

THE JUVENATE GUIDE SERIES

The GLP-1 *Glow-Up* Guide

Protect your skin, hair and strength while you lose weight

A calm, practical companion for women taking, or thinking about, Ozempic, Wegovy or Zepbound. Simple routines, gentle habits and the right questions to bring to your prescriber.

PART 1

Skin & the “Ozempic face” effect

PART 2

Hair thinning & shedding

PART 3

Muscle, strength & protein

PART 4

Checklist & prescriber questions

WELCOME

Losing weight, keeping your glow

GLP-1 medicines have changed how many women approach weight loss. If you are on one, or considering one, you may also have heard about changes to the face, skin, hair and muscle. This guide explains why those changes can happen and what you can do, day to day, to look after yourself along the way.

18% of U.S. adults said they had ever taken a GLP-1 drug, including 12% who were taking one at the time, in KFF's November 2025 Health Tracking Poll. Current use was highest among adults aged 50–64, at 22%.⁶

Why weight loss can show up in your face, skin, hair and muscle

- **Face and skin.** The American Academy of Dermatology (AAD) notes that people on GLP-1 drugs report less fullness in the face, sagging, wrinkles and a crepe-like texture. Dermatologists say this is partly due to rapid weight loss, and these drugs may also affect collagen and muscle.¹
- **Dryness.** The AAD links dry skin to hormone changes and to eating and drinking less often.¹
- **Hair.** Sudden weight loss can trigger a temporary shedding phase called telogen effluvium. Eating less may also leave you short on the protein and nutrients hair needs.^{1,2}
- **Muscle and bone.** Weight loss can reduce muscle and bone as well as fat, especially with low protein or little physical activity, or at older ages.⁴

A note for midlife women

The Menopause Society points out that midlife women have been especially drawn to GLP-1 medicines, and that menopause-related changes in body composition matter when planning weight care.⁷ If you are in perimenopause or menopause, tell your prescriber. Your plan may need to account for it.

How to use this guide

Read it once, then keep the **checklist (page 9)** and the **prescriber questions (page 10)** handy for your next appointment. Start with one or two changes, not all of them at once.



Your prescriber leads, this guide supports. Nothing here replaces medical care. Never start, stop or change any medication without talking to the clinician who prescribes it.

PART 1 · SKIN

Skin and the “Ozempic face” effect

“Ozempic face” is a popular nickname, not a medical diagnosis. It describes the hollower, looser look some people notice as fat in the face shrinks during weight loss.

WHAT YOU MIGHT NOTICE

- Less fullness in the cheeks and temples
- Softer jawline, more visible folds
- Fine lines and crepe-like texture
- Dry or tight-feeling skin
- Loose skin on the body

WHAT HELPS, REALISTICALLY

Skincare can't replace lost volume, but it can protect skin, support its barrier and improve texture and tone over time. Consistency matters more than the number of products.

The AAD notes that “anyone that loses weight quickly notices changes in their face.”¹ Some women ask their prescriber whether a steadier pace of weight loss would suit them.

A simple, skin-kind daily routine

Morning

- 1 **Gentle cleanse** (or just a water rinse if skin is dry).
- 2 **Hydrating or peptide serum.** Look for hyaluronic acid, glycerin or topical peptides.
- 3 **Moisturizer** with ceramides to support the skin barrier.
- 4 **Broad-spectrum sunscreen, SPF 30 or higher,** every day, as the AAD recommends.³

Evening

- 1 **Cleanse** to remove sunscreen and makeup.
- 2 **Retinoid** 2–3 nights a week to start, building up slowly if your skin is comfortable.
- 3 **Richer moisturizer.** On non-retinoid nights, a peptide cream works well here.
- 4 **Extra care** for neck, chest and hands, which are often forgotten.

Go gently

Skin that is dry from eating and drinking less can be more easily irritated. Add one new product at a time, patch-test first, and stop anything that stings or burns. If you are pregnant, trying to conceive or breastfeeding, ask your doctor before using retinoids.

PART 1 · SKIN, CONTINUED

Your ingredient guide

Ignore the marketing and read the ingredient list. These are the ingredients worth knowing. We name ingredients, not brands. Many affordable options contain them.

SUPPORT**Topical peptides**

Short chains of amino acids used in serums and creams, such as palmitoyl pentapeptide-4, palmitoyl tripeptide-1 and copper tripeptide-1. They are gentle and pair well with other products. Evidence is more limited than for retinoids, so think of them as a supportive extra.

In this guide, "peptides" means skincare ingredients you apply to the skin only.

RENEW**Retinoids**

Vitamin A derivatives, such as retinol, retinal (retinaldehyde) and adapalene, are among the most studied ingredients for fine lines and texture. Expect some dryness at first. Prescription-strength options are a conversation for your dermatologist.

PROTECT**Sunscreen**

The AAD recommends a **broad-spectrum** sunscreen with **SPF 30 or higher**, which helps prevent sunburn and early signs of skin aging and lowers skin cancer risk.³ Mineral filters (zinc oxide, titanium dioxide) tend to suit sensitive skin.

HYDRATE**Moisturizers**

Look for **humectants** (hyaluronic acid, glycerin) that draw in water, **barrier lipids** (ceramides, cholesterol, fatty acids) and **soothers** (niacinamide, panthenol). Apply to slightly damp skin.

When to ask a dermatologist about in-office options

If volume loss or loose skin bothers you, the AAD suggests seeing a **board-certified dermatologist**. The procedures dermatologists offer include soft-tissue fillers, fat transfer, laser treatments and platelet-rich plasma treatments.¹ Consider a consultation if:

- Changes in your face or skin are affecting how you feel day to day
- Over-the-counter care hasn't helped after a few months of consistent use
- You have rashes or irritation where loose skin folds together, which the AAD notes can happen¹
- You notice new acne, unusual sweating, or irritation at injection sites



Timing matters. Ask your dermatologist and prescriber together whether it makes sense to wait until your weight is stable before considering any procedure.

PART 2 · HAIR

Hair thinning and shedding

More hair in your brush can be upsetting. The most common pattern after rapid weight loss is usually temporary.

Why it happens: telogen effluvium

The AAD explains that it's normal to shed 50 to 100 hairs a day. Shedding significantly more is called **telogen effluvium**, and losing 20 pounds or more is one of the listed triggers.² Shedding is typically noticed a few months after the trigger. As the body readjusts it tends to settle, with fullness often returning within six to nine months. If the stressor continues, shedding can last longer.² For GLP-1 users, the AAD notes that eating less may leave you short on protein, vitamins and nutrients, and that the drugs might also affect hair directly.¹ A 2025 meta-analysis of randomized trials found hair loss was reported more often with GLP-1 drugs than with placebo.⁹

NUTRITION BASICS

- **Protein** is the building block of hair. Prioritize it at every meal (see Part 3).
- **Iron:** low iron stores are a common, checkable cause of shedding in women.
- **Vitamin D:** ask whether your level should be checked.
- **Multivitamin:** an AAD dermatologist suggests a standard daily multivitamin while on a GLP-1.¹ Ask your doctor first.

A WORD ON BIOTIN

True biotin deficiency is uncommon, and more isn't better. The FDA warns that biotin, often found in high amounts in "hair, skin and nails" supplements, can interfere with some lab tests, including a key heart test.⁸

Always tell your doctor and lab if you take biotin, and don't take supplements in place of a proper check-up.

When to get labs checked

Ask your doctor about blood work if shedding is heavy, lasts more than a few months, or comes with fatigue, feeling cold, or brittle nails. They may consider tests such as a **complete blood count, ferritin (iron stores), vitamin D, thyroid function** and others based on your history. The AAD also recommends seeing a dermatologist to diagnose your type of hair loss, ideally *before* starting a GLP-1 if you already have hair concerns.¹

Gentle hair care while you wait it out

- Use a mild shampoo and conditioner. Detangle wet hair gently with a wide-tooth comb.
- Skip tight ponytails, buns and extensions that pull on the scalp.
- Lower the heat on dryers and irons, and use them less often.
- Wait on harsh chemical treatments (bleach, perms, relaxers) until shedding settles.

PART 3 · STRENGTH

Protecting muscle and strength

The goal is to lose fat while keeping as much muscle as possible. Muscle keeps you strong, steady on your feet and able to do the things you love.

A 2025 joint advisory from the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association and The Obesity Society warns that weight loss can reduce muscle and bone, especially with too little protein or activity, or at older ages.⁴ Its key message is that **protein and strength training work together**. More protein alone is unlikely to be enough without structured resistance training.⁴

Protein: general guidance

WHAT THE ADVISORY SAYS

- The general adult recommended allowance is **0.8 g per kg of body weight per day**.
- Higher targets of **1.2–1.6 g/kg/day** have been proposed during active weight loss.
- A simpler absolute target of **80–120 g per day** may be easier to follow.⁴

MAKE IT PERSONAL

The advisory notes that using your current body weight can overestimate needs, and that there's no single agreed method. Very high intakes for long periods aren't advised.⁴

Ask your doctor or a registered dietitian for your target, especially if you have kidney disease or another health condition.

Resistance training basics

The U.S. Physical Activity Guidelines advise adults to do **muscle-strengthening activities for all major muscle groups on 2 or more days a week**, plus at least **150 minutes a week** of moderate aerobic activity such as brisk walking. If you're new to exercise, they recommend you "start low and go slow."⁵

- **Work the big muscles:** legs, hips, back, chest and core.
- **Use what you have:** body weight, bands, light dumbbells or machines.
- **Pick an effort level:** choose a weight where the last few reps feel challenging but your form stays good.
- **Progress slowly:** add reps, then a set, then a little weight.
- **Rest between sessions:** leave a day between strength workouts for recovery.
- **Eat and drink first:** low intake can leave you light-headed, so have a snack and some water beforehand.



Check in first. Talk to your doctor before starting a new exercise program, especially if you have heart, joint or bone concerns, or if you feel dizzy or unusually tired on your medication.

PART 3 · YOUR STARTER WEEK

A simple weekly starter plan

This beginner template follows the Physical Activity Guidelines: strength on 2–3 days, walking most days, and rest built in.⁵ Adjust it to your energy, and get your doctor's okay first.

DAY	FOCUS	WHAT TO DO
Monday	Strength A	Circuit A below, 1–2 rounds. Finish with 5 minutes of easy stretching.
Tuesday	Walk	20–30 minute brisk walk. You can talk, but not sing.
Wednesday	Strength B	Circuit B below, 1–2 rounds.
Thursday	Walk + mobility	20–30 minute walk, plus gentle mobility or yoga.
Friday	Strength A (optional)	Repeat Circuit A, or rest if you're tired.
Saturday	Active fun	A longer walk, a dance class, gardening, swimming. Anything that feels good.
Sunday	Rest	Rest and recover. A relaxed stroll is fine.

CIRCUIT A

Lower body & push

- Sit-to-stand from a chair (squat)
- Wall or countertop push-ups
- Glute bridges
- Standing calf raises (hold a counter)
- Dead bug (core)

CIRCUIT B

Pull, carry & balance

- Resistance-band or dumbbell rows
- Step-ups onto a low step
- Split squats (hold a chair if needed)
- Farmer's carry with light weights
- Bird dog (core and balance)

How many?

Start with **8–12 controlled repetitions** of each move and rest as needed between exercises. When 12 reps feel easy for two sessions in a row, add a round or a little resistance. Stop if anything hurts, and ask a qualified trainer or physical therapist to check your form if you're unsure.

PART 4 · NUTRITION

Eating well when appetite is low

When you're less hungry, every bite counts more. Aim for small, nourishing meals rather than lots of food.

Protein-first eating

The joint advisory suggests eating protein-rich foods **first** in a meal, so you get enough before you feel full. It also suggests small, frequent meals when hunger is low, and setting a reminder to eat if you need one.⁴

EASY, LOWER-VOLUME PROTEINS

Foods the advisory highlights:⁴

- Fish and seafood
- Eggs
- Greek yogurt and cottage cheese
- Lean poultry
- Beans, peas and lentils
- Nuts, seeds and nut butters
- Smoothies and soups, which are often easier when food feels heavy

BUILD A MINI-PLATE

- 1 **Protein first:** a palm-sized portion, or a yogurt or egg-based option.
- 2 **Add color:** vegetables or fruit for fiber, vitamins and hydration.
- 3 **Then the rest:** whole grains or healthy fats if you still have room.

Shakes and bars can help close the gap on hard days.⁴ Choose options with short ingredient lists and modest added sugar.

Hydration

Eating and drinking less often can leave skin dry, as the AAD notes.¹ Thirst cues can be quieter on these medicines, so make hydration a habit rather than waiting until you're thirsty:

- Keep a water bottle where you can see it and sip through the day.
- Drink small amounts often if large glasses feel uncomfortable.
- Water-rich foods count too: soups, fruit, yogurt and cucumbers.
- Pale-yellow urine is a simple everyday sign you're on track.



Call your prescriber if you have ongoing nausea, vomiting, diarrhea or constipation, can't keep fluids down, or feel dizzy or faint. These symptoms need medical advice, not just diet tweaks.

PRINT ME · STICK ME ON THE FRIDGE

Your Glow-Up checklist

Tick what you're already doing and choose one new habit to add each week.

Every day

- ☐ Protein at every meal, eaten first
- ☐ Water bottle filled and sipped through the day
- ☐ Gentle cleanse and moisturizer, morning and night
- ☐ Broad-spectrum SPF 30+ on face, neck and hands
- ☐ Move a little: a walk, the stairs, a stretch
- ☐ Gentle with hair: no tight styles, less heat

Every week

- ☐ 2–3 strength sessions (Circuit A / B)
- ☐ About 150 minutes of brisk walking or similar
- ☐ Retinoid on 2–3 evenings, building up slowly
- ☐ Plan and shop for easy protein foods
- ☐ Note energy, hair, skin and digestion in a journal

With your care team

- ☐ Shared all medicines and supplements with my prescriber, including biotin
- ☐ Asked about my personal protein target
- ☐ Got the okay to start strength training
- ☐ Asked whether I need labs (iron/ferritin, vitamin D, thyroid, blood count)
- ☐ Mentioned perimenopause or menopause, if relevant
- ☐ Booked a dermatologist visit if hair or skin worries me

Call your prescriber if...

- ☐ Nausea, vomiting or diarrhea won't settle
- ☐ You can't keep fluids down or feel faint
- ☐ Hair shedding is heavy or lasts for months
- ☐ You feel unusually weak or tired

Remember: this checklist doesn't replace your care plan. Your prescriber and doctor know your health history, so bring it to your next visit and work through it together.

BRING THIS TO YOUR APPOINTMENT

Questions to ask your prescriber

Your prescriber is your partner in this. Asking questions helps you both stay on the same page.

- 1 Is my current pace of weight loss right for me? What pace should I expect, and should it change if my hair or skin is affected?
- 2 What daily protein target is right for me, given my kidneys and other health conditions? Should I see a registered dietitian?
- 3 Am I okay to start strength training? Are there movements I should avoid?
- 4 Should I have blood tests, such as iron/ferritin, vitamin D, thyroid or a blood count, now or later?
- 5 Should I take a multivitamin or any other supplement? Could any of them, such as biotin, affect my lab results?
- 6 Should my muscle or bone health be monitored, for example with a body-composition or bone-density test?
- 7 How do perimenopause or menopause affect my plan?
- 8 Which side effects should I call you about, and how quickly?
- 9 Do any of my other medicines or skincare treatments need adjusting? What if I am pregnant or planning a pregnancy?
- 10 Would a referral to a board-certified dermatologist help with my skin or hair concerns?

MY NOTES

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Thoughtful, evidence-minded guidance for women who want to look and feel their best at every age.

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