

Wegovy[®] (Semaglutide) in Primary Care

A practical guide for New Zealand General Practitioners

Wegovy[®] (semaglutide) is a once-weekly injectable medication used for the treatment of obesity and obesity-related metabolic disease. While often described simply as an “appetite suppressant,” its effects are better understood as **restoring disordered weight-regulating physiology**. When prescribed thoughtfully and titrated slowly, Wegovy can be highly effective, well tolerated, and sustainable.

What is GLP-1?

Glucagon-like peptide-1 (GLP-1) is a naturally occurring incretin hormone that plays a central role in appetite regulation and glucose metabolism.

Where is GLP-1 produced?

GLP-1 is produced primarily by **L-cells in the distal small intestine (ileum) and colon**. These cells release GLP-1 in response to nutrient exposure, particularly carbohydrates and fats.

In people with obesity, this signalling pathway is often **blunted or delayed**, contributing to impaired satiety, increased hunger, and dysregulated eating behaviour.

Wegovy is a **long-acting GLP-1 receptor agonist** that restores and amplifies this physiological signal.

Where does GLP-1 exert its effects?

GLP-1 receptors are widely distributed. The therapeutic effects of semaglutide occur through **coordinated actions on the brain, gut, and pancreas**.

1. Brain (central nervous system)

GLP-1 receptors are present in appetite-regulating centres of the brain, including the **hypothalamus and brainstem**.

Effects include:

- Reduced hunger signals
- Earlier satiety
- Reduced food cravings
- Improved control over eating behaviour

Importantly, this is not willpower enhancement — it is **biological appetite regulation**.

2. Gut

In the gastrointestinal tract, GLP-1:

- **Slows gastric emptying**
- Increases post-meal fullness
- Reduces meal size naturally

This contributes to early satiety and helps patients feel satisfied with smaller portions. These effects are **dose-dependent**, which is why slow titration is critical.

3. Pancreas

GLP-1:

- Enhances **glucose-dependent insulin secretion**
- Suppresses inappropriate glucagon release
- Improves insulin sensitivity indirectly via weight loss

This explains the benefits seen in patients with **prediabetes or type 2 diabetes**, without causing hypoglycaemia when used alone.

How to prescribe Wegovy safely

Start low and go slow

The most important principle in prescribing Wegovy is **slow dose escalation**. Rapid titration is the most common cause of nausea, vomiting, and discontinuation.

Typical titration schedule

- 0.25 mg weekly for 4 weeks

- 0.5 mg weekly for at least 4 weeks
- 1.0 mg weekly for at least 4 weeks
- 1.7 mg weekly (if required)
- 2.4 mg weekly (maximum dose)

Key principle:

There is no obligation to increase the dose if the patient is losing weight and tolerating treatment well.

Many patients achieve excellent results at **0.5–1.0 mg**. Forcing dose escalation increases side effects without improving outcomes.

Supporting adherence and minimising side effects

Common early side effects include:

- Nausea
- Early fullness
- Mild reflux
- Constipation

These are usually **transient** and dose-related.

Practical GP advice:

- Encourage small meals and slow eating
- Avoid high-fat meals during dose escalation
- Maintain hydration
- Treat constipation proactively

If side effects occur:

- Hold the dose longer
- Step back to the previous tolerated dose
- Resume escalation only if needed

What to do when weight loss plateaus

Plateaus are **physiological and expected**, not treatment failure.

Before increasing dose, review:

1. **Injection technique** – correct site, weekly timing, full dose delivered
2. **Adherence** – missed doses or inconsistent use
3. **Dietary patterns** – grazing, liquid calories, alcohol intake
4. **Physical activity** – resistance training helps preserve lean mass

If the patient is:

- Stable
- Tolerating the medication
- Still benefiting metabolically

A plateau may simply reflect **set-point stabilisation**. Dose escalation is optional, not mandatory.

Expected outcomes

On average, patients achieve:

- ~10–15% total body weight loss over 12–18 months
- Improvements in blood pressure, glycaemic control, lipids, and mobility

Response is variable. Early weight loss in the first 3–4 months often predicts longer-term success.

Complications and when to discontinue

Discontinue or reassess if:

- Persistent vomiting or dehydration
- Severe or worsening abdominal pain
- Suspected pancreatitis
- Intolerable GI symptoms despite dose reduction
- Significant functional decline or malnutrition

Use caution in patients with:

- History of pancreatitis
- Severe gastroparesis
- Active eating disorders

Wegovy should be discontinued if risks outweigh benefits or if the patient cannot tolerate even low doses.

Final message for GPs

Wegovy is not a short-term diet aid. It is a **long-term metabolic therapy** that addresses the biological drivers of obesity.

When prescribed with:

- Clear education
- Slow titration
- Individualised dosing
- Realistic expectations

It can be a safe and effective option for many patients — either as a standalone therapy or alongside bariatric care.

Southern Weight Loss supports GPs with shared care, dose guidance, and escalation pathways for patients using GLP-1 therapies.