DR. Ravi Assomull

A PATIENT GUIDE FROM YOUR CARDIOLOGIST

Starting Mounjaro
& Staying Well On It

How tirzepatide works, how to take it safely, how to protect your muscle with food and movement — and how to come off it without undoing your progress.

Prepared by Dr Ravi Assomull, Consultant Cardiologist · www.cardiologist.london

A NOTE FROM YOUR CARDIOLOGIST

01 What Mounjaro is

Mounjaro is the brand name for **tirzepatide**, a once-weekly injection that mimics two natural gut hormones — **GLP-1** and **GIP** — which your body releases after you eat. Together they steady blood sugar and quieten appetite, which is why tirzepatide is used both to treat type 2 diabetes and to support safe, meaningful weight loss.

> *"The injection does the heavy lifting on appetite — but what protects your heart and preserves your muscle is what you eat, how you move, and how carefully you come off it. This guide is about all three."*
>
> — DR. RAVI ASSOMULL, CONSULTANT CARDIOLOGIST

What the two hormones do

Release insulin

Prompts insulin at the right time, steadying blood sugar after meals.

Slow emptying

Food leaves the stomach more slowly, so you feel full for longer.

Calm appetite

Signals fullness to the brain, so hunger and cravings ease.

A tool, not a cure

Tirzepatide works **while you take it** and while healthy habits are in place. It is most effective — and safest — when paired with a protein-rich diet, regular resistance and aerobic exercise, and a clear plan for the day you eventually come off it. The pages that follow walk through each of these in turn.

★ HOW TO USE THIS BOOKLET

Read it once from cover to cover, then keep the dosing schedule and the food-and-movement pages to hand. Bring any questions — and any troublesome side effects — to your next review before we step the dose up.

USING YOUR PEN

02 How to take it safely

The dose is increased slowly. Starting low and going up in steps gives your gut time to adjust and keeps side effects to a minimum. You only move up when you are tolerating the current dose well.

Your step-up schedule

STAGE	DOSE (ONCE WEEKLY)	WHAT IT'S FOR
Start	**2.5 mg × 4 weeks**	A gentle starting dose to settle the gut — not yet a treatment dose.
Step up	**5 mg × at least 4 weeks**	The first maintenance dose; many people do well here.
If needed	**↑ by 2.5 mg every ≥4 weeks**	7.5 → 10 → 12.5 mg, only if tolerated and more effect is needed.
Maximum	**15 mg**	The highest licensed dose. There is no "higher than 15 mg."

Increase only on your prescriber's advice. If a dose is not well tolerated, we hold or step back down rather than push on.

Where, when & how

- **Where:** inject into the abdomen, thigh or upper arm — rotate the site each week.
- **When:** the same day each week, any time of day, with or without food.
- **Changing your day?** Leave at least 3 days (72 hours) between any two injections.
- **Check the liquid:** it should be clear and colourless before you inject.

Pen care

- **Never share your pen** — even with a fresh needle.
- **Store** in the fridge (2–8°C); keep out of direct light. Brief periods at room temperature (below 30°C) are fine.
- **Dispose** of used pens in a sharps bin, never household waste.

★ MISSED A DOSE?

Take it as soon as you can **within 4 days (96 hours)** of the missed dose, then carry on with your usual weekly day. If more than 4 days have passed, **skip it** and take the next dose on schedule. Never take two doses within 3 days of each other.

WHAT TO EXPECT

03 Side effects & when to act

Most side effects are digestive, appear in the first days after a dose or a dose increase, and ease as your body adjusts. A few are serious and need prompt attention — know the difference.

Common & usually settling

- Nausea, and sometimes vomiting
- Diarrhoea or constipation
- Indigestion, reflux or burping
- Reduced appetite and feeling full quickly

Less common

- Injection-site irritation
- Tiredness or dizziness
- Faster heart rate
- Gallstones (uncommon)

Settling the gut

- **Eat slowly** and stop at the first sign of fullness.
- **Smaller, more frequent** meals beat large ones.
- **Go lighter on fatty, fried and very sweet foods** — they worsen nausea and reflux.
- **Sip fluids** through the day; ginger or peppermint can help.
- **Tell your team** if symptoms haven't settled before the next increase.

⚠ SEEK MEDICAL HELP — DO NOT WAIT

Pancreatitis: severe, persistent tummy pain (may spread to the back), often with vomiting — get urgent care. **Gallbladder:** upper-right pain, fever or yellowing of the skin/eyes. **Allergic reaction:** swelling, rash or trouble breathing — stop and call emergency services. **Dehydration:** ongoing vomiting or diarrhoea can harm the kidneys — sip fluids and seek advice.

BEFORE YOU START — TELL ME IF...

You or a close relative have had **medullary thyroid cancer or MEN2** (tirzepatide should be avoided). You take **insulin or a sulfonylurea** — these may need lowering to avoid low blood sugar. You have **diabetic eye disease** — keep up your retinal checks. If you take **the contraceptive pill**, use an additional barrier method for 4 weeks after starting and after each dose increase, as absorption can be reduced.

04 Eat to protect your muscle

When appetite drops sharply, weight can come off fast — but a portion of what's lost can be **muscle**, not just fat. Muscle protects your metabolism, your strength and your heart, so the single most important nutrition job during treatment is to **eat enough protein**.

1.6–2.0
G OF PROTEIN PER KG BODY WEIGHT, EACH DAY

25–40 g
PROTEIN AT EVERY MEAL — EAT IT FIRST

20–30 g
FIBRE A DAY TO EASE CONSTIPATION

Build every plate around protein

Because you'll eat less overall, make each bite count. Put protein on the plate first, add plenty of vegetables, then a modest portion of wholegrains, with olive oil as your main fat — a Mediterranean shape that also protects your arteries.

- **Good protein:** eggs, Greek yoghurt, fish, chicken, lean meat, tofu, beans and lentils.
- **Spread it out** across the day rather than in one big meal — muscle is built in steady instalments.

The supporting cast

- **Fibre & fluids** — vegetables, fruit, wholegrains and water keep constipation at bay.
- **Stay hydrated** — aim for regular drinks even when appetite is low.
- **Go easy on alcohol** — it adds empty calories, worsens reflux and can drop blood sugar.
- **Limit greasy, very sweet foods** — they sit heavily and feed nausea.

♥ THE ONE-LINE VERSION

Small meals, protein first, vegetables alongside. If you do nothing else, get enough protein — it is what lets the weight you lose come mostly from fat while keeping the muscle that keeps you strong.

EXERCISE DURING TREATMENT

05 Move to keep your muscle

Diet protects muscle; **resistance training builds and defends it**. It is the single most effective way to hold on to lean tissue while you lose weight — and it lowers blood pressure, improves blood sugar and reduces mortality in its own right.

2×
FULL-BODY STRENGTH SESSIONS A WEEK

10–27%
LOWER MORTALITY WITH REGULAR STRENGTH ACTIVITY

≥150 min
MODERATE AEROBIC ACTIVITY A WEEK

The weekly shape

- **Two strength sessions** covering all the major muscle groups, at least a day apart.
- **≥150 minutes** of brisk walking, cycling or swimming across the week.
- **One rest day** for recovery — gentle stretching only.

How hard should it feel?

Aim to finish your last few reps at about a 6-8 /10 effort level – You should still feel like you can do 2-3 more reps if needed. Rest about 60-90 sec between sets. Progress gradually by adding a rep or two before increasing the weight and only change one thing at a time.

A simple full-body set

Goblet squat Legs & glutes	**Incline push-up** Chest & arms
Dumbbell row Upper back	**Romanian deadlift** Hamstrings
Overhead press Shoulders	**Glute bridge** Glutes & core

All you need to start: a pair of dumbbells, a resistance band and a sturdy chair.

⚠ **STOP AND SEEK ADVICE IF YOU FEEL…**
Chest pain or pressure, unusual breathlessness, dizziness or palpitations — these are not normal training sensations. Mild muscle soreness for a day or two after a new session is expected and harmless. Ask me for the companion **Resistance Training for a Healthier Heart** booklet for the full programme.

STOPPING TREATMENT

06 Wean off — don't just stop

Stopping tirzepatide suddenly is not physically dangerous — there is no withdrawal reaction. The problem is different: as the medicine clears, **appetite returns quickly**, and for most people the weight follows. A planned step-down, with your habits firmly in place, gives you the best chance of keeping your progress.

~82%	4×	≥1 year
REGAINED ≥25% OF LOST WEIGHT WITHIN A YEAR OF STOPPING	FASTER REGAIN THAN AFTER DIET & EXERCISE ALONE	OF CONTINUED SUPPORT RECOMMENDED AFTER TREATMENT

Source: SURMOUNT-4 randomised trial of tirzepatide withdrawal; NICE post-treatment support guidance.

Why taper rather than stop

- The appetite-quietening effect fades within weeks — a gradual step-down lets hunger return slowly, so your portion habits can take the strain.
- Stepping down (for example 15 → 10 → 5 mg over weeks to months, guided by your team) is gentler than an abrupt halt.
- If weight returns, the gains in **blood pressure, cholesterol and blood sugar** tend to reverse with it — So, coming off is a managed transition, not a finish line.

How to come off well

- **Agree a step-down plan** with your prescriber — don't stop on your own.
- **Lock in protein and strength training** before and through the taper.
- **Keep monitoring** your weight and book review appointments.
- **Staying on a low maintenance dose** long-term is a valid, shared decision for some — obesity is a long-term condition.

⚠ **IMPORTANT**

Never change or stop your dose without speaking to your prescriber first — especially if you also take medication for diabetes or blood pressure, which may need adjusting as your treatment changes.

IN SUMMARY

07 Five things to take away

If you remember nothing else, remember these five.

1 It works while you use it
Tirzepatide is a powerful tool, not a cure — its effect lasts while you take it and while your habits hold.

2 Go up slowly
Start at 2.5 mg, step up no faster than every four weeks to a maximum of 15 mg, and tell your team about side effects before each increase.

3 Protein first, every meal
Aim for 1.6–2.0 g per kg a day. It's what keeps the weight you lose coming from fat, not muscle.

4 Two strength sessions a week
Resistance training protects the muscle the injection can't — alongside 150 minutes of aerobic activity.

5 Come off on a plan
Taper the dose, keep the habits, and stay in touch with your team — abrupt stops tend to bring the weight back fast.

⚠ IMPORTANT — PLEASE READ

This booklet is general health information and is not a substitute for personalised medical advice. Decisions about your dose, your other medication and your treatment should be made together with your GP, specialist or prescriber — especially if you take medication for diabetes or blood pressure, or have kidney, gallbladder or thyroid disease. If you experience severe abdominal pain, breathing difficulty, swelling or a severe allergic reaction, seek medical help immediately.

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