

Beyond Protein: Why Hydration Matters for Women on GLP-1 Medications



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GREATER THAN



Hydration: The Overlooked Conversation



**1 in 8
U.S. adults**

currently report using
a GLP-1 medication¹



70–80%

of GLP-1
users are
women



Most nutrition
conversations
focus on:

- Protein
- Weight loss
- Muscle preservation



The missing
conversation:

Hydration

1. KFF Health Tracking Poll, 2025

Factors That Contribute to Dehydration



Reduced Intake



- Lower overall food intake
- Less hydration from foods



Protein Prioritization



- Protein often emphasized first
- Fruits & vegetables may decrease



GLP-1 Side Effects



- Nausea
- Vomiting
- Diarrhea



Food contributes ~20% of daily water intake¹

Dehydration May Contribute To:



Cognitive

- Brain fog
- Headaches
- Fatigue



GI

- Constipation



Physical

- Reduced exercise recovery



Electrolytes

- Potassium & sodium imbalance



Even mild body fluid loss may impair cognitive performance¹

Why Women May Be More Vulnerable



Lower Total Body Water

Women naturally have less total body water than men.



Hormonal Shifts

Hormones influence fluid balance regulation and thirst cues.



Greater GLP-1 Sensitivity

Women may experience greater weight loss responses and higher rates of GI side effects, including nausea and vomiting, with GLP-1 medications¹.



Women generally have ~50–55% body water compared to ~60% in men

Female Hormones & Fluid Regulation

Hormonal fluctuations throughout the menstrual cycle may influence **fluid regulation, thirst, sweating, and hydration needs.**



Follicular Phase

Low Hormone Phase

- Begins on the first day of menstruation
- Estrogen gradually rises
- Generally associated with lower body temperature
- Fluid regulation tends to be more stable
- Length varies between women and cycles



Ovulation

Hormone Surge

- Shortest phase (typically 24–48 hours)
- Estrogen and luteinizing hormone peak
- Ovulation occurs
- Followed by a brief decline in estrogen
- Transition into the high-hormone phase



Luteal Phase

High Hormone Phase

- Progesterone rises and exceeds estrogen
- Resting body temperature increases
- Delayed sweating response may occur
- Fluid shifts and bloating become more common
- Hormones peak before menstruation, contributing to PMS symptoms



Unlike men, whose hormone levels remain relatively stable day-to-day, women experience predictable hormonal fluctuations that influence hydration throughout the menstrual cycle.

Helping Clients Stay Ahead of Hydration



Intake Habits

- Sip consistently throughout the day
- Set reminders or timed goals
- Prioritize fluids between meals



Food Choices

- Include fruits + vegetables when tolerated



Beverage Considerations

- Monitor excess caffeine intake
- Include hydrating fluids such as electrolyte beverages, coconut water, tea, and broths



Total water needs for women:

~2.7 L/day
from beverages
+ foods¹

Osmolarity & Fluid Absorption

Hydration is not only about how much fluid is consumed but also how efficiently it is absorbed and retained.

FLUIDS & OSMOLARITY: DEFINITION

FLUID TYPE	APPROX. OSMOLARITY	DEFINITION
 Water	~0 mOsm/L	Contains very few dissolved particles.
 Hypotonic	<275 mOsm/L	Lower concentration of dissolved particles than body fluids.
 Isotonic	~275–295 mOsm/L	Similar concentration of dissolved particles as body fluids.
 Hypertonic	>300 mOsm/L	Higher concentration of dissolved particles than body fluids.



UNDERSTANDING OSMOLARITY

- Osmolarity refers to the concentration of dissolved particles in a fluid.
- These particles may include electrolytes, sugars, amino acids, and other dissolved compounds.
- The higher the osmolarity, the more concentrated the beverage.
- Beverage composition influences how fluid moves across the intestinal wall.



Composition matters. The right balance of electrolytes and carbohydrates can enhance absorption and support retention.

Reduced Intake May Also Impact Micronutrients



When caloric intake decreases, micronutrient intake may decrease as well.



Protein is often prioritized appropriately, but many other nutrients may become at risk for low intake as well.



Micronutrients that are high risk:

B₁₂

B vitamins – energy, metabolism, neurological function, etc.

Fe

Iron – especially in female clients

D

Vitamin D – often already low and further compromised by reduced intake – immune health, bone health

Ca

Calcium – bone health concern during rapid weight loss – immune health, bone health

Mg

Magnesium – involved in 300+ enzymatic processes



Monitor intake and consider supplementation strategies when appropriate.

What to Look For in a Hydration Strategy



1. Prioritize Fluids That Are Well Tolerated

- Non-carbonated when needed
- Avoid excess sugar alcohols if GI symptoms occur
- Easy to sip throughout the day



2. Nutrient Dense

- Reduced intake may impact protein, vitamins, minerals, and fiber
- Look for opportunities to support hydration and nutrition together



3. Consider Electrolytes

- Sodium and potassium support fluid balance
- Especially important when intake is reduced or GI losses occur



4. Convenient

- Easy to grab and incorporate into daily routines
- Supports consistent hydration habits when thirst cues are reduced



The best hydration strategy is one that is well tolerated, nutrient-dense, electrolyte-containing, and easy to consume consistently.



Key Takeaways



Hydration is often overlooked with GLP-1 use



Reduced intake impacts both fluids and nutrients



Women may face additional hydration vulnerabilities



Proactive hydration strategies matter



Questions?

