

Retatrutide Field Guide

The two-page companion. Education, not a prescription — your prescriber’s instructions win.

Full guide: drseanreiddc.com/resources/retatrutide/



Scan for the full guide

Retatrutide is investigational and not FDA-approved. Products sold as “retatrutide” are not approved medicines.



Illustrative art — not an anatomical map.

- GLP-1** – the appetite signal
Slower stomach emptying, steadier fullness, less food noise.
- GIP** – the insulin helper
Helps the body release insulin when glucose is on board (its action is glucose-dependent) and supports nutrient handling.
- Glucagon** – the furnace
Signals the liver to burn stored fat and nudges energy expenditure up.

One drug, three receptors, three jobs: quiet appetite, steadier blood sugar, more fat burned. · Full detail: [How Reta works](#)

Worked syringe math

EXAMPLE ONLY

Assumption: 10 mg vial with exactly 1.0 mL water added, treated as a 1.0 mL final volume (~10 mg/mL; powder displacement ignored). In this example, one unit = 0.1 mg.

DOSE	VOLUME	U-100 UNITS	ON THE SYRINGE
0.25 mg	0.025 mL	2.5 units	The 2.5-unit marking, if present — never estimate
0.50 mg	0.05 mL	5 units	The 5 mark
0.75 mg	0.075 mL	7.5 units	The 7.5-unit marking, if present — never estimate
1.00 mg	0.1 mL	10 units	The 10 mark

Many syringes have no half-unit marks. If your dose lands between marks, call your prescriber or pharmacist — don’t estimate.

Example split schedule

EXAMPLE ONLY

Cadence: two days about 3.5 days apart (example: Monday AM / Thursday PM).

STEP	WEEKLY TOTAL	PER DOSE	SYRINGE LINE (WORKED EXAMPLE)
Month 1	0.5 mg/week	0.25 mg	2.5 units
Month 2	1.0 mg/week	0.50 mg	5 units
Month 3	1.5 mg/week	0.75 mg	7.5 units
Month 4	2.0 mg/week	1.00 mg	10 units

Worked example only. The “per dose” column is not the weekly total — keep the columns apart. Syringe lines assume the same 10 mg/mL example as the mixing section. Dose changes are your prescriber’s call. Losing 1-2 lb/week with no side effects? Stay put.

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Three daily habits

Water before caffeine

The ½ tsp sea salt line is the briefing’s example; extra salt isn’t right for everyone (blood pressure, kidney, heart, fluid limits).

Bowel plan from the briefing

Two kiwis or three prunes on most days. Its 36-hour magnesium step is a **labeled source example, not a medical deadline** — your normal is your own baseline, and magnesium labels list elemental amounts. Set the plan with a clinician or pharmacist (full detail: [Daily habits](#)).

Cold foods when nausea is high

Cold and cool foods go down easier: Greek yogurt, cottage cheese, cold deli turkey roll-ups, chilled smoothies.



Chilled milk, yogurt and a smoothie-style drink (illustrative)

Protect strength

Three lifting days a week, four compounds, two heavy sets each — scaled to your baseline. Log your weights: a 5% drop across two workouts is a **review trigger** (fatigue, hydration, sleep, technique all move strength), not proof of muscle loss. Pause the next dose increase and review nutrition with your prescriber; 5 g creatine daily, measured — scoop sizes vary.

The full six rules: [Protect your muscle](#)

LOG YOUR WEIGHTS

When to get help

Three zones. Read the red one now, even if you feel fine.

GREEN — COMMON ADAPTATION

Mild symptoms, never automatically harmless: mild site redness · small pulse bump · short morning nausea.

Persistent or unusual pulse or symptoms → contact your clinician.

YELLOW — PAUSE AND CALL

Sulfur burps · no bowel movement 36–48 h · fatigue > 3 days · skipping meals for a day

RED — NOW

Severe upper abdominal pain radiating to the back → emergency care. Can’t keep fluids down or persistent vomiting → urgent care, don’t wait hours.

Pulse bump: track it instead of diagnosing it — same time, same conditions, written down. Get it checked if the rise is large, keeps climbing, lasts all day, or shows up with palpitations, chest pain, breathlessness, dizziness, or fainting. Full answer: [Three fears, answered straight](#)

When in doubt, call. Nothing on the green list excuses a symptom that scares you.