

MK-677 (Ibutamoren)

Patient Education Guide — What It Does, Why a Physician Would Prescribe It, and What the Evidence Says

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Important Disclaimer

This information is not medical advice and is provided only to help begin your research. All clinical and dosing decisions must be made with a licensed, experienced physician and a licensed, experienced compounding pharmacist, supported by published clinical studies. This material was compiled using Artificial Intelligence, statements from videos and websites by apparent qualified professionals, and available published research. Anyone starting a medication they have never taken before should take an extremely conservative approach. We are not affiliated with any of the doctors whose videos are referenced below.

MK-677 (Ibutamoren) Investigational Oral Capsule

Also known as: Ibutamoren mesylate, MK-0677

Category: Growth Hormone Support — Oral Ghrelin-Receptor Secretagogue

How it works. MK-677 is not technically a peptide—it is an orally active small molecule that does a peptide's job. It mimics ghrelin at the ghrelin receptor, signaling the pituitary to release growth hormone and raising IGF-1, while the body's natural feedback mechanisms stay intact. Its two standout features are the oral route—no injections—and a long half-life of roughly 24 hours, producing sustained elevation of GH pulse amplitude and IGF-1 with once-daily dosing. Because it mimics the "hunger hormone," a meaningful appetite increase is part of the package for many patients.

Why a physician might discuss it. MK-677 was originally developed for muscle wasting, frailty, and age-related GH decline. The best-known long-term study, in healthy older adults, showed that 25 mg daily restored GH and IGF-1 levels to those of healthy young adults and increased appendicular lean mass by about 1.6 kg over a year versus placebo. In practice, it is discussed for patients who want GH-axis support but cannot or will not inject—with sleep depth, recovery, and lean-mass preservation as the realistic goals. It is not FDA-approved; its development program was never completed to approval.

What to know before starting. The side-effect profile is well characterized and deserves respect: increased appetite, water retention and edema, occasional joint aches or tingling, and—most importantly—elevations in blood glucose and reductions in insulin sensitivity with sustained use. Patients with diabetes, prediabetes, or metabolic syndrome need a serious conversation and glucose monitoring before and during use; congestive heart failure history is a specific caution flagged in the trial literature. Active or recent cancer is a contraindication for the same IGF-1 reasons that apply to every GH-axis compound. WADA-tested athletes will fail drug testing. Lowest effective dose, monitored labs, no exceptions.

Published Evidence: Nass et al. (*Ann Intern Med*, 2008) conducted a 2-year, double-blind, randomized, placebo-controlled trial of MK-677 25 mg daily in 65 healthy older adults: GH and IGF-1 rose to young-adult levels, fat-free mass increased significantly, and the effect persisted with continued treatment. The same literature documents increased fasting glucose and decreased insulin sensitivity—the trade-off every prescriber should discuss up front.

Key Study: Nass R, et al. "Effects of an oral ghrelin mimetic on body composition and clinical outcomes in healthy older adults." *Ann Intern Med*. 2008;149(9):601-11.

Recommended Videos (educational, independent sources)

► **Dr. Alex Tatem, MD — Board-Certified Urologist** — MK-677: Muscle Growth or Metabolic Disaster?
<https://www.youtube.com/watch?v=XsW8AGchV14>

► **Dr. Alex Tatem, MD** — MK-677 Review by a Doctor | Is It Safe or Hype?
<https://www.youtube.com/watch?v=IrjswsuYZRU>

► **The Anabolic Doc — Testosteronology Health Portal** — Sermorelin & Ibutamoren (MK-677) — HGH Secretagogues: Doc's Analysis of Side Effects & Properties
https://www.youtube.com/watch?v=_OHm24N9iXM

