

The 4-Step Weight Loss Stall & Plateau Diagnostic Algorithm

Core Goal: Distinguish Body Recomposition, Transit Delay, and Undereating from True Dose Titration Need · By Cat Clark

1. Clinical Rule: A 2-to-4-Week Scale Pause Is Rarely Medication Failure

During GLP-1 or dual GIP/GLP-1 therapy, scale weight frequently pauses for 2 to 4 weeks. Under legacy diet culture, a plateau triggers either panic restriction or premature dose escalation (increasing GI side effects). Under the **Shared Agency Framework (SAF)**, clinician and patient run this 4-step diagnostic audit in sequence before changing the prescription dose.

Patient Name (Optional): _____ Current Medication & Dose: _____
Weeks at Current Weight: _____

2. The 4-Step Sequential Stall Audit Matrix

Audit Step	Diagnostic Question & Objective Check	Patient Data Entry	Clinical Interpretation & Action
Step 01: The Body Recomposition & Visceral Audit	Has waist circumference at the navel dropped, or have clothing fit and resistance-training loads improved while scale weight held steady?	Waist 4 wks ago: _____ in Waist today: _____ in Strength: [] Up [] Same	If Waist Dropped: Active body recomposition (visceral fat release + lean muscle/glycogen hydration). Action: Hold current dose; do not escalate.
Step 02: The Motility & Plumbing Check	What was your average Bristol Stool Form Scale score and bowel frequency over the past 7 days?	Bowel movements/wk: _____ Bristol Type: [] 1-2 [] 3-4 Water oz/day: _____ oz	If Bristol 1 to 2 or <3 BMs/wk: Delayed colonic transit holds 3 to 5 lbs of water and stool mass. Action: Address hydration, electrolytes, and osmotic motility support before changing dose.
Step 03: The Protein Floor & Severe Undereating Check	Are you hitting your 1.2 g/kg daily protein floor, or has severe appetite suppression dropped total intake below ~800-1,000 kcal/day?	Avg Protein/day: _____ g Target Floor: _____ g Avg kcal/day: _____	If Protein < Floor or kcal < 900: Severe deficit triggers adaptive thermogenesis (lower T3, higher reverse T3, muscle catabolism). Action: Add liquid protein bridges; do not increase dose into malnutrition.

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Step 04: Signal Volume & Labeled Dose Evaluation	If Steps 1 to 3 are green, has Hedonic Signal Volume risen to $\geq 5/10$ and weight remained flat for >4 consecutive weeks?	Signal Vol Days 1-4: ____ Signal Vol Days 5-7: ____ GI Nausea: ☐ None ☐ Mild	If Steps 1-3 Cleared + Signal Vol ≥ 5 for >4 Wks + Zero GI Distress: Discuss titrating to the next labeled dose bracket with your prescriber.

3. Prescriber Consultation Summary & Labeled Maintenance Dosing Notes

- **FDA-Labeled Maintenance Dose Context:** For tirzepatide (Zepbound), **5 mg, 10 mg, and 15 mg once weekly** are all FDA-approved maintenance doses; dose escalation is guided by clinical response and gastrointestinal tolerability, not an automatic race to 15 mg. For semaglutide (Wegovy), labeled maintenance is 2.4 mg (or 1.7 mg if 2.4 mg is not tolerated), plus the oral Wegovy tablet (approved December 22, 2025).
- **Consultation Takeaway Box:** Based on this 4-step audit, the primary driver of my current plateau is:
☐ Step 1 Recomposition ☐ Step 2 Motility Delay ☐ Step 3 Low Protein/Undereating ☐ Step 4 Ready for Titration Discussion.

Clinical Citations: Sumithran P et al., NEJM 2011 (PMID: 22029981) · Wilding JPH et al., NEJM 2021 (PMID: 33567185) · Jastreboff AM et al., NEJM 2022 (PMID: 35658024) · Zepbound & Wegovy Prescribing Information (2026).

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