BRIEF COMMUNICATION

Tirzapped: "My Brain is Colonized" – The Voice of a Person Using Tirzepatide

SANJAY KALRA

ABSTRACT

This brief communication is an experience-based, evidence-backed, person-centered account of tirzepatide use. It uses a qualitative account of one's experience to explain the nuances of medication counseling as a value-added therapy in obesity therapeutics. Though it takes tirzepatide as an example, the discussion is equally relevant to semaglutide usage.

Keywords: GLP-1RA, motivational therapeutics, obesity, overweight, person-centered medicine, psychosocial, semaglutide, tirzepatide

It's tough. It's been five decades of living with obesity. It's been 5 years of struggling to get my weight back to baseline. It's tough. It's been 5 months of taking tirzepatide. And it feels good to have lost much more than 5% weight. But it continues to be tough.

The drug is effective, no doubt[1]. I will continue to use it, for weight maintenance, and for all the long-term cardiovascular benefits it carries. I will continue to use it because I wish to dance at my grandchildren's weddings. And I will continue to prescribe it, as I strongly feel it offers holistic health.

MY BRAIN GOT TIRZAPPED

But one must be prepared for the not-so-wanted effects of the drug. When I started tirzepatide, my brain got zapped. To be specific, "tirzapped". Just as it reduces appetite for food, it reduces aptitude for creativity, ability to handle challenges. For some time, it makes you feel miserable, makes you feel doleful. It is a peculiar type of neuroglycopenia, with nonadrenergic or vagal tones, which reduces cognitive speed. While this may not be important for some, those in creative professions may feel a slight slowdown. This tardiness may extend to physical reflexes, and may impact persons for whom physical dexterity and promptness of response are of value. Similar changes are noted with all methods of weight loss, especially keto diet[2]. The nice thing is that these challenges are transient, and vanish within a few weeks.

MY BRAIN BECAME COLONIZED

Did my brain migrate to the colon, or was it colonized by "unknown actors"? For me, both of the above.

With glucagon-like peptide 1 receptor agonist (GLP-1RA) based therapy, the center of "being" moves from the brain to the bowel. It's not that the nausea or alternation in bowel habits is unbearable[3]. It's just that one keeps on thinking about the gastrointestinal tract all the time. I noticed an anatomical gradient during my use. The initial upper abdominal heaviness that I felt gave way to lower abdominal discomfort.

Some may term this as colorectal irritation, others as colonic colonization; for me, it felt as if my brain had taken residence in the colon, and my neurotransmitters vanquished by the Klingons. Once again, this is transient, occurring only for a week or two after initiation or intensification of dose.

THE SUPPORT

My treating doctors have been kind and understanding. They hand hold me through my real (and imaginary) complaints and concerns. We've followed the prescribing information, respecting each and every comma and full stop. We've intensified dose as per recommendations. But the drug exerts it's effects every week, and side effects, every now and then. There are days when my brain goes woozy, and my bowel goes wambling. I call these my tirzapped days.

Treasurer, International Society of Endocrinology (ISE); Vice President, South Asian Obesity Forum (SOF); Bharti Hospital, Karnal, Haryana, India

I've not been able to exercise as much as I should, though. A tirzapped brain is not the best buddy for motivational therapeutics. I haven't been able to consume enough protein, either: it's not the tastiest of nutrients, and tirzapped bowels don't get along well with many tastes and textures. This is in spite of full support from family and friends.

A BETTER DOCTOR

Has tirzepatide helped me become a better doctor? Certainly yes. I now spend more time on medication counseling, and am more empathic to people living with obesity than before. I'm able to handle patients with abdominal symptoms better, understanding the somatic origins of symptoms that would otherwise be labeled as psychogenic. I'm also able to counsel and treat persons living with obesity more effectively, helping them preempt and prevent complications.

WHAT DO I SUGGEST?

Tirzepatide is a great drug, with proven efficacy and safety. The pan-metabolic effects make it a great DAWN (Drug-Assisted Weight Normalization) to experience. Mischievously, it is a great DEMON (Drug-Enhanced Metabolic Optimizer and Normalizer), as we sometimes call it. It should be used in all patients in whom it is indicated, provided there is no contraindication.

Patient experience and satisfaction can be improved by focusing on medication counseling. This should include not only the basics of BLACK[4] (Table 1), but also means of preventing and mitigating potential side effects[3,5] (Table 2). We can learn from our colleagues in obstetrics, who manage early morning sickness in their patients. We must also focus on balanced nutrition: there is a real possibility of malnutrition, especially hidden hunger[6], or "masked malnutrition", with GLP-1RA based therapy. A daily multivitamin/mineral supplement, with focus on fluid and electrolyte replenishment should be considered. Doses of metabolically active drugs, including blood pressure and lipid-lowering medications will often have to be reduced.

If GLP-1RA therapy is to be initiated in an elective manner, it may be prudent to do so at a time when there are less social or professional demands upon the individual. Similarly, women with a history of premenstrual syndrome may prefer to begin GLP-1RA based treatment in the follicular, rather than luteal phase of their cycle.

Medication counseling is not a one-off affair: it implies continuous motivational support[7]. It's not just about giving information; it's about sharing experiences, expressing empathy, and ensuring an optimal experience with health care.

Table 1. BLACK Counseling Guide

Benefits

- The benefits of glucose control
- The benefits of weight loss
- Medication-specific pleiotropic benefits

Limitations

- Not a replacement for lifestyle modification
- Indefinite therapy may be required
- Cost, in pay from pocket markets

Adverse event possibility

- Transient nausea, vomiting, altered bowel habits
- Mood disturbances
- Cholelithiasis

Concerns

- Anticipated degree and speed of weight loss
- Possibility of drug interactions
- Possibility of flexibility in dosage regimens/dose de-escalation

Knowledge required

- Mode of administration
- Mitigation of adverse effects
- Monitoring policy for weight, glucose, other parameters
- Need for contraception

Table 2. Mitigation of Side Effects

- Inform about possibility of mild, transient gastrointestinal side effects, using a nonscaring, relaxed manner.
- Initiate drug with recommended dose. Follow stepwise dose escalation.
- Consider avoiding elective initiation during luteal/premenstrual phase, when progesterone levels are higher.
- Small, frequent meals and snacks may help alleviate a sense of easy fatiguability.
- Suggest folk remedies such as ginger candy; comfort spices like fennel seed, cardamom.
- Low-fat, low-complex carbohydrate foods enhance tolerability.
- Antiemetics such as ondansetron may be used if needed.
- A feeling of being "tirzapped", or experiencing loss of enthusiasm/pleasurable thoughts may occur. Diversionary tactics, including a focus on long-term beneficial outcomes, may help manage this.

THANK YOU

GLP-1RA such as semaglutide and tirzepatide, along with comprehensive counseling (value-added therapy, or VAT) can help manage obesity, and its complications, in persons who need them. We need to be able to use them in the right manner, however, to ensure equally wonderful outcomes. We should continue to enhance our knowledge, and polish our skills. One way of doing so, is to listen to the voice of the person living with obesity[8].

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