# Initiation and Optimization of Single and Dual GLP-1 Receptor Agonists

Clinician Pocket Guide

























## 2 Food composition





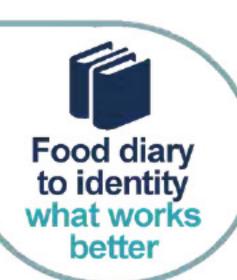






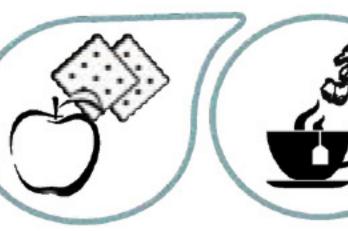






Adapted from: Gorgojo-Martinez JJ, et al. J Clin Med. 2023.









Eat crackers, apples, mint, ginger-based drinks 30 min after administration

Avoid strong smells





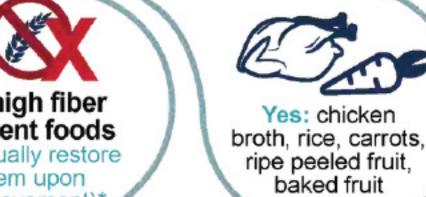
























## **Before** Save time to speak with the patient Transmit realistic expectations regarding treatment results Inform about GI AEs, pointing out that they will soon pass Highlight the importance of following the available guidlines **Dose-escalation** the planned dose For this purpose, choose one/several among these: Extend current phase for 2-4 more weeks before moving forward to next dose. Suspend treatment temporarily If GI AE's appear just after escalation, go back to prior dose for a few days, then increase dose gradually

If GI AE's

occur,

slow down

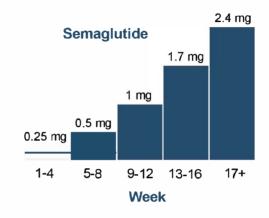
increments to

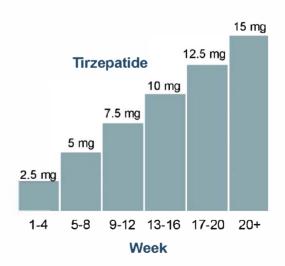
reach success.

### If GI AE's persist Dose-escalation or beyond normal in maintenance phase time/severity implement additional measures Consider one/several of these: Start a differential diagnosis procedure to rule out underlying conditions that may be responsible Check patient understands/complies with diet/lifestyle guidelines Start measures specifically focused on the troublesome symptoms Additional patient guidelines Pharmacological support at (short term) nausea vomiting diarrhea constipation • Probiotics Anti-emetics · Anti-emetics Antidiarrheats • Prokinetics Prokinetics (loperamide) (domperidone) (domperidone) Consider metform Standard procedures dose reduction for severe cases (do when needed not rule out i.v. rehydration)

If problem persists, consider setting up as maintenance therapy a dose lower than

### **Dose Escalation**





FDA Prescribing Information; Jastreboff AM, et al. N Engl J Med 2002.



the maximum one.