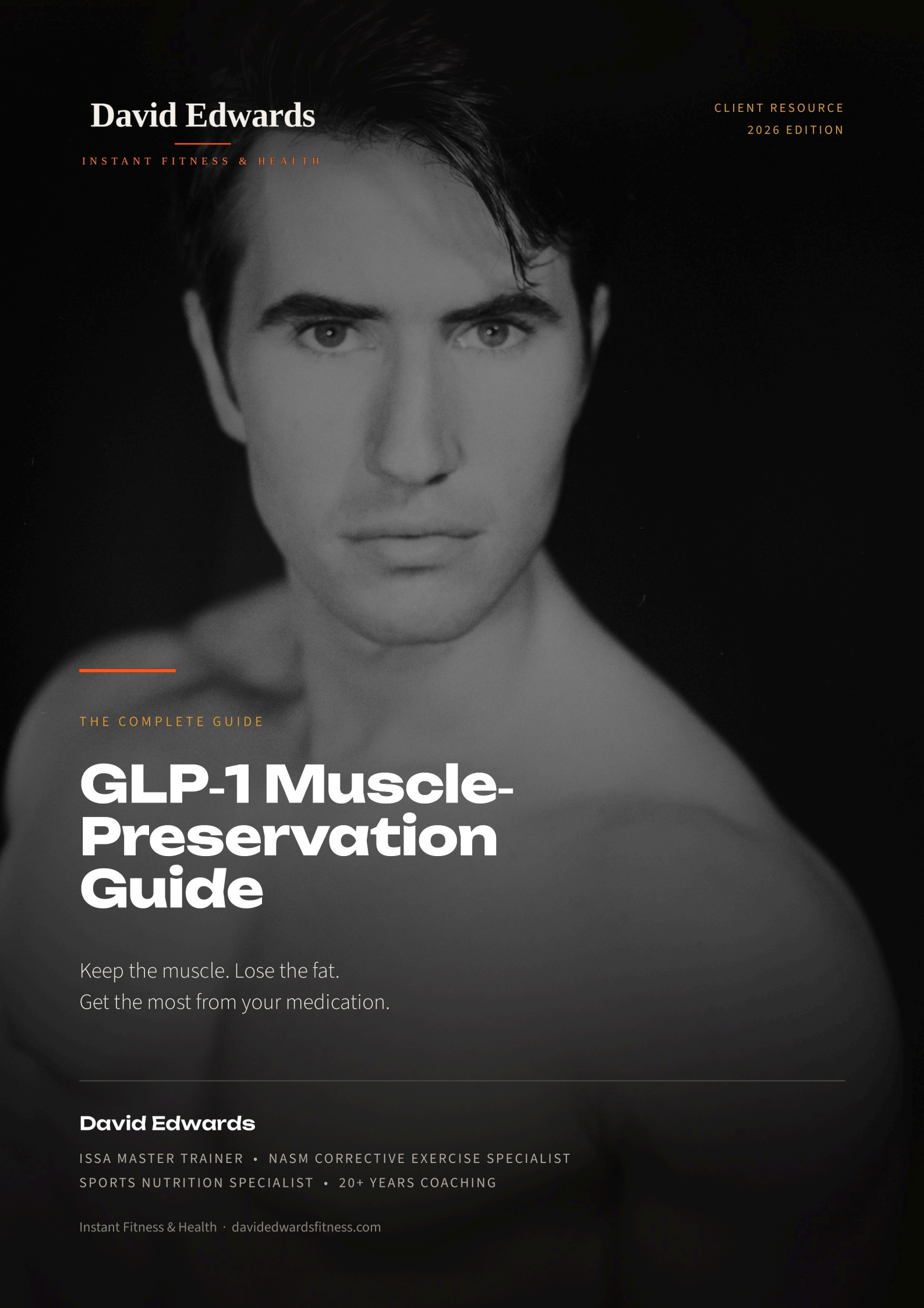




David Edwards

INSTANT FITNESS & HEALTH

CLIENT RESOURCE
2026 EDITION

THE COMPLETE GUIDE

GLP-1 Muscle- Preservation Guide

Keep the muscle. Lose the fat.
Get the most from your medication.

David Edwards

ISSA MASTER TRAINER • NASM CORRECTIVE EXERCISE SPECIALIST
SPORTS NUTRITION SPECIALIST • 20+ YEARS COACHING

Instant Fitness & Health · davidedwardsfitness.com

Fast weight loss is not the same as good weight loss.

GLP-1 medications work. Semaglutide and tirzepatide reduce appetite so effectively that many people lose weight faster than they ever have. That is the appeal, and it is real.

The problem is what comes off with the fat. Every pound you lose is a mix of fat mass and lean mass — muscle, connective tissue, and the water they hold. Without a deliberate plan for protein and strength training, a significant share of that loss is lean tissue.

25–40%

In major clinical trials, roughly a quarter to two-fifths of the total weight lost on a GLP-1 came from lean mass rather than fat.

Body-composition sub-studies of semaglutide and tirzepatide, in participants without a structured protein and resistance-training plan. Individual results vary widely. See References, p. 15.

Why losing muscle works against you

A slower engine

Muscle is metabolically active tissue. Less of it means fewer calories burned at rest, so maintaining your new weight gets harder, not easier.

Real-world weakness

Stairs, groceries, getting off the floor. Strength and balance decline first in the legs and hips, which is also where fall risk lives.

The rebound trap

If weight returns after stopping the medication, it comes back predominantly as fat. You end up at a similar weight with a worse composition than you started.

Looking depleted

The drawn, hollow look people notice after rapid weight loss is largely lost lean tissue — not a sign of the fat loss you were after.

The chain of events, in plain language.

1 **Appetite drops sharply**

The medication slows gastric emptying and blunts hunger signals. Food becomes less interesting, and you feel full on far less.

2 **Total calories fall — and protein falls with them**

Protein is the first thing most people cut, because meat, fish and eggs feel heaviest when you are nauseated or full. Intake often lands well under half of what muscle needs.

3 **No training stimulus means no reason to keep muscle**

In a calorie deficit the body is looking for tissue it does not need. Muscle you never challenge reads as expensive and unused, so it goes.

4 **Fat and muscle leave together**

The scale drops fast, which feels like success. Underneath, your body composition may be moving in the wrong direction.

THE FIX IS NOT COMPLICATED

Two pillars carry almost all of the result.

Pillar 1 — Protein

Enough of it, every day, spread across your meals. It gives your body the raw material and the signal to hold on to muscle.

Pillar 2 — Resistance training

Two to four sessions a week that ask your muscles to work hard. It tells your body the muscle is still needed.

Protein is the one number worth defending every day.

DAILY TARGET

1.6–2.2 g

per kilogram of body weight

0.7–1.0 g

per pound of body weight

WHAT THAT LOOKS LIKE

BODY WEIGHT	DAILY PROTEIN
150 lb / 68 kg	110–150 g
180 lb / 82 kg	130–180 g
210 lb / 95 kg	150–210 g
240 lb / 109 kg	170–240 g

Ranges are rounded. If your starting weight is high, your coach may base the target on a goal or adjusted weight instead. Start at the low end and build.

Why protein protects muscle in a deficit

When calories are low, your body is deciding what to keep. Dietary protein does two things at once: it supplies the amino acids needed to rebuild muscle tissue, and it triggers the signal that tells the body to build rather than break down. Take the protein away and training alone cannot hold the line.

Protein also has the highest satiety value per calorie and the highest thermic cost to digest. On a medication that already suppresses appetite, that means the food you do eat works harder for you.

When you can barely eat, strategy beats willpower.

Protein first, always

Eat the protein on your plate before anything else. If you stop early, you stopped after the part that mattered.

Drink what you can't chew

A shake or ready-to-drink bottle delivers 25–30 g with almost no fullness cost. Keep one within reach on hard days.

Spread it over 3–4 feedings

Roughly 30–45 g at a time is easier to eat and easier to use than one large evening meal.

Front-load your best window

Appetite is usually strongest furthest from your injection day. Bank protein when eating is easy.

HIGH-PROTEIN STAPLES

FOOD	SERVING	PROTEIN
Chicken breast, cooked	4 oz / 113 g	35 g
Tuna, canned in water	1 can / 142 g	30 g
Salmon, cooked	4 oz / 113 g	29 g
Cottage cheese, low-fat	1 cup / 226 g	26 g
Lean ground beef, 93%	4 oz / 113 g	25 g
Whey or blended protein powder	1 scoop / 30 g	24 g
Shrimp, cooked	4 oz / 113 g	24 g
Greek yogurt, plain nonfat	1 cup / 227 g	22 g
Lentils, cooked	1 cup / 198 g	18 g
Eggs	2 large	12 g
Tofu, firm	4 oz / 113 g	11 g

Values are typical rounded amounts; check your own labels, which vary by brand and cut.

SAMPLE DAY

Hitting 150 g at 180 lb / 82 kg

MORNING • 45 G

1 cup Greek yogurt with a scoop of protein powder stirred through, plus berries.

MIDDAY • 44 G

4 oz chicken breast over greens with ½ cup lentils.

EVENING • 36 G

4 oz salmon with roasted vegetables. Small portion is fine.

WHENEVER IT FITS • 25 G

Ready-to-drink protein shake. This is the one that saves the day.

Total

150 g

Lifting is what makes your body keep the muscle.

2-4

SESSIONS PER WEEK

Two full-body sessions a week is enough to change the outcome. Three or four is better if you have the energy and the time. Consistency across months matters far more than any single workout.

Four principles that do the work

I-I Progressive overload

Each week, add a rep or a little weight. If nothing ever gets harder, your body has no reason to adapt.



Compound lifts first

Squats, hinges, presses, rows and carries train the most muscle per minute. Do them while you are fresh.



Train close to failure

Stop each set with one to three good reps left. Effort, not exhaustion, is the signal that protects muscle.



Full body, or upper/lower

Two days a week: full body. Three or four: alternate upper and lower. Every major muscle group gets trained twice weekly.



Strength work beats extra cardio for keeping muscle

Cardio is good for your heart, your mood and your blood pressure, and walking is one of the best habits you can keep. But cardio does not tell your body to hold on to muscle, and piling it on top of an already large deficit adds fatigue without adding protection. If your time is limited, lift first and walk with what is left.

A beginner-friendly full-body session.

Run this twice a week on non-consecutive days. Rest 60–90 seconds between sets. Every exercise has a home-friendly option, so no gym is required.

EXERCISE	SETS	REPS	COACHING NOTE
Goblet squat	3	8–12	Chest tall, knees track over toes. Chair squat if needed.
Dumbbell bench press or push-up	3	8–12	Lower under control for two seconds. Elevate hands to regress.
One-arm dumbbell row	3	8–12	Pull the weight to your lower ribs, not your shoulder.
Romanian deadlift	3	8–10	Hinge at the hips with soft knees. Feel it in the hamstrings.
Overhead press	2–3	8–12	Ribs down, no back arch. Seated is fine.
Split squat or step-up	2	10 / leg	Hold a wall or doorframe. Balance training counts.
Farmer carry	3	30–40 s	Heavy in both hands, walk tall. Grip, core and posture at once.
Plank	3	20–40 s	Squeeze glutes, breathe. Knees down to regress.

HOW TO PROGRESS

Stay at the same weight until you hit the top of the rep range on every set with one to three reps left in the tank. Then add the smallest increment available and start again at the bottom of the range. That is the whole method — repeated for months, it is what builds and keeps muscle.

ON LOW-ENERGY DAYS

Do not skip. Cut to one set of the first four exercises and keep the weight the same. A short session preserves far more than a missed one, and it keeps the habit intact through the weeks when the medication hits hardest.

Four smaller levers, all worth pulling.

Protein and lifting do most of the work. These four make that work land.



Creatine monohydrate 3–5 g daily

The most studied supplement in sports nutrition, and one of the few worth the money. It supports training performance and strength, which indirectly protects lean mass. Timing does not matter — take it whenever you will remember. Plain monohydrate is all you need; the expensive forms offer nothing extra.



Sleep 7–9 hours

Short sleep shifts weight loss away from fat and toward lean tissue, and it makes training feel harder than it is. If you can only fix one thing this month, fix a consistent bedtime. It is free and it changes your results.



Hydration and fibre Steady, all day

Eating much less means drinking much less, since a good share of daily fluid normally comes from food. Sip through the day rather than in large volumes at meals, which crowds out protein. Adequate fluid and fibre also ease the constipation many people report on these medications.



Keep the deficit sensible Don't crash

The faster you lose, the larger the share that comes from muscle. Losing weight steadily — not as fast as the medication will allow — keeps more lean mass, keeps training quality up, and is far easier to hold on to. If the scale is dropping very fast and you cannot eat, that is a conversation for your prescriber and your coach, not something to push through.

The scale cannot tell you what you lost.

A scale reports one number: total mass. It cannot distinguish a pound of fat from a pound of muscle, and on a GLP-1 it will move quickly either way. Two people can lose fifteen pounds and end up in completely different bodies.

Weigh yourself if you find it useful, but judge your progress on the measures below. When strength is holding or climbing while the tape shrinks, you are doing this correctly.

SIGNAL 1

Strength numbers

The single best proxy you have. Log the weight and reps on your main lifts. Holding your numbers in a deficit is a win; adding to them is excellent.

SIGNAL 2

Tape measurements

Waist, hips, chest, thigh, upper arm. Same spots, same conditions, every two to four weeks. A shrinking waist with a stable thigh and arm is exactly the pattern you want.

SIGNAL 3

Body composition

An InBody or DEXA scan every eight to twelve weeks separates fat mass from lean mass directly. Use the same machine and the same conditions each time; trends matter more than any single reading.

SIGNAL 4

Photos and how you feel

Monthly photos in the same light and clothing. Alongside them, note energy, sleep, and whether stairs and groceries feel easier. Function is the point.

A slower scale can be the better result

If you add muscle while losing fat, the scale moves less than expected — and your body changes more. Clients who train and eat enough protein routinely report the same thing: fewer pounds lost, more clothes that fit differently.

One week, laid out.

A three-day template. Protein target does not change on rest days — that is the point of it.

MON Full body A 45–55 min Protein 150 g	TUE Walk 20–40 min easy Protein 150 g	WED Full body B 45–55 min Protein 150 g	THU Rest Mobility if you like Protein 150 g	FRI Full body A Add a rep or a plate Protein 150 g	SAT Walk or activity Something you enjoy Protein 150 g	SUN Rest & prep Cook protein for the week Protein 150 g
--	--	--	--	---	---	--

IF YOU ONLY HAVE TWO DAYS

Keep Monday and Thursday as your two full-body sessions and let everything else be walking. Two hard sessions a week, done every week, beats four sessions you abandon by month two.

WORK AROUND YOUR INJECTION DAY

Many people feel worst in the first day or two after a dose. Put your training and your biggest protein meals on the days you reliably feel best, and keep shakes on hand for the rest.

Start here. Tick these off this week.

Print this page and put it on the fridge.

☐**Work out my daily protein number**

Body weight in pounds $\times$ 0.8, or in kilograms $\times$ 1.8. Write it down where you will see it.

☐**Buy a protein powder and a case of ready-to-drink shakes**

This is the single highest-leverage purchase on the list.

☐**Eat protein first at every meal**

Before the carbs, before the vegetables, before you fill up.

☐**Book two resistance sessions into the calendar**

Treat them like appointments. Non-consecutive days, 45 minutes each.

☐**Log every set: weight and reps**

A notebook works. Without a log there is no progressive overload.

☐**Start 3–5 g of creatine monohydrate daily**

Clear it with your prescriber first if you have kidney concerns.

☐**Set a fixed bedtime aiming for 7–9 hours**

Same time every night, weekends included.

☐**Take baseline measurements and photos**

Waist, hips, thigh, arm. You cannot compare to a baseline you never took.

☐**Keep a water bottle in sight and refill it**

Sip between meals rather than with them.

☐**Tell my prescriber I am starting resistance training**

Keep your medical team in the loop, especially if you have other conditions.

☐**Book a consult and get a plan built for my body**

Details on the back cover. Free, no obligation.

Weekly protein & training log.

Photocopy or reprint this page each week. My daily protein target: _____ g

DAY	PROTEIN HIT	TRAINED	SLEEP	NOTES — ENERGY, APPETITE, ANYTHING UNUSUAL
-----	-------------	---------	-------	---

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

MONTHLY CHECKPOINT

MEASURE	BASELINE	MONTH 1	MONTH 2
---------	----------	---------	---------

Waist

Hips

Thigh / upper arm

Squat / press — best set

Body fat / lean mass, if scanned

The questions clients actually ask.

Do I need to eat more to build muscle?

Not to keep it. Preserving muscle in a deficit is a different job from building it in a surplus, and preserving is the goal here. With enough protein and hard training, beginners often gain a little strength and even some muscle while losing fat. You do not need to abandon the deficit to protect your lean mass.

Is cardio bad?

No. Cardio is good for your heart, blood pressure and mood, and daily walking is one of the healthiest habits you can build. The mistake is using cardio *instead of* lifting, or stacking hours of it on top of an already low calorie intake. Lift first; add cardio you enjoy around it.

What if I can barely eat?

Then get your protein in liquid form and stop trying to force whole meals. A shake, a ready-to-drink bottle, Greek yogurt, cottage cheese, milk. Two liquid servings and one small solid meal can hit a full target. If you genuinely cannot manage food or fluid for more than a day or two, contact your prescriber — that is a medical issue, not a discipline issue.

Will lifting make the scale stall?

Sometimes, briefly. New training brings a little muscle glycogen and water into the muscle, which can mask a week or two of fat loss. That is a cosmetic delay on the scale, not a stall in progress. This is exactly why the tape and your strength log matter more.

I'm 60-plus and I've never lifted. Is this for me?

It is more important for you, not less. Age already works against lean mass, so rapid weight loss without training hits harder. Resistance training is well established as safe and effective into later decades when it is programmed and coached properly — which is what a corrective-exercise background is for.

What happens when I come off the medication?

Appetite returns, and some weight regain is common. The muscle you kept is what determines how that goes: more lean mass means a higher maintenance calorie intake and a body that handles the extra food better. The habits in this guide are what carry you through the transition, so build them now rather than later.

Twenty years of making people genuinely stronger.

David Edwards is an ISSA Master Trainer, NASM Corrective Exercise Specialist and Sports Nutrition Specialist with more than twenty years of coaching experience — from young athletes to corporate executives, including the late David Rockefeller.

He believes fitness is not about the number on the scale. It is about building a body that is strong, capable and built to last. For people on GLP-1 medications, that means one thing above all: protecting the muscle that protects your metabolism, your joints and your results.

Featured in *Men's Journal*, David coaches 1-on-1 in clients' homes across northern and central New Jersey, and online statewide and beyond. Every plan is built around your body, your equipment and your life — never a template.

2005

Coaching career began

Twenty years training clients of every age and ability.

ISSA

Master Trainer

The highest tier of personal-training certification.

NASM

Corrective Exercise Specialist

Movement, posture and injury prevention.

Press

Featured in Men's Journal

National recognition as a fitness expert.

HOW THE COACHING WORKS

In-home 1-on-1 training anywhere in the New Jersey service area, online and hybrid coaching statewide and beyond, and nutrition coaching built around your real life. No commute, no crowded gym, no equipment required — David works with the space you have.

Please read this before you start.

Medical disclaimer

This guide is educational only. It is not medical advice, diagnosis or treatment. David Edwards is a certified fitness and nutrition coach — not a licensed physician, dietitian or pharmacist — and nothing here is intended to replace the care of your prescribing healthcare provider.

GLP-1 medications are prescription medications. This guide contains no dosing guidance and makes no recommendation for or against any medication. All decisions about starting, adjusting, pausing or stopping a medication belong to you and your prescriber.

Consult your physician before beginning any new exercise or nutrition programme, particularly while taking a prescription medication, and before starting any supplement including creatine. Individual results vary and depend on consistency, effort and individual circumstances.

Contact your healthcare provider promptly if you experience

Persistent vomiting or inability to keep fluids down · severe or ongoing abdominal pain · signs of dehydration · rapid unintended weight loss · dizziness, fainting or symptoms of low blood sugar · new or worsening weakness · chest pain or shortness of breath during exercise. Stop training and seek medical guidance rather than pushing through.

REFERENCES

1. Wilding JPH, Batterham RL, Calanna S, et al. Once-weekly semaglutide in adults with overweight or obesity (STEP 1). *N Engl J Med*. 2021;384(11):989–1002.
2. Jastreboff AM, Aronne LJ, Ahmad NN, et al. Tirzepatide once weekly for the treatment of obesity (SURMOUNT-1). *N Engl J Med*. 2022;387(3):205–216.
3. Morton RW, Murphy KT, McKellar SR, et al. A systematic review, meta-analysis and meta-regression of the effect of protein supplementation on resistance training-induced gains in muscle mass and strength. *Br J Sports Med*. 2018;52(6):376–384.
4. Murphy CH, Hector AJ, Phillips SM. Considerations for protein intake in managing weight loss in athletes. *Eur J Sport Sci*. 2015;15(1):21–28.
5. Hector AJ, Phillips SM. Protein recommendations for weight loss in elite athletes. *Int J Sport Nutr Exerc Metab*. 2018;28(2):170–177.
6. Schoenfeld BJ, Ogborn D, Krieger JW. Dose-response relationship between weekly resistance training volume and increases in muscle mass. *J Sports Sci*. 2017;35(11):1073–1082.
7. Kreider RB, Kalman DS, Antonio J, et al. ISSN position stand: safety and efficacy of creatine supplementation in exercise, sport and medicine. *J Int Soc Sports Nutr*. 2017;14:18.
8. Nedeltcheva AV, Kilkus JM, Imperial J, et al. Insufficient sleep undermines dietary efforts to reduce adiposity. *Ann Intern Med*. 2010;153(7):435–441.
9. Hirshkowitz M, Whiton K, Albert SM, et al. National Sleep Foundation's sleep time duration recommendations. *Sleep Health*. 2015;1(1):40–43.

Lean-mass figures are drawn from the body-composition sub-studies of references 1 and 2 and are stated as a conservative range. Participants in those trials were not following a structured protein and resistance-training protocol. Not affiliated with, endorsed by or sponsored by Novo Nordisk, Eli Lilly or any pharmaceutical manufacturer. Ozempic®, Wegovy®, Mounjaro® and Zepbound® are registered trademarks of their respective owners.

NEXT STEP

Book a free GLP-1 coaching consult.

A real conversation about where you are, what you're worried about, and exactly how to lose fat while protecting your muscle. No cost, no pressure, no obligation.

EMAIL

Davidedwardsfitness1@gmail.com

PHONE

+1 (917) 545-3310

WEBSITE

davidedwardsfitness.com

FOLLOW

Instagram [@instant_fitness_health](#)

YouTube [@Instantfitnessandhealth](#)



Scan to book your
free assessment session

David Edwards

INSTANT FITNESS & HEALTH

In-home & online personal training across New Jersey.
© 2012–2026 David Edwards. All rights reserved.

GLP-1 MUSCLE-PRESERVATION GUIDE
2026 EDITION