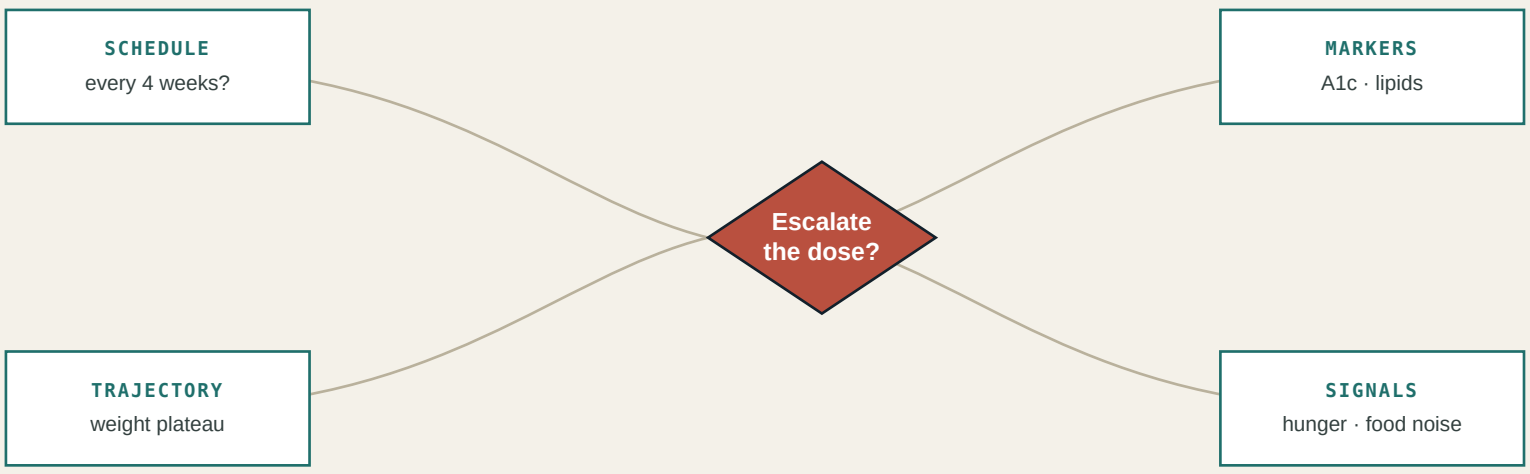
MEDSCAPE PERSPECTIVES · GASTROENTEROLOGY / OBESITY MEDICINE

Upping the Dose: *what actually moves* the needle

Manufacturer labels call for a GLP-1 dose increase every four weeks. Five obesity medicine physicians describe why they rarely follow that calendar — and the four signals they watch instead.

J. ALMANDOZ, MD · K. GENDREAU, MD · N. KHAN, MD · C. NGUYEN, MD · G. SRIVASTAVA, MD



THE CALENDAR IS THE INPUT EVERY PHYSICIAN OVERRIDES FIRST

SIGNAL 01

The schedule is a floor, not an order

`4 wks = minimum` `not a mandate`

All five physicians treat the label's 4-week interval as the earliest they'll move — a safety floor, not a trigger. Doses get held, sometimes for months, whenever response and tolerability are already good.

“I seldom follow the recommended schedule; I individualize instead.” — N. Khan, MD

SIGNAL 02

Defining the plateau that earns escalation

`<1% / 4–6 wks` `<1 lb/wk`

Thresholds vary but cluster tightly: roughly under 1% body weight, or under a pound a week, sustained for a month or more — after ruling out adherence gaps, injection technique, or sleep and medication confounders.

“Weight loss clearly slowed — under ~1% over 4–8 weeks — is when I consider escalating.” — J. Almandoz, MD

SIGNAL 03

Labs can override the scale

`A1c ↑` `lipids = exception`

An elevated A1c or worsening liver markers justify escalation even when weight looks on track. Lipids are the one exception — that effect is weight-mediated, so physicians add a statin rather than escalate the incretin.

“If A1C isn't responding, I'll increase the dose.” — C. Nguyen, MD

SIGNAL 04

“Food noise” as an early warning

`co-primary signal`

Returning hunger, cravings, and intrusive food thoughts often precede any measurable regain on the scale. Several physicians weight this as heavily as lab values — a real-time readout versus the scale's lagging, noisy one.

“If we wait for the scale to confirm it, we might already be behind.” — K. Gendreau, MD

THE OTHER DIRECTION

Satiety can mislead too: a patient who's plateaued but reports profound fullness and turns out to be eating under 800 calories a day shouldn't be escalated — that drives further lean-tissue loss in someone already under-fueled. The plateau isn't always the problem. — G. Srivastava, MD

Source: Medscape Perspectives, “Upping the Dose: Titration, Plateaus, and Patient Signals.” Physician reactions collected via structured questionnaire, July–August 2026; responses lightly edited for clarity and length, with permission from the contributors.