Table 2. Dietary and behavioural strategies to minimise incretin side-effects.

Adverse effect	Recommendations
General advice	Regular, evenly spaced, small meals; use smaller plate; avoid fluids while eating, avoid strong smells if nausea; keep food diary to identify triggers
Nausea, vomiting	Take anti-nausea medication exactly as directed; eat when medication most effective; eat plain food immediately on waking
Persistent vomiting	Risk of dehydration, electrolyte imbalance, nutrient loss, weakness, arrhythmias, thiamine and other nutrient deficiencies; schedule urgent review; clinicians to consider down-titration/pausing therapy; consider eating disorder
Constipation	Gradually increase fibre intake to 25 g/day; 2.0–2.5 L fluids daily; movement; kiwi fruit and prunes; psyllium supplement if constipation persists; review constipating medications
Diarrhoea	Medical nutrition therapy assessment may suggest low-fat/low-lactose meals; limit sugar alcohols (e.g. sorbitol), caffeine and alcohol; food and symptoms diary; soluble fibre from fruits, vegetables, oats and psyllium; adequate hydration
Early satiety	Small, frequent meals; don't skip meals; protein first; soft or easily digested meals; liquids after or between, not before or with, meals
Dyspepsia	Small, frequent, low-fat meals; limit spicy or fatty food and caffeinated or fizzy drinks; eat slowly and chew well
Fatigue	Regular meals; complex carbohydrates; adequate protein; stay hydrated; iron and B vitamins; limit sugar; may need blood tests if persists
Headache	Stay hydrated; eat regular meals
Dizziness	Stay hydrated; eat small, regular meals; avoid standing too quickly
Belching/ eructation	Eat slowly, chew well; avoid fizzy drinks; avoid chewing gum; limit gas-producing foods