

EUROPEAN FIBER SCIENCE · FOR THE GLP-1 ERA

The GLP-1 Fiber Cheat Sheet

The daily targets, timing rules and troubleshooting answers for life on a GLP-1 medication. Compiled from our full guide library, with every number sourced. Made to help you feel like yourself again.

INSIDE

- The numbers that matter (and the one that never changes)
- Which fiber for which job: a decision table
- Timing rules for injections and the daily pill
- The no-bloating ramp plan
- The supplement label checklist
- When to call your prescriber

This guide is educational information, not medical advice. It does not replace guidance from your prescriber, pharmacist or dietitian.

Your target does not change. Your intake does.

The most common misunderstanding on a GLP-1: eating less must mean needing less fiber. It does not. The target stays, the gap widens.

25–30 g

Daily fiber target, unchanged on a GLP-1. EFSA minimum 25g; Germany, the UK and France recommend 30g.

10–12 g

Where food-derived fiber commonly lands on a GLP-1, down from a typical ~18g before treatment.

1.5–2 L

Daily water floor, plus one extra glass with every fiber serving. Hydration is half the equation.

WHY THE GAP WIDENS

In trials, semaglutide (Ozempic, Wegovy) cut food intake by about 35 percent (Friedrichsen 2021). Fiber arrives through food, so when meals shrink, fiber falls with them. The people who need fiber most are set up to get the least of it.

The three-step method to close your gap

1. **Measure it.** Track what you eat for three days in any nutrition app; most compute fiber automatically. No app? On a GLP-1, assume you are under 20g.
2. **Build the floor from food.** Fiber-dense foods carry vitamins, minerals and polyphenols no supplement replicates.
3. **Top up the rest.** A supplement covering roughly 5 to 15g per day, ramped slowly (page 5), fills what food cannot.

Fiber-dense foods, at a glance

FOOD	FIBER
Lentils, cooked	15g per cup
Black beans, cooked	15g per cup
Chia seeds	10g per 2 tbsp
Avocado	10g each
Raspberries	8g per cup
Broccoli, cooked	5g per cup
Oats, dry	4g per half cup

Beyond digestion: energy and muscle

Fatigue is the second most-reported GLP-1 side effect in real-world data (16.7 percent of 67,008 users; Sehgal 2026). Fiber will not fix fatigue, and it does not prevent muscle loss either. What helps: protein at 1.2 to 1.6g per kg per day, resistance training, and nutrient-dense food. By 12 months, 22.4 percent of GLP-1 users develop a nutritional deficiency (Urbina 2026), so every bite counts.

THE HONEST HIERARCHY

Protein first. Then fiber. A supplement supports the foundation; it never is the foundation.

When to take fiber. It is simpler than you think.

One rule for the weekly injection, one rule for the daily pill, one rule for everything else in your pill organizer.

IF YOU INJECT WEEKLY

Semaglutide (Ozempic, Wegovy) and tirzepatide (Mounjaro, Zepbound) injections bypass your gut entirely. There is no fiber timing rule at all. Take fiber whenever it fits your day. The often-repeated "two hours from your shot" rule is a myth.

If you take the daily pill (oral semaglutide: Rybelsus, oral Wegovy)

The pill needs an empty stomach: take it with up to 120ml of plain water, then nothing else for at least 30 minutes. No food, no drink, no supplements, no other pills. Anything in the stomach can cut absorption by 60 percent or more.

The fiber fix: take fiber 60 to 90 minutes after the morning dose, or simply with lunch and dinner. There is no clinical need to take fiber in the morning.

Spacing fiber from other medicines

SITUATION	GAP	NOTES
Baseline (EU/UK product information)	30–60 min	The regulator minimum for bulk fibers such as psyllium.
Cautious general rule	2 h	Practical default when you want one rule for everything.
Narrow-margin medicines	2–3 h	Digoxin, warfarin, lithium, carbamazepine, thyroid medication: confirm with your pharmacist.
Also worth spacing	2 h	Mineral supplements (calcium, iron, zinc) and vitamin B12; fiber can reduce their absorption.

A day that just works

WHEN	WHAT
Morning	Medication first. If you take the pill: 30-minute wait, then breakfast.
Lunch	Half your fiber dose, with food and a full glass of water.
Dinner	The other half, again with food and water.

Splitting the dose spreads the fermentation load and is gentler on a slowed gut. The EU bowel-function claim for inulin (12g per day) applies to the daily total, however you divide it.

Which fiber, for which job

"Fiber" is not one thing. On a slowed GLP-1 gut, soluble fibers are the relevant family; the choice within it depends on the job you need done.

Start from your situation

YOUR SITUATION	BEST FIT	WORKING DOSE
Constipated now, want relief	Psyllium husk	Build to ~10g/day; relief often within 24–72h
Early weeks, sensitive stomach	PHGG (partially hydrolysed guar gum)	5–7g/day; gentlest start, low gas
Long-term regularity and gut health	Chicory inulin, introduced gradually	12g/day; the EU-recognized bowel-function dose
Blood sugar and cholesterol focus	Oat beta-glucan	3g/day with carb-containing meals (EU cholesterol claim)

The big three, side by side

	PSYLLIUM	PHGG	CHICORY INULIN
What it is	Gel-forming husk (Plantago ovata)	Soluble fiber from guar beans	Prebiotic fructan from chicory root
Feels like	Thickens in water; drink it fast	Dissolves clear, tasteless	Dissolves easily, mildly sweet
Gas potential	Minimal (barely fermented)	Low (ferments slowly)	Real for the first 1–2 weeks (high-FODMAP)
Time to effect	24–72 hours	Days to ~2 weeks	1–2 weeks at full dose
Strength	Fast mechanical relief; first-line for constipation (AGA)	Tolerability; certified low-FODMAP	Only fiber with an EU bowel-function claim; feeds gut bacteria
Watch out	Needs ~25ml water per gram, without fail	Smaller evidence base	Not during a low-FODMAP elimination phase

THEY COMBINE WELL

The mechanisms differ, so they stack: psyllium for relief this week, inulin layered in gradually for the long game. In a 2024 trial, taking psyllium with inulin blunted the early gas spike.

THE SULFUR BURP NOTE

Those burps come from gut fermentation, and a slowed stomach makes them worse. Common triggers: chicory root fiber hiding in protein bars, asparagus and cruciferous vegetables. Check your protein bar's label before blaming your supplement.

Start low, go slow. The rule that saves the habit.

Most people who quit fiber did not pick the wrong fiber. They started too fast. Bloating in the first weeks is a fermentation response, not a verdict.

The four-week ramp

WEEK	DAILY AMOUNT	HOW
Week 1	3g	With food and at least 250ml water
Week 2	6g	Split across two meals if easier
Week 3	9g	Hold a step 3–5 extra days if bloating appears
Week 4	12g	Cruise level; adjust to your own target from page 2

THE GLP-1 ADJUSTMENT

A slowed gut amplifies fermentation. Start lower (2 to 3g per day) and give each step about 10 days instead of 7. Same destination, longer runway. Your gut adapts within 2 to 3 weeks and produces less gas per gram as it does.

If you bloat anyway: the fix kit

- ☐ Take fiber with food, not on an empty stomach; it slows fermentation.
- ☐ One full glass of water (250ml or more) with every single dose.
- ☐ Split the daily amount: half at lunch, half at dinner.
- ☐ Do not stack high-FODMAP foods (garlic, onion, beans) during the ramp weeks.
- ☐ A 15-minute walk after meals helps a slowed gut move gas along.
- ☐ Simethicone (in products like Gas-X or Lefax) relieves acute gas; it treats the symptom, not the cause.
- ☐ Still bloated after 4 to 6 weeks at a stable dose? Switch fiber types (page 4), do not push through.

THE ONE MISTAKE TO NEVER MAKE

Psyllium without enough water forms a dry mass that can make constipation worse, not better. The rule: roughly 25ml of water per gram. A 10g dose means a large glass, minimum 250 to 300ml, every time.

Expectation setting: in trials, GI side effects of GLP-1s peak during dose escalation and ease over time (median duration 47 days). Constipation affects roughly 5 to 24 percent of users depending on drug and dose. The ramp plan works with that timeline, not against it.

Choosing a supplement without the hype

The supplement aisle is loud. These five checks, plus two things to avoid, cut through most of it.

Five checks before you buy

- ☐ **A validated fiber at a validated dose.** Psyllium around 10g, PHGG 5 to 10g, inulin 12g, oat beta-glucan 3g. If the label's dose is far below these, it cannot do the job the research describes.
- ☐ **Tolerability matched to your stage.** Sensitive gut or early weeks: PHGG or psyllium. Established routine: fermentable fibers like inulin become worth their adjustment period.
- ☐ **A ramp-up protocol on the label.** Its presence signals the maker understands how fiber actually gets adopted.
- ☐ **A format you will genuinely take daily.** The best fiber is the one still in use in week six, not in the cupboard.
- ☐ **A clean, disclosed label.** Named fibers with exact doses. No proprietary blends that hide how little of each ingredient you get.

THE CAPSULE REALITY CHECK

A "500mg fiber blend" capsule taken twice a day delivers one gram. Reaching a working psyllium dose of 10g would take 20 to 30 capsules. For fiber, powders win on dose arithmetic alone.

Two things we would skip

- **Glucomannan as your main fiber.** It carries a mandatory EU choking-hazard warning because it expands dramatically when wet, with documented esophageal-obstruction cases. On a slowed GLP-1 gut, that caution deserves extra weight.
- **"GLP-1 support" capsule stacks.** Apple cider vinegar, berberine and chromium with a sprinkle of fiber target satiety marketing, not your actual gap, and usually hide doses in proprietary blends.

The magnesium decoder

Magnesium shows up in many GLP-1 routines, and the form on the label tells you the job it is doing. **Glycinate** is gentle daily support with high bioavailability and little effect on your gut. **Citrate** is an osmotic laxative: at higher doses it acts within hours. Neither is a substitute for fiber; they solve a different problem.

When to call your prescriber

Fiber manages mild to moderate symptoms. Some situations need a professional, promptly.

CONTACT A DOCTOR IF

You have had no bowel movement for four days or more; you have severe abdominal pain, blood in your stool, or vomiting; your bowel habits change suddenly; or constipation persists beyond two to three weeks despite adequate fiber and fluids.

- **Fiber complements your medication. It never replaces it.** "Nature's Ozempic" framing is clinically inaccurate; the mechanisms are not comparable.
- **Tell your prescriber or pharmacist about every supplement you take**, fiber included, especially alongside other medicines (spacing table, page 3).
- **IBS or a low-FODMAP protocol:** skip inulin during elimination phases; psyllium and PHGG are the safer choices. Work with your GI specialist or dietitian.
- **One honest caveat:** no fiber supplement has been trialed specifically in semaglutide or tirzepatide users yet. The doses here are reasoned extrapolations from constipation, IBS and general-population research, which is exactly how we present them.

Where every number comes from

KEY STUDIES AND REGULATIONS

EFSA Dietary Reference Values for carbohydrates and dietary fibre, 2010

EU Regulation 2015/2314 (chicory inulin bowel-function claim, 12g/day)

Friedrichsen et al., Diabetes Obes Metab, 2021 (energy intake on semaglutide)

Reynolds et al., The Lancet, 2019 (fiber dose-response meta-analysis)

Wharton et al., 2022 (pooled STEP constipation incidence)

Sehgal et al., Nature Health, 2026 (410,198-post real-world side-effect study)

Urbina et al., Clinical Obesity, 2026 (nutritional deficiencies on GLP-1s)

AGA guideline 2013; Garg 2017; Gibson & Shepherd 2010; Gill et al. 2021

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Fiber and GLP-1, the complete guide
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Inulin vs psyllium on a GLP-1
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The oral Wegovy 30-minute rule
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Educational information, not medical advice. This sheet reflects sources current as of July 2026 and is reviewed with our quarterly content refresh.