

What Nobody Measured

A monitoring checklist for staying protected on GLP-1 therapy

You started the medication for a reason, and it is doing part of its job. Appetite is quieter, the scale is moving, and that is real progress. But a standard GLP-1 visit is built to manage the prescription, not to measure everything the prescription sets in motion. This is not a criticism of your prescriber. The appointment is short, and the system was never designed to watch the things that change quietly underneath a falling number on the scale. This page is what to watch, and what to bring to your next visit.

The number that misleads you. Scale weight is the least informative number you can track on a GLP-1. Weight can fall while a meaningful share of what you are losing is muscle rather than fat, especially when protein and resistance training are inadequate during a calorie deficit. The medication is not the catabolic driver. The deficit is. What protects you is measuring body composition, not body weight.

Body composition and muscle

- ☐ **Track lean mass and fat mass separately, using DEXA or a validated body composition method, not scale weight alone.** *Why it matters:* This is the difference between losing fat and losing the muscle that holds up your metabolism and strength.
- ☐ **Confirm your daily protein target is anchored to lean body mass, not total body weight.** *Why it matters:* Dosing protein to total weight underfeeds the exact tissue you are trying to protect.
- ☐ **Note grip strength, stair climbing, or how easily you carry groceries over time.** *Why it matters:* Function is an early and free signal of muscle loss, often before any number confirms it.

Micronutrients, the quiet depletions

- ☐ **B vitamins, especially B12 and folate.** *Why it matters:* Lower food volume plus altered digestion can reduce both intake and absorption.
- ☐ **Key minerals: magnesium, potassium, zinc, and iron or ferritin.** *Why it matters:* These drive energy, muscle function, and recovery, and they fall early when you eat less.
- ☐ **Vitamin D.** *Why it matters:* Commonly low at baseline and easy to overlook while everything else is shifting.

Metabolic and thyroid response

- ☐ **Free T3, not TSH alone.** *Why it matters:* Under a sustained calorie deficit the body lowers active thyroid hormone to conserve energy, and TSH can read normal while free T3 has already dropped.

Digestive and biliary

- ☐ **Watch for gallbladder symptoms, such as pain in the upper right abdomen, particularly after fatty meals.** *Why it matters:* Rapid weight loss is a well-established trigger for gallstones.
- ☐ **Track hydration and electrolytes if you have had nausea, vomiting, or sharply reduced intake.** *Why it matters:* Small losses accumulate quietly and surface as fatigue, cramps, and lightheadedness.

Energy and mitochondrial load

- ☐ **Track energy, exercise tolerance, and recovery as a trend, not as a single day.** *Why it matters:* There is no single clean lab for mitochondrial strain, so the honest signal is functional. Persistent fatigue that does not match your sleep is worth investigating.

Bone, the long horizon

- ☐ **If you are losing weight quickly, or you are postmenopausal, ask about tracking bone density over time.** *Why it matters:* Rapid weight loss and reduced mechanical load can lower bone mass, and this one stays silent until it is not.

How to use this page

Bring it to your next appointment and ask which of these are already being tracked. The goal is not more tests for their own sake. It is making sure that while one number goes down, the systems that keep you strong are not quietly going down with it. If you would rather see all of this measured together as one structured baseline instead of piecemeal, that is what the GPS assessment is designed to do.

Keep going

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Find your priority systems with the GLP-1 quiz at beyondthescale.shop/glp1-quiz.

See how structured measurement works at balanceprotocolgps.com.

For weekly evidence-backed updates from Dr. Beck, join the Clinician Notes list, free at beyondthescale.shop/resources.

This guide is educational and supports, not replaces, the care you receive from your prescriber.