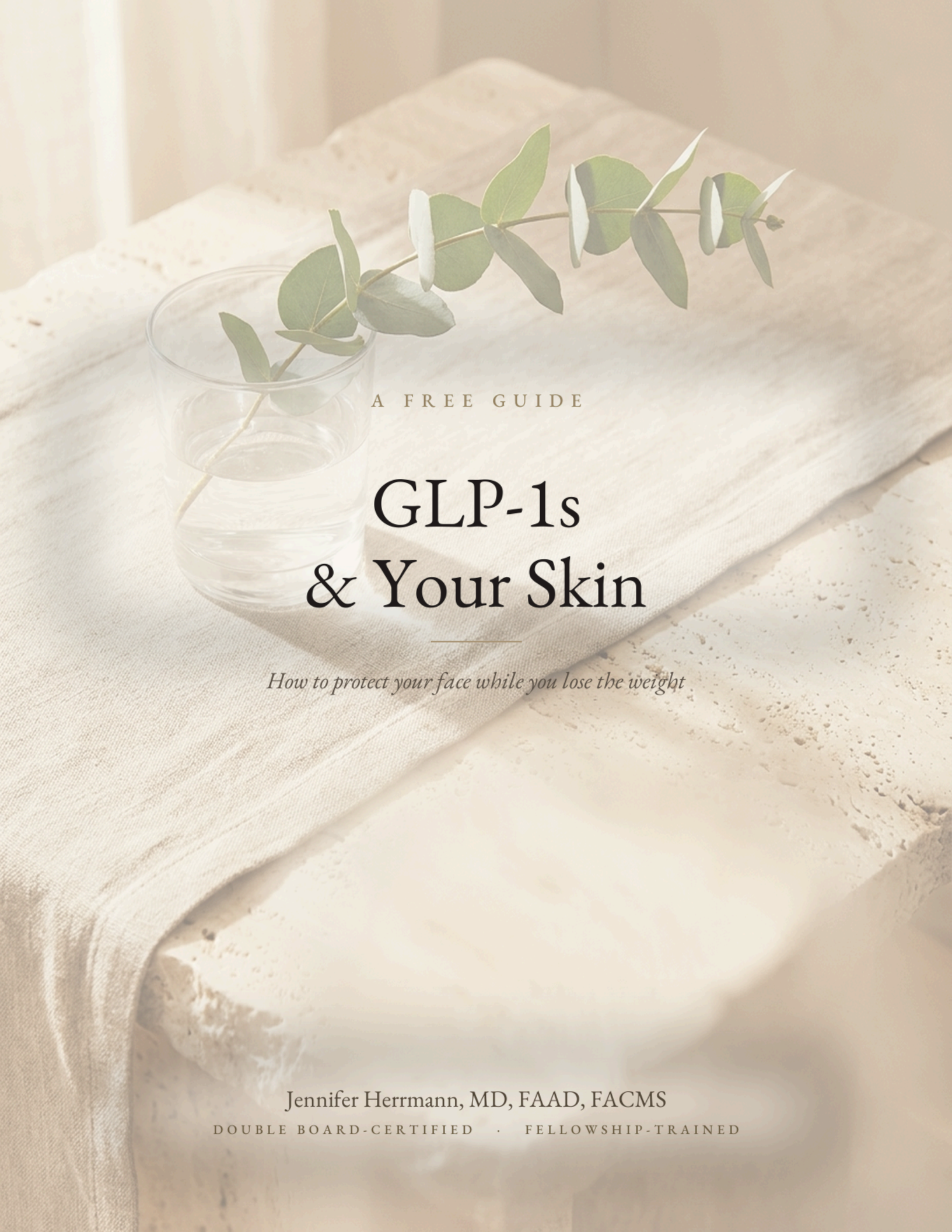

A FREE GUIDE

GLP-1s & Your Skin

How to protect your face while you lose the weight

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DOUBLE BOARD-CERTIFIED · FELLOWSHIP-TRAINED

Read this before you fill in your cheeks

You've seen the phrase: Ozempic face. The hollow cheeks. The years that seem to land on a face the moment it loses weight. It's real. But almost everything you've heard about it is half the story — and the missing half is the part that lets you prevent it.

These medications — Ozempic, Wegovy, Mounjaro, Zepbound, and the newer ones — can do real good. For your health, and even for your skin. They can also change your face in ways no one warned you about. Both things are true at once.

This guide gives you the whole picture, in plain language, so you can protect your face while you lose the weight. No fear. Just a plan.

First, the part that surprises people: these drugs can help your skin

Here's a fact most people never hear. GLP-1 medications don't only act on your gut. The receptors they switch on also sit in your skin — in your skin cells, in the cells that build collagen, even in the cells inside your fat. So the drug talks to your skin directly, not just by shrinking you.

And some of what it says is good:

- **Calmer skin conditions.** In early studies, these drugs improve psoriasis and a painful condition called hidradenitis suppurativa — and the improvement doesn't track with weight lost, which points to a real calming effect on the skin itself.
- **Less inflammation overall.** They turn down the body-wide "slow fire" that ages skin, and they ease the sugar-and-collagen reaction we call glycation.
- **Better wound healing.** Early evidence suggests skin repairs more readily.

So this is not a story about a bad drug. It's a story about a trade-off. And you can only weigh a trade-off if you see both sides.

Why the face changes — the four layers

The popular story is simple: you lost weight, you lost facial fat, your face looks hollow. That's part of it — but only part. Here's the fuller picture, in order of how sure we are about each piece.

- **1. The volume drops — and it's structural.** Your face isn't one pad of fat; it's a set of compartments, with deep ones underneath that act like scaffolding. When those deflate, the fat above sags — deepening folds, flattening the midface, and hollowing the cheeks and under-eyes. Two things make it dramatic: this normally takes decades, but rapid weight loss compresses it into months — and most of what you lose on these drugs is fat (about 60% on semaglutide, more on the newer dual drugs), so the face empties fast. This is the best-understood piece, and it's real.
- **2. The skin envelope is now too big.** Lose the fat fast and your skin is suddenly sized for a fuller face — so it goes slack. This is purely mechanical, and it happens with any rapid weight loss, drug or not — we can even see it under the microscope: a year after weight-loss surgery, skin shows a thinner surface, less collagen, and frayed elastic fibers. It's worse with age, a long history of carrying the weight, and the faster you lose. Slower is gentler on your face.
- **3. The skin gets starved.** Underrated — and maybe one of the biggest. These medications kill appetite, so it's easy to fall short on protein, water, and key nutrients — the raw materials your skin uses to build collagen. And collagen is unusually sensitive to under-eating: skimp during fast weight loss and the skin makes less of it, holds less water, and thins. Most people on these drugs don't reach the 60 to 120 grams of protein a day they need. The good news: this layer is almost entirely in your control, and it's the heart of the plan below.
- **4. A possible drug effect, on top.** Newer and less certain. Inside your fat live tiny support cells — your skin's maintenance crew — that feed the collagen-makers and help make a little estrogen right in the skin. Early research suggests the drugs themselves may act on these cells: the first small human study, in 2026, found about four times fewer of them in people on these medications. It's preliminary — one small study — but interesting, because weight loss alone doesn't seem to deplete these cells. If it holds up, the drug may quietly amplify the three layers above — a little less collagen support, a little less local estrogen. We don't yet know how big this layer is next to the others. One study isn't proof, but it's reason to plan ahead, not panic.

One bright spot, to be fair: there's early evidence these drugs may also lower one sign of aging inside skin cells related to senescence — a small possible plus. For now, the structural losses above outweigh it. Which is exactly why a plan matters.

Your day-one plan (no procedure needed)

Here's the good news: the foundation that protects your face needs no needles and no laser. It's food, movement, and a few smart basics — and it works best when you start it the day you start the medication, not the day you notice changes.

SLOW THE LOSS

- **Ask your prescriber about a slower dose schedule.** Giving your skin time to keep up is one of the simplest ways to protect it. Speed is the enemy here.

FEED YOUR COLLAGEN

- **Protein first — and on purpose.** Aim for about 1.2 to 1.8 grams per kilogram of body weight a day. These drugs kill your appetite, so this won't happen by accident. Protein is the raw material your skin and muscle are built from.
- **Drink enough water, and ask your physician about vitamin C and zinc, which help build collagen.** Water and these nutrients also refill the plumping, water-holding molecules that drop during rapid weight loss.
- **Eat the rainbow.** Colorful plants and omega-3 fats (oily fish, walnuts, flax) are antioxidants — they help replace some of the protection your thinned-out maintenance crew used to provide, calming the everyday damage from the inside.

PROTECT YOUR STRUCTURE WITH MUSCLE

- **Lift weights while you lose.** This is the most underused step. When you drop weight on these drugs, you can lose muscle too — including in your face — and that adds to the deflated look. Strength training protects muscle and sends a signal that thickens skin. If you do one active thing, do this.

SUPPORT FROM THE OUTSIDE

- **A retinoid (with your physician) to build new collagen, and daily sunscreen** to protect more fragile skin — and to spare the elastic fibers you can't replace.
- **Add niacinamide.** It's one of the gentlest, best-proven skin ingredients, and it supports the same cell-fuel pathway your skin runs low on with age and stress. An easy, low-risk daily helper.
- **Ask about topical estrogen.** Where your physician thinks it's appropriate, it directly addresses that lost-estrogen problem at the skin.

If the foundation isn't enough

Sometimes structure is already gone, and that's an in-office conversation. One rule still holds: you can't out-procedure biology — so everything here works best on top of the plan above, not instead of it. Think of the options on a spectrum, from putting back what was lost to stimulating what remains.

PUT THE MAINTENANCE CREW BACK

- **Your own fat transfer.** Because the leading idea points to those lost support cells, the most direct option is to move your own fat — which is rich in those cells — back into the face. Sometimes it's concentrated into a cell-rich preparation (you may hear it called SVF) for an extra dose of the crew. It's the strongest rationale for GLP-1 changes, and dermatologists are now recommending it specifically for this. Results can vary, so it's a real conversation with an experienced provider.

STIMULATE THE COLLAGEN YOU CAN STILL MAKE

- **Biostimulators.** Treatments like poly-L-lactic acid (Sculptra) don't just fill a space — they prompt your own body to rebuild collagen and elastin over months. A 2026 study in people on GLP-1 drugs found a biostimulator-plus-filler combination improved facial contour, skin quality, hydration, and glow. One option in this family may even help regenerate lost fat.
- **PRP, from your own blood.** A preparation made from your own blood that releases growth signals; it can support the cells you still have. Often used alongside the options above.

DELIVER THE CREW'S "MESSAGES"

- **Exosomes and growth factors.** A newer, cell-free approach that delivers the helpful signals your support cells normally make — without the cells themselves. The early research is promising; it's still evolving, and it's often paired with microneedling to help it reach deeper into the skin.

RESTORE VOLUME AND TIGHTEN

Fillers for targeted hollows like cheeks and temples, often paired with a biostimulator. Energy devices (radiofrequency, ultrasound) tighten loose skin — with timing planned around your weight loss, not rushed mid-journey.

On the horizon

Protecting the crew itself. Researchers are studying whether NAD boosters — the same cell-fuel pathway niacinamide supports — could shield those support cells from being depleted in the first place. It's a logical idea, not yet proven, but it's an active area of research.

You don't need to memorize any of this. You need to know the options exist, what they're for, and to plan them with a provider you trust. Plan, don't panic.

The bottom line

A GLP-1 can be the right choice. The health benefits can be life-changing, and the skin benefits are real. It can also change your face in ways you didn't expect. Neither side cancels the other, and neither is a reason for fear. Both are reasons to plan.

So decide together with your doctor, weigh your whole health and your face as one choice, and start the foundation on day one. You don't have to choose between your health and your face. With a plan, you protect both.

WANT THE WHOLE MAP?

The Inside-Out Method

This guide is one piece of a much bigger picture. The Inside-Out Method is my complete course on building skin that stays resilient for decades — not skin that imitates 25. It's everything I teach my patients, in the order that actually works:

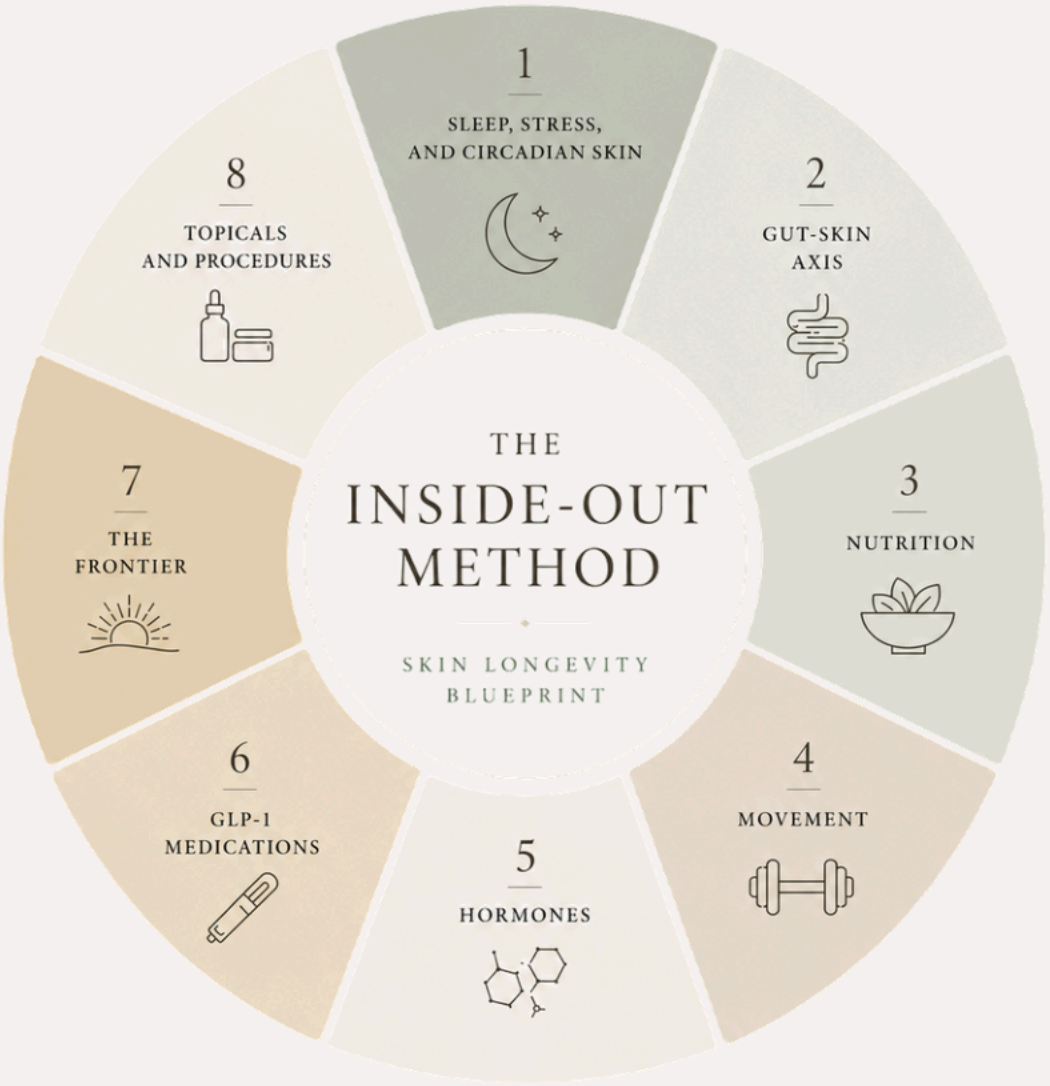
1. **Sleep, stress & circadian skin**
2. **The gut–skin axis**
3. **Nutrition for collagen**
4. **Movement & muscle**
5. **Hormones**
6. **GLP-1 medications & skin** — *just a glimpse of this section*
7. **The frontier**
8. **Topicals & procedures**

What you just read is a fraction of a single section. Each module breaks into short, digestible lessons you can do on your own schedule, with a workbook to make it stick and weekly live Q&A with me, over 8 to 10 weeks in a small cohort. It's the whole system, in the order that actually works.

Ready when you are

Join the next cohort → **insideoutmethod.co**

Dr. Jennifer Herrmann — double board-certified dermatologist with functional medicine training.



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