therapy Assisted Weight Loss: Lessons from Bariatric Surgery. PMC (2025). pmc.ncbi.nlm.nih.gov/articles/PMC12913018/
- Circana (April 2026). Britain on a diet: 45% cutting back while health trends and GLP-1 reshape menus. circana.com
- Jackson, S. et al. (2025). Prevalence of use and interest in using GLP-1 receptor agonists for weight loss in Great Britain. Survey data Jan–Mar 2025, n=5,893. medrxiv.org / PMC.
- Kerlikowsky, F., Kramer, K., Eggersdorfer, M. et al. (2025). GLP-1 Receptor Agonists — Good for Body Weight, Bad for Micronutrient Status? Current Developments in Nutrition. DOI: 10.1016/j.cdnut.2025.107587
- Marks & Spencer (2026). M&S launches Nutrient Dense range. Press release, January 2026.
- Mozaffarian, D. et al. (2025). Nutritional priorities to support GLP-1 therapy for obesity: a joint advisory from ACLM, ASN, OMA, and The Obesity Society. American Journal of Clinical Nutrition, 122, 344–367.
- NICE (2022). Type 2 diabetes in adults: management. Guideline NG28. nice.org.uk/guidance/ng28
- NICE (2023). Semaglutide (Wegovy) for managing overweight and obesity. Technology appraisal TA875.
- Sievenpiper, J.L. et al. (2025). Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1-based therapies: Expert consensus. DOI: 10.1016/j.obpill.2025.100228
- Tastewise (2026). GLP-1 UK Food Trends Report. tastewise.io/report/glp-1-uk
- UK Government National Diet and Nutrition Survey (NDNS) 2025. gov.uk
- European Congress on Obesity (May 2026). GLP-1 users: critically low protein intake and meal skipping. 332-participant tracking study, July 2025–February 2026.