

Tirzepatide

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.

Tirzepatide FDA-Approved

Generic for: Mounjaro, Zepbound

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

How it works. Tirzepatide is a dual receptor agonist that engages both the GLP-1 receptor and the GIP (glucose-dependent insulintropic polypeptide) receptor. It is not simply a stronger version of semaglutide—the addition of GIP activation appears to enhance insulin sensitivity, change appetite signaling in ways distinct from pure GLP-1 activation, and potentially improve lipid handling. The dual mechanism produces a broader incretin-based metabolic effect than GLP-1 activation alone.

Why a physician prescribes it. A doctor may reach for tirzepatide when a patient needs more aggressive weight loss, has type 2 diabetes, has plateaued on semaglutide, or requires a stronger metabolic intervention. Greater efficacy also brings greater responsibility: patients who lose 20–25% of their body weight can lose significant lean mass, alter their gallbladder dynamics, and shift the way they metabolize other medications. The goal is the lowest effective dose the patient can tolerate—not the maximum labeled dose. Many patients hit their weight-loss target at 5–10 mg weekly and never need the 15 mg ceiling.

What to know before starting. The safety profile overlaps with semaglutide: same class-level cautions around thyroid carcinoma and MEN-2, pancreatitis, gallbladder disease, dehydration, and hypoglycemia when combined with insulin or sulfonylureas. GI intolerance can be more pronounced at higher doses. Because delayed gastric emptying changes the absorption of anything taken by mouth, tell your prescriber about every oral medication you are on. And once again: expect a serious conversation about protein intake and resistance training so the weight you lose is fat, not muscle.

Published Evidence: The SURMOUNT-5 trial (2025) directly compared tirzepatide with semaglutide in adults with obesity but without diabetes (n=751). At 72 weeks, tirzepatide achieved –20.2% weight loss versus –13.7% with semaglutide (P<0.001), and waist circumference reduction was –18.4 cm versus –13.0 cm (P<0.001). Patients on tirzepatide were more likely to achieve ≥10%, ≥15%, ≥20%, and ≥25% weight loss. *N Engl J Med* 2025;393:26-36.

Key Study: Aronne LJ, et al. "Tirzepatide as Compared with Semaglutide for the Treatment of Obesity." *N Engl J Med*. 2025;393:26-36. (SURMOUNT-5)

Recommended Videos (educational, independent sources)

► **Dr. Craig Koniver — Huberman Lab** — Peptide & Hormone Therapies for Health, Performance & Longevity
https://www.youtube.com/watch?v=wRsX_ZkzxvQ

► **Dr. Meghan, MD — Weight Medicine** — Mounjaro/Zepbound — Stomach Paralysis? (Obesity Doctor)
<https://www.youtube.com/watch?v=4Mnoi2aoSPU>

► **Dr. Meghan, MD — Weight Medicine** — Tirzepatide + Metformin — How To Combine? (Obesity Doctor)
<https://www.youtube.com/watch?v=zyIJZ-A1Cbk>

