

Do Your GLP-1 Patients Struggle with Digestive Irregularities?¹



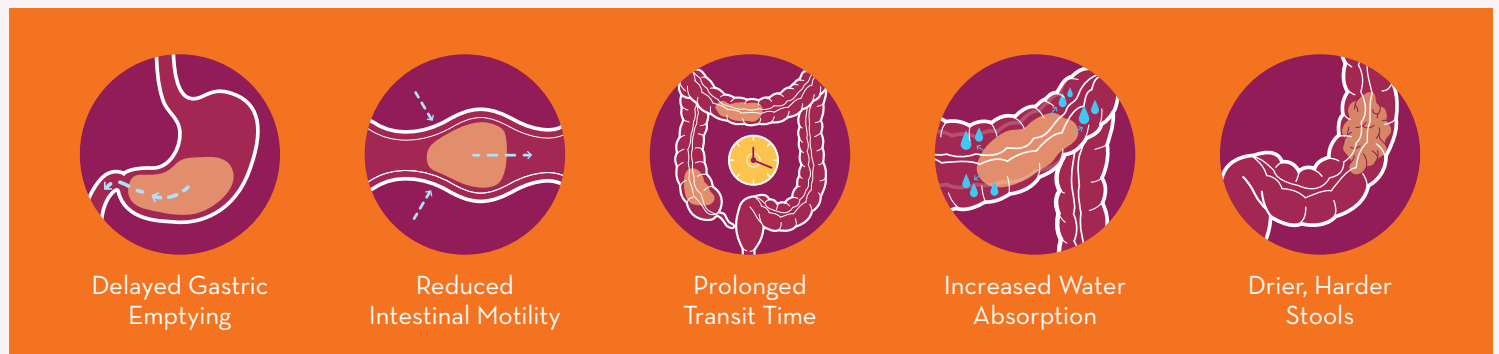
They're not alone

Gastrointestinal (GI) adverse effects (AEs) are common in patients taking GLP-1s²⁻⁶. Left unmanaged, GI events can lead to treatment discontinuation before your patient has even had a chance to benefit from it¹⁻⁶. Irregularity tends to last longer than other GI side effects, putting patients at greater risk of treatment discontinuation¹.

What's behind digestive irregularity with GLP-1s?

How GLP-1s Work^{1,7,8}

- One of the primary mechanisms through which GLP-1 medications exhibit their activity is by **delayed gastric emptying**.
- Delayed emptying reduces the **frequency** and **speed** of movements in the intestines, resulting in a **slower transit time** for food and waste.
- As a result, leading to increased water absorption and, consequently, harder and drier stools that are more difficult to pass.



Your patients may not be getting enough daily fibre⁹

GLP-1s are associated with creating a sensation of fullness or satiety, which may reduce the desire to eat and drink, potentially causing a decrease in dietary fibre intake and fewer bowel movements.

Increased satiety → Decreased food/water consumption → Decreased fibre intake → Smaller, firmer stools

The 2024 Obesity Society Nutritional Guidelines recommend patients with constipation ensure proper hydration and adequate fibre intake.

Recommended Intakes^{10*}

Fluid	Protein	Dietary fibre	Energy	Micronutrients
>2 -3 L/day	>60 g/day (up to 1.5 g/kg BW/day)	>21 g/day (women) >30 g/day (men)	1200-1500 kcal/day (women) 1500-1800 kcal/day (men)	Treat preexisting deficiencies and counsel on adequate micronutrient intake. Consider supplementation with vitamin D, calcium, and a complete multivitamin.

Consider adding a fibre supplement to help your patients reach their daily fibre intake goals.¹⁰

* Nutritional needs vary based on age, sex, body weight (BW), physical activity and other factors. The following are acceptable macronutrient distribution ranges: protein, 10%-30% of energy intake; carbohydrates, 45%-65% of energy intake; fat, 20%-35% of energy intake. Treatment of micronutrient deficiencies may require targeted micronutrient supplementation rather than reliance on food sources. GLP-1 = glucagon-like peptide-1 agonists

How Metamucil Can Help Your Patients with Irregularity Issues



The medicinal ingredient in Metamucil Psyllium Husk Powder is 100% naturally sourced psyllium fibre husk (*Plantago ovata*), a type of viscous soluble fibre that has been shown to:



Provide gentle relief of irregularity*



Help lower cholesterol levels† to promote heart health



Help support healthy blood sugar levels

Metamucil is versatile and convenient

- Available in a variety of forms, including powders and capsules so Metamucil can easily be incorporated into a patient's daily routine.

“When recommending a fibre supplement, only a soluble nonfermenting, gel-forming fibre [i.e., psyllium] has been clinically proven to provide all of the health benefits typically associated with a fibre supplement.”

- Evidence-Based Approach to Fiber Supplements and Clinically Meaningful Health Benefits (*Nutr Today*.2015;50(2):90-97).¹¹

Please consult product label for dosing information.

Health Canada recognizes the physiological effects of novel fibre sources, like psyllium husk, for improving regularity by increasing stool bulk.^{12,13}

“Psyllium is the most efficacious investigated fibre” at providing relief of irregularity, according to a comprehensive meta-analysis of 16 RCTs involving 1251 participants with chronic irregularity^{14,5}.

Metamucil is made of viscous soluble fibre, recommended by Diabetes Canada for patients in need of supplemental fibre¹⁵

If your patients are taking a GLP-1 and are experiencing digestive irregularities, consider recommending Metamucil



* Among doctors who recommended a brand of Fibre Supplement in a ProVoice™ 2024 survey. * By relieving irregularity.

† Lowers mildly to moderately elevated cholesterol levels when taken with a low-fat diet. † Fibre sources investigated in this meta-analysis included psyllium, a mix of inulin and another fibre, galacto-oligosaccharides, pectin, wheat bran, and polydextrose.¹⁴

1. Gorgojo-Martínez JJ et al. Clinical recommendations to manage gastrointestinal adverse events in patients treated with GLP-1 receptor agonists: a multidisciplinary expert consensus. *J Clin Med* 2023;12:145. <http://doi.org/10.3390/jcm12010145>. 2. Current Mounjaro (tirzepatide) Product Monograph. Eli Lilly Canada Inc. 3. Current Ozempic (semaglutide) Product Monograph. Novo Nordisk Canada. 4. Current Wegovy (semaglutide) Product Monograph. Novo Nordisk Canada. 5. Current Saxenda (liraglutide) Product Monograph. Novo Nordisk Canada. 6. Current Trulicity (dulaglutide) Product Monograph. Eli Lilly Canada Inc. 7. Pedersen SD, Manjoo P, Wharton S. Canadian Adult Obesity Clinical Practice Guidelines: Pharmacotherapy for Obesity Management. Available from: <https://obesitycanada.ca/guidelines/pharmacotherapy>. Accessed November 3, 2024. 8. Zheng Z et al. Glucagon-like peptide-1 receptor: mechanisms and advances in therapy. *Signal Transduction and Targeted Therapy*; 2024(9):234. 9. Health Canada. Fibre. Available at <https://www.canada.ca/en/health-canada/services/nutrients/fibre.html>. Accessed November 4, 2024. 10. Almandoz JP et al. Nutritional considerations with antiobesity medications. *Obesity (Silver Spring)* 2024;32:1613-1631. 11. McRorie JW. Evidence-Based Approach to Fiber Supplements and Clinically Meaningful Health Benefits. *Nutr Today*.2015;50(2):90-97. 12. Health Canada. Policy for Labelling and Advertising of Dietary Fibre-Containing Food Products. Revised May 2017. Available at <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/labelling-advertising-dietary-fibre-food-products.html>. Accessed January 7, 2025. 13. Health Canada. List of Dietary Fibres Reviewed and Accepted by Health Canada's Food Directorate. Revised June 2021. Available at <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/list-reviewed-accepted-dietary-fibres.html>. Accessed January 7, 2025. 14. van der Schoot A et al. The effect of fiber supplementation on chronic constipation in adults: an updated systematic review and meta-analysis of randomized controlled trials. *Am J Clin Nutr* 2022;116:953-969. 15. Sievenpiper JL et al. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: Nutrition Therapy*. Can J Diabetes 2018;42(Suppl 1):S88-S103.