



Perspectives

Gradually, then Suddenly: Nutrition in an Era of Medically Induced Weight Loss[☆]

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If emerging obesity medications, such as **GLP-1 RAs**, help more people lose weight ...

...what role might **nutrition** play in **what comes next?**

Let's explore.

swipe



Weight loss $\neq$ weight loss maintenance

Research suggests that the...



are dichotomous.

They are different
physiological processes with
only partial overlap.

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Given that the
determinants of
weight loss
vs
weight loss maintenance
diverge ...



... why does the
playbook to address
them often
appear so similar?

Next-generation obesity medications can deliver clinically meaningful weight loss for many patients.

That means:

Behavioral nutritional solutions don't have to shoulder the **burden of inducing** weight loss.

Instead it can better focus on:

- **Improving health endpoints** during and after treatment
- Helping **maintain** that loss

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Historically, the health potential of a given food or dietary pattern was often disproportionately entangled with its capacity to indirectly induce a calorie deficit.

With emerging obesity medications, energy balance becomes a **background constraint**, not the central outcome.

Once that **noise** is dialed down,



other nutritional **signals** can finally be heard.

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With energy balance partly handled, nutrition might prioritize:

1

Cardiovascular health

Fatty acid profile
Lower sodium

2

Metabolic & digestive health

Carbohydrate quality
Fiber content

3

Micronutrient sufficiency

E.g. Nutrients of Public Health Concern
Calcium, Vit D, Potassium

4

Muscle Health

Adequate, high quality protein

These are direct levers nutrition can realistically move.

Why are **some** nutrition targets more “winnable”?

The Calorie Problem:

When individuals attempt to reduce energy intake, they encounter **powerful counterregulatory physiological cues** that fight to restore energy balance.

The Nutrition Opportunity:

Conversely, adjusting for something like protein adequacy or sodium reduction allows patients to pursue health goals **without triggering the same powerful defenses**.



(Of course, there are counterregulatory mechanisms ... but far weaker than those for energy homeostasis)

Implication: Finite researcher or practitioner time and resources are **better invested in endpoints less opposed by our own biology.**

Emerging obesity medications are powerful, **but far from a universal solution:**



They are not appropriate or tolerated by everyone

Access and affordability vary by context



Long-term impacts remain active areas of investigation.

**These constraints do not weaken the case for the evolving central role of nutrition ...
...they underscore it.**

08

For nutrition science and the food industry, this new era means we can:

Stop spinning the wheels on **intractable** energy balance-centric questions.

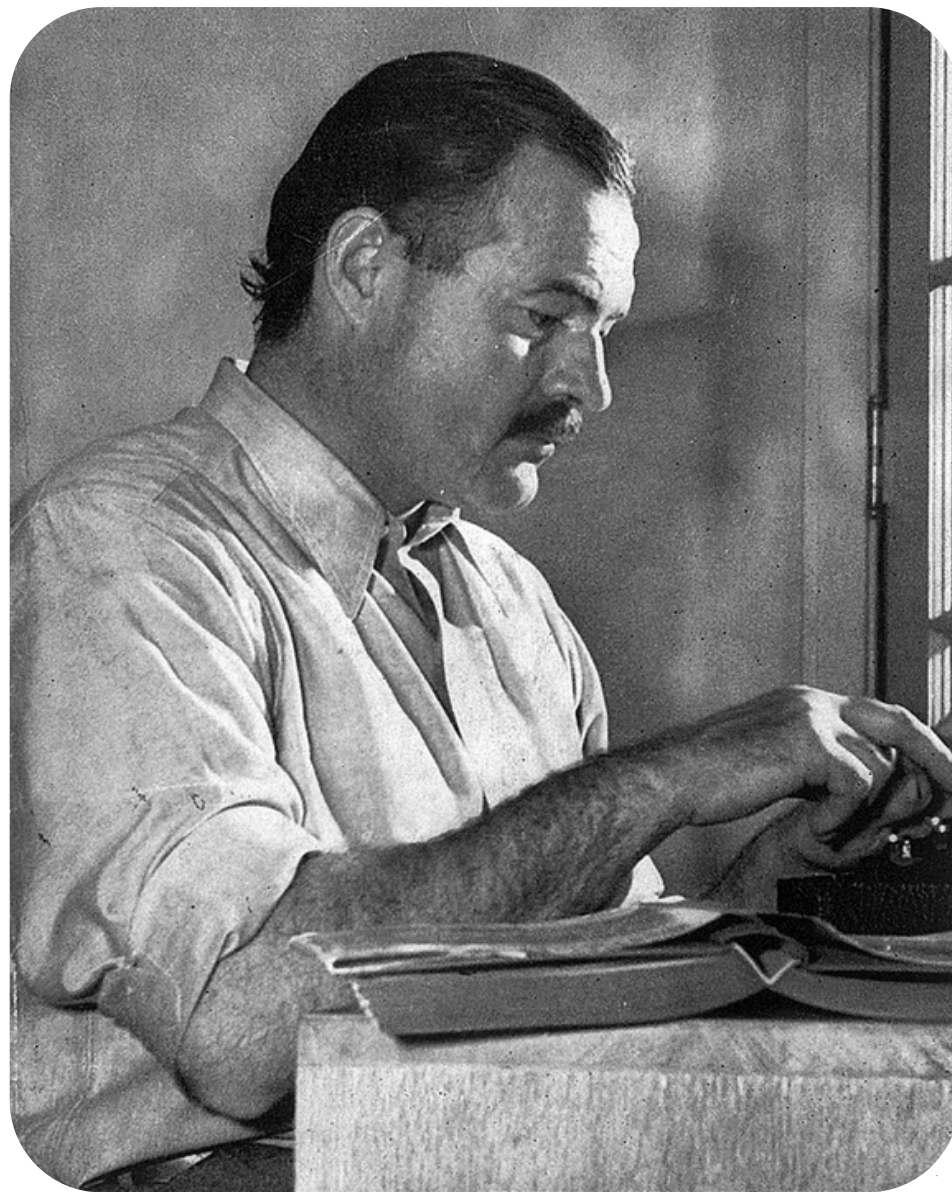


Ask new questions and **solve new problems** that nutrition is better equipped to answer.

Focus our attention and resources on nutritional nuances and reformulation targets that are **realistic** to enact.



***Maybe the opportunity isn't
to make nutrition do the
impossible ... but **let it do
what it does best.*****



Gradually, then suddenly.

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This was **Part II** of **II**.

Read the full article at:

The Journal of Nutrition

Bergia, Davis, Campbell

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