

RETATRUTIDE WEIGHT LOSS

The Weight Loss Trinity System

Retatrutide · Diet · Exercise

weightsnap.app

Version 2.0 | April 2026

IMPORTANT DISCLAIMER

THIS IS NOT MEDICAL ADVICE

Not a Doctor

This guide is based entirely on my personal experience losing 90+ lbs on retatrutide over 11 months. I am not a doctor, dietitian, pharmacist, or licensed healthcare professional of any kind.

Not Medical Advice

Nothing in this guide should be interpreted as a recommendation to take, adjust, or discontinue any medication. Retatrutide is an investigational medication that is not yet approved by the FDA for general use.

Individual Results Vary

Every person responds differently to GLP-1 medications. What worked for me may not work for you. Factors including your health history, current medications, body composition, and genetics all play a role.

Consult a Professional

Always consult a qualified healthcare professional before starting any medication, changing your dose, beginning an exercise program, or making significant dietary changes.

Seek Immediate Help

If you experience severe side effects, chest pain, difficulty breathing, or any concerning symptoms, seek medical attention immediately. Do not ignore serious symptoms.

Your Responsibility

By reading this guide, you acknowledge that you are solely responsible for your own health decisions and that the author assumes no liability for any outcomes resulting from the use of information in this document.

This guide reflects my experience as of April 2026. Information about medications, dosing, and research may change as new clinical data becomes available.

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SECTION 1

The Weight Loss Trinity

This system is built on three pillars working together. No single pillar works as well alone. Retatrutide suppresses your appetite and changes your relationship with food. The diet strategy works with the medicine instead of against it. The exercise routine builds sustainable habits without burning you out. Together, they create a compounding effect that leads to rapid, consistent fat loss.

I lost 60 lbs in my first 90 days and 90+ lbs total over 11 months using this exact system. I experienced zero plateaus during the first 4 months. This guide breaks down exactly what I did on retatrutide, week by week, so you can follow the same approach.

RETATRUTIDE	DIET	EXERCISE
Suppresses appetite and rewires your relationship with food	Works with the medicine, not against it. Low fat, high carb.	Builds sustainable daily habits without burning you out.

The Core Principle

Work With the Medicine, Not Against It

The single biggest mistake people make is fighting the medication by force-feeding calories, obsessing over macros, or overtraining. Your role is to support the medicine with the right diet and sustainable exercise habits. That said – if you are genuinely unable to eat anything at all or are eating dangerously little, your dose may be too high. Consider lowering your dose. The goal is reduced appetite, not zero appetite.

SECTION 2

The Saturation Phase

Weeks 1–6: Building the Foundation

The first 4–6 weeks are what I call the Saturation Phase. You are saturating two things simultaneously:

GLP Saturation	Habit Saturation
Finding how your body responds to the medication. Starting low, titrating up, observing appetite suppression and side effects.	Building the daily exercise habit. Not training hard – training consistently. The goal is making the gym and cardio automatic.

This phase is about patience and observation. Don't rush the dose. Don't overdo the exercise. Don't overthink the diet. By the end of 6 weeks, you will know your effective dose, have a gym habit, and be adapted to your new eating pattern. That's when the real results accelerate.

PILLAR 1

Retatrutide – Finding Your Dose

The clinical trials for retatrutide started participants at 2 mg/week. The most significant weight loss results were seen at doses between 6–8 mg/week. But your starting point depends on your situation.

If You're Starting Fresh

- Start low. I started at 1 mg every 4 days to see how my body responded.
- Increase gradually. The saturation phase is about finding the dose where you feel genuine appetite suppression without severe side effects.
- Pay attention to how you feel – you'll know when it's working. You simply won't be hungry.

If You're Switching from Another GLP-1 Medication

- Don't panic if it feels ineffective at first. This is extremely common.
- Many people report needing to reach 6–8 mg before retatrutide "kicks in."
- Give it a full 4–6 weeks before making judgments.

What the Medicine Feels Like

It's hard to explain to someone who hasn't experienced it. You're simply not hungry. Not in a "I'm forcing myself not to eat" way – in a "food genuinely doesn't interest me" way.

If You Cannot Eat At All – Your Dose Is Too High

If you find yourself unable to eat at all, feeling nauseous constantly, or going full days without eating, your dose is likely too high. Consider lowering your dose. The medicine should reduce your appetite, not eliminate it entirely. You still need to fuel your body.

Common Concerns

"But what about loose skin?"

The absolute last thing to worry about right now. A lot of it comes down to genetics and age. I have loose skin from my weight loss and I'll take it 100 times out of 100 versus being overweight.

"But what about muscle loss?"

If you're significantly overweight, focus on losing the fat first. Your body does a solid job of burning through fat before getting to muscle. That said, keeping protein reasonable and doing the strength

training in this guide will help preserve muscle. Once you reach a leaner body weight, shift your focus to higher protein intake and progressive muscle building.

PILLAR 2

Diet — Low Fat, High Carb, Low to Moderate Protein

This might be the most controversial part of this guide: you do not need to count calories. The medicine is handling appetite suppression for you. Your job is to eat the right types of food and let retatrutide do the heavy lifting.

Why Low Fat on Retatrutide?

This isn't just opinion — there's a physiological reason why low-fat eating works better on retatrutide. The GLP-1 receptor slows gastric emptying, meaning food sits in your stomach longer. Fat is the slowest macronutrient to digest. When you combine delayed gastric emptying with high-fat meals, you get nausea, bloating, and acid reflux. Low-fat meals clear the stomach faster, reducing side effects significantly.

For retatrutide specifically, the glucagon receptor activation is already driving your body to break down and burn stored body fat for energy. If you eat a low-fat diet, you force your body to source its fat needs from your stored body fat — not from your food.

The Simple Version

Carbs fuel your day and your workouts. Retatrutide burns your stored body fat. Eating low fat lets the drug do its job. See the Appendix for the full receptor-level science.

My Daily Staples — What I Actually Ate 80% of the Time

My meals were built around five things: chicken breast, potatoes, white rice, vegetables, and fruit. Day in and day out, that's what I ate. I didn't overthink it. If I was craving something different, I made sure it was low fat. The food list below gives you more options, but don't overcomplicate it. Pick a few staples that work for you and repeat them. Simplicity and repetition are the secret — not variety.

The Low Fat, High Carb Approach

EAT FREELY	AVOID
✓ Chicken breast / turkey breast	✗ Dairy (milk, cheese, cream)
✓ Rice (white or brown)	✗ Dietary fats / oils
✓ Potatoes (all types)	✗ Fatty meats (beef, pork)
✓ All fruits (unlimited)	✗ Butter / margarine

✓ All vegetables (unlimited)	✗ Fried foods
✓ Lean fish (tilapia, cod, haddock)	✗ Creamy sauces
✓ Egg whites	✗ Nuts / nut butters
✓ Non-fat Greek yogurt	✗ Full-fat dressings
✓ Oatmeal / whole grain bread	✗ Fast food / processed snacks
✓ Ketchup, hot sauce, mustard, low-fat / zero-fat BBQ sauce	

Intermittent Fasting

Keep all your eating within an 8-hour window. I found that starting my eating window in the morning (e.g., 7 AM – 3 PM) led to more consistent weight loss than starting around noon. The medicine makes this easy – you won't be hungry outside the window anyway.

Tracking Progress Without Counting Calories

Daily weigh-ins: Weigh yourself every single morning, same conditions. The number will fluctuate day to day – that's normal. Look at the weekly trend, not the daily number.

Progress photos: Take them at least once a week. Same lighting, same angle. The scale doesn't tell the whole story – you'll see changes in photos weeks before the scale catches up.

PILLAR 3

Exercise – Quantity Over Intensity

The Most Important Principle

Quantity over intensity. The goal is NOT to crush yourself in the gym. The goal is to build a sustainable daily habit of movement. If you're so sore that you can't work out the next day, you went too hard. We're not bodybuilders. We're weight loss people.

Strength Training: Vanity Muscles

I want to be upfront: I rarely trained legs. I made that choice deliberately because I didn't want to fatigue myself to the point where I'd break the habit chain. Leg training is taxing – if it left me too sore or tired to show up the next day, it was working against the core principle of this whole system. So I focused on upper body instead.

I'm not necessarily recommending you skip legs. That was my personal call. The more important principle is this: whatever you're doing in the gym needs to be repeatable for as long as it takes you to reach your goal weight. That might be 3 months. It might be a year. The workout that burns you out in week two is worse than the lighter workout you can do every single week for twelve months.

Frequency: I typically did weights 2–4 times per week. If I was feeling tired or run down, I'd drop to 1 set of each exercise and call it done. Some days I'd skip entirely. The most important thing is showing up.

Heavy Lifters: Increase Your Protein

If you are doing significant weight training or resistance work, consider increasing your protein intake to support muscle recovery and preservation. The low to moderate protein guidance in this guide is for the weight loss phase where the priority is fat loss, not muscle building. Once you transition to a maintenance or muscle-building phase, higher protein intake becomes more important.

Zone 2 Cardio: The Secret Weapon

This is where a lot of the magic happened. Zone 2 cardio – done 5 to 7 days per week – was the most important factor in my rapid weight loss besides retatrutide itself.

Zone 2 Heart Rate Formula

180 minus your age = your upper heart rate target. Example: If you're 40 years old, your Zone 2 ceiling is 140 BPM. You should be sweating but able to hold a conversation. When you're done, you should feel like you could do more. The next day, you will.

Equipment

I used a recumbent bike. Low impact, easy on the joints, and you can watch YouTube while doing it. Any low-impact cardio works – walking, elliptical, swimming – as long as you stay in Zone 2.

Starting out: If you're new to cardio, even 5 minutes might feel hard. That's fine. Within a week, 20 minutes will be easy. By the end of the saturation phase, you should be able to do 45–60 minutes.

SECTION 6

What to Expect: Side Effects & Management

Side effects are common in the first few weeks, especially during dose escalation. Most are mild to moderate and resolve as your body adjusts.

Nausea

Most common side effect. Usually worst during the first 1–2 weeks at each new dose level.

Management

Eat low-fat meals (this is the biggest factor). Eat smaller portions more frequently. Stay hydrated. Ginger tea or candied ginger can help. If nausea is severe and persistent, your dose is likely too high – consider lowering it.

Insomnia

More common with retatrutide than other GLP-1s. Usually front-loaded in the first few weeks.

Management

Inject in the morning rather than evening. Usually self-resolves within 2–4 weeks.

Skin Sensitivity

Unique to retatrutide. Can increase with higher doses.

Management

Loose clothing, cool showers, cold packs. May become dose-limiting at higher doses.

Heart Rate Increase

Monitor your resting heart rate in the first 2–4 weeks. Most people who tolerate it early continue to tolerate it.

Management

Track with a fitness watch or check manually. If significantly elevated, discuss with your healthcare professional.

Fatigue

Common during dose escalation and caloric deficit. Usually improves as your body adapts.

Management

Stay hydrated, ensure you're eating enough (especially carbohydrates for energy), and get adequate sleep.

Constipation / Diarrhea

GI changes are normal as digestion slows.

Management

Increase water intake. Magnesium citrate for constipation. Electrolytes daily from day 1.

When to Seek Medical Attention

Severe abdominal pain, persistent vomiting, chest pain, difficulty breathing, or any symptom that feels dangerous. Do not ignore serious symptoms.

SECTION 7

When Weight Stalls: Troubleshooting

I experienced zero plateaus in my first 4 months, but many people do. If your weight loss stalls for more than 2 weeks, work through this checklist:

1 Are you eating too much fat?

This is the number one reason for stalls. Hidden fats in cooking oils, sauces, cheese, and dressings add up fast. Go back to strict low-fat eating for a week and see if the scale moves.

2 Are you actually in a caloric deficit?

The medicine suppresses appetite, but if you're eating calorie-dense foods in your eating window, you might be eating more than you think. Consider tracking your food for a few days just to see where you stand.

3 Is it water retention?

Weight can fluctuate 2–5 lbs day to day from water alone. High sodium meals, menstrual cycles, new exercise routines, and even stress can cause water retention. Look at the weekly average, not individual days.

4 Are you sleeping enough?

Poor sleep increases cortisol, which promotes fat storage and water retention. Aim for 7–8 hours. This is more important than most people realize.

5 Is your dose still effective?

If your appetite has returned to pre-medication levels, you may need a dose adjustment. Discuss this with your healthcare professional.

6 Are you doing your cardio?

Zone 2 cardio is the accelerator. If you've been skipping it, restart. Even 20 minutes makes a difference.

SECTION 8

Track Your Vitals

Beyond the scale, tracking a few key vitals gives you a more complete picture of your health and helps you catch any issues early.



Blood Pressure

GLP-1 medications typically improve blood pressure as you lose weight. A home blood pressure monitor is inexpensive and worth having. Check it a few times per week at the same time of day. My blood pressure went from 139/91 (danger zone) to healthy levels during my weight loss.



Blood Glucose

If you have a glucose meter, checking fasting blood glucose periodically is useful. GLP-1 medications improve insulin sensitivity and glucose control. Tracking this shows you the metabolic improvements beyond just weight loss.



Resting Heart Rate

Especially important in the first few weeks on retatrutide, which can elevate heart rate. A fitness watch makes this easy, or check manually first thing in the morning before getting out of bed.



Bloodwork

Consider getting comprehensive bloodwork done before starting and periodically during your journey. Key markers: HbA1c, fasting glucose, lipid panel (cholesterol, triglycerides), liver enzymes (ALT, AST), thyroid (TSH), and vitamin B12. These tell the story of your metabolic health improving in ways the scale can't show.

SECTION 9

Scaling Up – Weeks 7–12

Once the saturation phase is complete, you don't change the system – you just tighten the screws. Everything stays the same, you just do more of it.

Pillar	Weeks 1–6	Weeks 7–12
Retatrutide	Find lowest effective dose	Titrate up as needed
Diet	8-hour eating window	Tighten to 6-hour window; stricter on fat avoidance
Cardio	Build to 45–60 min Zone 2	45–60 min Zone 2, min 5 days/week
Strength	1–3 sets, 2–6 days/week	1–3 sets, 2–6 days/week

SECTION 10

Week-by-Week Progression Guide

Weeks
1-2

1

Getting Started

Start retatrutide at lowest dose. Begin Zone 2 cardio (even 5–10 min counts). Introduce gym visits 2–4x/week with just 1 set per exercise. Start 8-hour eating window. Begin daily weigh-ins. Take your first progress photo. Observe how the medicine makes you feel. Don't push anything hard. This is about starting.

Weeks
3-4

2

Building Momentum

Adjust dose if needed based on appetite response. Zone 2 cardio building toward 30–45 minutes. Gym visits 2–4x/week, still 1–2 sets. Eating window feels natural now. Take weekly progress photo. You should start seeing the scale move. The medicine is settling in.

Weeks
5-6

3

Saturation Complete

You should be near your effective dose. Zone 2 cardio at 45–60 minutes, minimum 5 days per week. The gym is habitual — you feel weird if you miss it. 1–3 sets per exercise, 2–4 days/week. Diet is autopilot. This is where the system clicks and the results accelerate.

Weeks
7-8

4

Tightening Up

Consider tightening eating window to 6–7 hours. Cardio locked at 45–60 min, minimum 5 days/week — Zone 2. Keep strength training consistent at 2–4 days/week. Titrate retatrutide dose up if weight loss has slowed.

Weeks
9-10

5

Deep Fat Loss

This is where major visible changes happen. Clothes don't fit anymore. People start commenting. Maintain all habits. Stay strict on low-fat eating. Keep showing up for cardio and weights — the repeatable routine is what got you here.

Weeks
11-12

6

Finishing Strong

Final push. Maintain everything. Take comprehensive progress photos and measurements. Start thinking about your maintenance plan. Celebrate how far you've come. You've built a lifestyle, not just a diet. These habits are yours now.

SECTION 11

Exercise Reference Sheet

Exercise	Muscle	Weeks 1–6	Weeks 7–12	Notes
Lateral Raises	Shoulders	1–2 sets	1–3 sets	Light weight, strict form
Bicep Curls	Biceps	1–2 sets	1–3 sets	Dumbbells or cables
Skull Crushers	Triceps	1–2 sets	1–3 sets	EZ bar or dumbbells
Incline DB Press	Chest	1–2 sets	1–3 sets	30–45 degree incline
Ab Crunch Machine	Core	1–2 sets	1–3 sets	Controlled reps
Rows	Back	1–2 sets	1–3 sets	Cable or dumbbell
Face Pulls	Rear Delts	1–2 sets	1–3 sets	Great for posture
Push-ups	Chest/Triceps	To failure	To failure	Track your max
Air Squats	Legs (optional)	1–2 sets	1–3 sets	Bodyweight only; keep it light – don't wear yourself out
Zone 2 Cardio	Heart/Fat Loss	5–60 min 5–7 days	45–60 min Min 5 days	Bike, walk, elliptical – stay in Zone 2

SECTION 12

Food Reference Guide

This isn't a rigid meal plan. It's a reference for the types of foods that work with this system. Eat when you're hungry within your eating window, stop when you're not. The medicine handles the rest.

PROTEINS		
• Chicken breast	• Lean fish (tilapia, cod, haddock)	• Non-fat Greek yogurt
• Turkey breast	• Shrimp	
• Turkey mince	• Egg whites	

CARBOHYDRATES		
• Potatoes (white, sweet, red)	• Whole grain bread	• Corn
• Rice (white or brown)	• Pasta	
• Oatmeal	• Beans / lentils	

FRUITS (UNLIMITED)		
• Bananas	• Oranges	• Mango
• Apples	• Grapes	• Pineapple
• Berries (all types)	• Watermelon	• Any fruit you enjoy

VEGETABLES (UNLIMITED)		
• Broccoli	• Peppers	• Cauliflower
• Spinach	• Onions	• Zucchini
• Green beans	• Carrots	• Any vegetable

CONDIMENTS		
• Ketchup	• Soy sauce	• Vinegar-based dressings
• Mustard	• Salsa	• All herbs and spices
• Hot sauce	• Low-fat / zero-fat BBQ sauce	

SECTION 13

Zone 2 Cardio Progression Chart

Week	Target Duration	Frequency	Notes
1	5–15 min	5–7 days	Just start. Any amount counts.
2	15–25 min	5–7 days	It gets easier fast.
3	25–35 min	5–7 days	Finding your rhythm.
4	35–45 min	5–7 days	The habit is forming.
5	40–50 min	5–7 days	Boredom is the main challenge now.
6	45–60 min	5–7 days	Saturation phase complete.
7–8	60 min	Daily	Locked in. This is your baseline.
9–10	60 min	Daily	Consider a second short session.
11–12	60+ min	Daily	Cruise control. You've got this.

SECTION 14

Weekly Tracker

Print one of these per week. Fill it in daily.

Week: _____ Start Date: _____ End Date: _____

Day	Weight	Cardio (min)	Gym ?	Eating Window	Photo?	Notes
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Weekly Summary

Starting weight: _____	Ending weight: _____	Change: _____
GLP-1 dose: _____	Side effects: _____	Photo taken: Y / N
Total cardio sessions: _____	Total gym sessions: _____	

How I felt this week:

SECTION 15

Maintenance – Keeping the Weight Off

Once you hit your goal weight, the system shifts from aggressive fat loss to sustainable maintenance. The good news: you've spent 90 days building habits. The gym, the cardio, the eating pattern – these are part of your life now, not a temporary diet.

What Changes in Maintenance

GLP-1 Dose

Work with your healthcare professional to find a maintenance dose. Many people reduce but don't fully stop, especially in the first year.

Diet

You can relax the strict low-fat approach. Reintroduce healthy fats gradually – avocados, nuts, olive oil. Keep the eating window habit if it works for you.

Exercise

Keep the cardio habit. You can shift strength training toward muscle building now – higher protein, progressive overload, leg day is back on the menu.

Weigh-ins

Continue daily. This is your early warning system. If the scale creeps up 5+ lbs, tighten the screws before it becomes 20.

What Stays the Same

Daily weigh-ins

Regular exercise (cardio + strength)

Eating whole foods, avoiding processed junk

Taking progress photos monthly

SECTION 16

Track Your Journey with WeightSnap

I built WeightSnap to track exactly this kind of transformation. It's the same app I used to document my own 90+ lb journey. Version 2.0 now includes a full GLP-1 dose tracker built specifically for people on retatrutide, tirzepatide, and semaglutide.

What's in the App

Daily weigh-ins with progress photos

Log every morning with photo documentation.

GLP-1 dose tracker with drug saturation charts

Visualize your drug levels over time.

Daily check-ins

Mood, cravings, energy, sleep, and side effects tracking.

Correlation charts

See how drug levels affect how you feel — premium feature.

Before & after photo comparisons

Time-lapse videos of your transformation.

PDF export

Share your full data with your healthcare professional.

Push notification reminders

Never miss an injection or daily check-in.

Download Free on the App Store

apps.apple.com/app/weightsnap/id6758482175

Support This Guide

This guide is free because I believe everyone deserves access to practical, honest information about their weight loss journey. If it helped you and you'd like to support my work, you can send a donation via PayPal:

paypal.me/tylerbrownastro

Thank you — every bit helps me keep creating content and building tools for this community.

APPENDIX

The Science Behind Low-Fat on Retatrutide

This appendix explains the receptor-level science behind why a high-carb, low-fat diet aligns with how retatrutide and other GLP-1 medications work. Sources are from published clinical trials and peer-reviewed research.

Retatrutide: A Triple-Agonist

Unlike semaglutide (GLP-1 only) or tirzepatide (GLP-1 + GIP), retatrutide activates three receptor pathways simultaneously: GLP-1, GIP, and glucagon. Each interacts with dietary macronutrients differently.

GLP-1 Receptor: Gastric Emptying and Fat Tolerance

GLP-1 activation significantly delays gastric emptying — food sits in your stomach longer. Published clinical consensus guidelines for managing GI side effects of GLP-1 medications specifically recommend low-fat protein sources and complex carbohydrates because fat is the slowest macronutrient to digest. When gastric emptying is already delayed by the drug, adding high-fat foods creates a compounding effect — fat lingers in an already slow stomach, increasing nausea, bloating, and reflux. Carbohydrates clear the stomach faster, providing energy without the prolonged gastric burden.

Sources: PMC, "Clinical Recommendations to Manage GI Adverse Events in Patients Treated with GLP-1 RAs," Journal of Clinical Medicine, 2023; PMC, "Dietary Recommendations for GI Symptom Management in GLP-1 RA Patients," 2024.

GIP Receptor: Carbohydrate Utilization

GIP enhances insulin secretion in response to glucose — it helps your body process carbohydrates more efficiently. Retatrutide is more potent at the GIP receptor than at GLP-1 or glucagon. This means your body is primed to process carbohydrates into muscle glycogen and usable energy rather than storing them as fat. GIP also reduces post-meal blood sugar spikes, providing steady energy. Enhanced GIP activity means eating more carbs plays into a metabolic advantage — your body is built to utilize them efficiently while on this medication.

Sources: Coskun et al., preclinical data; PMC systematic review, 2024.

Glucagon Receptor: Fat Oxidation and Energy Expenditure

This is retatrutide's unique advantage. Glucagon receptor activation promotes:

- Increased lipolysis — breaking down stored body fat into free fatty acids for fuel
- Enhanced fatty acid oxidation — burning stored fat for energy, particularly in the liver

- Increased resting energy expenditure – through thermogenesis and brown adipose tissue activation
- Reduced hepatic lipogenesis – the liver stops creating new fat and instead clears existing fat

In Phase 2 trials, 89–93% of retatrutide participants at higher doses achieved normal liver fat levels – demonstrating the power of glucagon-driven fat clearance.

Sources: *Frontiers in Endocrinology*, 2022; *Journal of Hepatology*, Long et al., 2025; Corbin et al., *Obesity*, 2023; *PMC*, "Glucagon Control on Food Intake and Energy Balance," 2019.

The Synergy: Why HCLF Works With All Three Pathways

When you eat high-carb, low-fat on retatrutide, all three receptor pathways work in your favor:

- GLP-1 pathway: Carbs clear the stomach faster than fat – fewer GI side effects, better tolerance
- GIP pathway: Enhanced insulin response efficiently processes carbs into glycogen – fuel for training and daily energy
- Glucagon pathway: With minimal dietary fat, the body preferentially oxidizes stored body fat – the drug burns your fat, not your food

The Bottom Line

Carbohydrates fuel your day and your workouts through the GIP pathway. The glucagon pathway burns your stored body fat. Eating low fat lets the drug do its job – burning your fat, not dietary fat. This metabolic advantage is unique to triple-agonist medications like retatrutide.

Practical Macro Guidelines

Macronutrient	% of Calories	At 1,600 cal/day	Role
Carbohydrates	45–50%	180–200g	Training fuel, glycogen, daily energy
Protein	30–35%	120–140g	Muscle preservation, satiety
Fat	15–20%	27–36g	Essential hormones, vitamin absorption

Note: "Low fat" does not mean "zero fat." A minimum of 15–20% calories from fat ensures adequate essential fatty acid intake and fat-soluble vitamin absorption (A, D, E, K).

Key Research Sources

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This guide is based on personal experience and published research. It is not medical advice. Always consult a qualified healthcare professional before making changes to your medication, diet, or exercise program.

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