

Semaglutide

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.

Semaglutide FDA-Approved

Generic for: Ozempic, Wegovy, Rybelsus

Category: GLP-1 Receptor Agonist — Weight Management & Type 2 Diabetes

How it works. Semaglutide is a long-acting analog of glucagon-like peptide-1 (GLP-1), a hormone your gut releases after you eat. It binds to GLP-1 receptors in the pancreas, gut, and brain. The result is a cascade of metabolic effects: reduced appetite and "food noise," slower stomach emptying so you feel full longer, better insulin release in response to meals, and lower fasting glucose. This is not a supplement or a wellness hack—it is a pharmacologically active medicine with real benefits and real risks.

Why a physician prescribes it. Semaglutide is FDA-approved under branded products: Ozempic for type 2 diabetes, Wegovy for chronic weight management in adults with obesity or overweight plus a weight-related comorbidity, and Rybelsus as an oral formulation for diabetes. It is particularly useful for patients whose appetite dysregulation, portion control struggles, or constant food thoughts make diet adherence nearly impossible. The clinical rationale is strongest when weight or metabolic risk is well-documented and lifestyle modification alone has not been sufficient.

What to know before starting. Semaglutide is contraindicated in patients with a personal or family history of medullary thyroid carcinoma or MEN-2. It should be used cautiously in anyone with a history of pancreatitis, gallbladder disease, severe gastrointestinal disease, active eating disorder, or pregnancy plans. Patients on insulin or sulfonylureas need dose adjustments to avoid hypoglycemia. Rapid weight loss on any GLP-1 also means muscle loss unless you are deliberately protecting lean mass with adequate protein intake and resistance training—this is a conversation every serious prescriber has with every patient.

Published Evidence: The STEP-1 trial (n=1,961) showed mean weight loss of 14.9% with semaglutide 2.4 mg weekly versus 2.4% with placebo at 68 weeks (*N Engl J Med*, 2021). The SELECT cardiovascular outcomes trial subsequently demonstrated reduced major adverse cardiovascular events in adults with overweight or obesity and established cardiovascular disease—expanding the clinical rationale beyond weight loss alone.

Key Study: Wilding JPH, et al. "Once-Weekly Semaglutide in Adults with Overweight or Obesity." *N Engl J Med*. 2021;384(11):989-1002. (STEP-1)

Recommended Videos (educational, independent sources)

► **Dr. William Seeds — Mind Pump Show** — Ozempic the Miracle Fat Loss Peptide: The Truth with Dr. William Seeds
<https://www.youtube.com/watch?v=xI6Rs-LTSKc>

► **Alila Medical Media** — Semaglutide (Ozempic, Wegovy, Rybelsus) — Mechanisms of Action and Pharmacology, Animation
<https://www.youtube.com/watch?v=ZteQT00cRR0>

► **Dr. Sundeep Ruder, Endocrinologist — Bhekisisa Health Beat** — How does semaglutide (Ozempic) work for weight loss — find out from an expert
<https://www.youtube.com/watch?v=-i1eOmj0QhM>

