Peptide Perspectives™

# THE WEIGHT LOSS STACK

## Peptide Research, Supplements & Muscle Preservation

### STACK 1

## SEMAGLUTIDE + CAGRILINTIDE (CagriSema)

**EVIDENCE: PHASE 3**

- Direct clinical evidence (REDEFINE 1) showed greater weight loss than semaglutide alone.
- Targets appetite, satiety, and weight regulation through complementary GLP-1 and amylin pathways.

**TYPICAL TARGET DOSES (REDEFINE 1)**

- **Semaglutide:** up to 2.4 mg weekly
- **Cagrilintide:** up to 2.4 mg weekly

**KEY CONSIDERATIONS**

- Higher rate of GI side effects (nausea, vomiting, decreased appetite).
- Monitor nutrition, protein intake, and lean mass.




### STACK 2

## TIRZEPATIDE + MOTS-c

**EVIDENCE: RESEARCH / INVESTIGATIONAL**

- **Tirzepatide:** FDA-approved (GIP/GLP-1) with strong human data for weight loss.
- **MOTS-c:** Preclinical and early human studies suggest potential metabolic and exercise benefits.

**COMMON RESEARCH DOSES**

**Tirzepatide:** 2.5 → 5 → 7.5 → 10 → 12.5 → 15 mg weekly*

**MOTS-c:** 1–2 mg, 3–5x per week (fasted, often pre-exercise)

**KEY CONSIDERATIONS**

- No clinical trials of this combination.
- MOTS-c has no validated therapeutic dose in people.
- Monitor for GI effects from tirzepatide.

### STACK 3

## RETATRUTIDE + CAGRILINTIDE

**EVIDENCE: INVESTIGATIONAL**

- **Retatrutide:** Triple agonist (GLP-1/GIP/glucagon) with significant weight loss in clinical trials.
- **Cagrilintide:** Amylin analog studied for additional appetite and weight control effects.

**COMMON RESEARCH DOSES**

**Retatrutide:** 2 mg → 4 mg → 6 mg → 9 mg → 12 mg weekly*

**Cagrilintide:** See titration below (0.25 → 2.4 mg pe- weekly)

**KEY CONSIDERATIONS** • No direct clinical evidence for the combination. • Overlapping GI and appetite-related effects • may increase side effects. • Use caution and monitor tolerability and nutritional intake.

## CAGRILINTIDE: STUDIED PHASE 3 TITRATION (REDEFINE 1)

| WEEKS 1–4 | WEEKS 5–8 | WEEKS 9–12 | WEEKS 13–16 | WEEK 17+ |
|---|---|---|---|---|
| 0.25 mg | 0.5 mg | 1.0 mg | 1.7 mg | 2.4 mg (target) |

CagriSema trial: matching semaglutide doses, separately 0.25 → 0.5 → 1.0 → 1.7 → 2.4 mg weekly; dose delays or reductions allowed for tolerability.

**TRIAL PROTOCOL, NOT A PERSONAL DOSING RECOMMENDATION.**
*Do not apply this schedule to independently compounded mixtures or untested stacks.*

## BETTER EVIDENCE FOR MUSCLE PRESERVATION

**Resistance Training**
Most effective strategy to preserve lean mass during weight loss.

**Protein Intake**
Individualized needs (common range 1.2–1.6 g/kg/day). Use a clinician-adjusted reference weight in obesity.

**Creatine Monohydrate**
3–5 g/day when appropriate (evidence for strength, lean mass, and performance).

**Psyllium Fiber**
Follow product directions (e.g., 3–10 g/day) with adequate water. Separate from medications.

**Electrolytes**
Use only to replace actual losses (e.g., heavy sweating, GI losses, or low intake), not routinely for everyone.

## MONITORING & TOLERABILITY

- Nausea / Vomiting
- Hydration Status
- Dietary Adequacy (protein & calories)
- Bowel Tolerance (constipation/diarrhea)
- Weight & Waist (body composition)
- Strength (helps track lean mass)

**IMPORTANT RESEARCH CONTEXT:** • Dosing for investigational stacks is not established. • No validated dose of MOTS-c in people.

Educational overview | REDEFINE 1 trial dosing | Not medical advice