Retatrutide – What You Should Know

Information sheet for people considering or using Retatrutide off-licence for weight and fat loss.

1. What Is Retatrutide? *(UPDATED – Phase 3)*

Retatrutide is an investigational medication currently in Phase 3 clinical trials. It activates three metabolic hormone receptors—GLP-1, GIP, and glucagon—leading to reduced appetite, slower gastric emptying, improved glucose regulation, and increased energy expenditure.

Following highly positive Phase 2 trial results, retatrutide has progressed into large-scale Phase 3 trials assessing long-term safety, efficacy, and tolerability in people with obesity, overweight with metabolic disease, and type 2 diabetes.

Phase 2 trials reported average weight loss of approximately 22–24% of total body weight at higher doses over ~48 weeks, exceeding that seen with currently approved GLP-1 or dual-agonist therapies such as semaglutide and tirzepatide.

Retatrutide remains unapproved by the MHRA, EMA, or FDA. Any use outside a regulated clinical trial is considered unlicensed and carries additional safety and quality risks.

<u>What Phase 3 Means</u>

Being in Phase 3 means retatrutide has shown strong early effectiveness but is still being evaluated for:

- Rare or delayed side effects
- Cardiovascular safety
- Long-term tolerability
- Population-level risk (older adults, comorbidities)

Many drugs fail or are restricted at this stage. Until regulatory approval is granted, **clinical uncertainty remains**, particularly for off-licence or unsupervised use.

2. How Retatrutide Works

Retatrutide works by activating:

- GLP-1 — reduces appetite, slows gastric emptying, improves blood glucose.
- GIP — supports insulin release and energy regulation.
- Glucagon — increases energy expenditure and promotes fat burning.

By combining these pathways, Retatrutide produces greater average weight loss than currently approved single- or dual-agonist drugs.

3. Potential Benefits (Evidence to Date)

Early clinical trials demonstrate:

- 20–25% reduction in body weight at higher doses.
- Significant reductions in visceral and total body fat.
- Improved HbA1c, fasting glucose, and insulin sensitivity in people with type 2 diabetes.
- Marked reductions in liver fat and improved metabolic markers linked to fatty liver disease.
- Improvements in blood pressure and lipid levels in some participants.

Long-term safety and real-world outcomes have not yet been established.

4. Current Status and Safety Considerations *(UPDATED – Phase 3)*

Retatrutide is now in Phase 3 clinical development, meaning it is being studied in large populations over longer durations to better understand:

- Long-term safety and tolerability
- Cardiovascular and metabolic outcomes
- Durability of weight and fat loss
- Adverse-event frequency at scale

Despite being in late-stage trials, retatrutide has no licensed dosing schedule, no approved commercial formulation, and no authorised supply chain.

Eli Lilly has publicly confirmed that no legitimate retatrutide product is available for consumer purchase. Any vial, pen, or powder sold online or via “research” channels is unregulated and may:

- Contain incorrect dosing
- Contain no active drug
- Contain substituted or related peptides
- Be contaminated or non-sterile

5. Side Effects and Risks

Common side effects include:

- Nausea, vomiting, bloating, constipation, diarrhoea.
- Fatigue, dizziness, reduced appetite.

• Mild increases in resting heart rate.

Less common or potentially serious risks include:

• Pancreatitis.
• Gallbladder inflammation or gallstones.
• Worsening diabetic retinopathy in susceptible individuals.
• Possible thyroid-related changes observed in animal studies.
• Muscle loss and reductions in bone density during rapid weight loss.

Long-term risks—including cardiovascular outcomes, cancer risk, reproductive effects, and multi-year treatment safety—remain unknown.

6. Retatrutide in Older Adults (65+)

Adults up to ~75 years have been included in trials, but specific data for those aged 70+ is limited.

Although older adults may experience substantial metabolic benefit, they are more vulnerable to:

• Sarcopenia (muscle loss) and frailty.
• Reduced bone density and increased fracture risk.
• Dehydration and kidney strain from gastrointestinal side effects.
• Worsening of pre-existing eye conditions, particularly diabetic retinopathy.

Protective guidance:

• Aim for 1.0–1.2 g/kg/day of protein (higher if frail).
• Perform resistance training 2–3 times per week.
• Maintain hydration and monitor blood pressure and renal function.
• Review medications as weight and glucose levels change.
• Discuss bone health and eye monitoring with a clinician.

7. Retatrutide and Anabolic Steroid (AAS) Use

This information is harm-reduction based and does not endorse AAS use.

No clinical studies have examined Retatrutide used alongside anabolic steroids. However, based on known physiology, risks may include:

<u>1. Muscle Loss Despite AAS</u>

Retatrutide suppresses appetite and can create a large calorie deficit. Even with AAS, inadequate protein or training can lead to loss of lean mass.

2. Dehydration and Electrolyte Issues

AAS may elevate blood pressure and strain the kidneys. Retatrutide may reduce thirst cues and slow gastric emptying, increasing dehydration risk, especially during heavy training or stimulant use.

3. Liver and Gallbladder Stress

Oral AAS are hepatotoxic. Rapid fat loss increases liver workload and inflammatory activity, raising the risk of hepatic or gallbladder complications.

4. Cardiovascular Risk

AAS negatively affect lipids, blood pressure, and cardiac structure. Retatrutide may increase resting heart rate. Combined, these may elevate the risk of arrhythmias, clots, or heart failure.

5. Appetite Suppression Interfering With Bulking

Retatrutide often makes eating enough calories difficult, leading to poor muscle gain and reduced training performance.

6. Altered Oral AAS Absorption

Retatrutide slows gastric emptying, which may alter blood levels of oral steroids.

7. Dangerous Hypoglycaemia

When combined with insulin-based PED protocols, Retatrutide can significantly increase the risk of severe low blood sugar.

Harm-reduction advice (if used despite risks):

- Consume 1.2–1.6 g/kg/day of protein (age and renal function permitting).
- Prioritise structured resistance training.
- Monitor hydration, blood pressure, and electrolytes.
- Consider periodic ECGs and blood tests (liver function, lipids, haematocrit).
- Avoid insulin-based PED stacks entirely.
- Minimise oral AAS, high-dose stimulants, alcohol, and NSAIDs.

8. Grey-Market Warning

Because no approved Retatrutide product exists, any consumer-available item is unregulated. Risks include:

• Incorrect or missing active drug.
• Contamination or substituted peptides.
• Infection risk from unsafe manufacturing.

Pharmacovigilance sources and regulatory bodies have issued warnings about counterfeit injectable weight-loss compounds.

9. Summary

• Retatrutide shows strong effects on weight and metabolic health but remains experimental.
• Older adults may benefit but face increased risks of muscle loss, frailty, dehydration, and bone-density decline.
• Combining Retatrutide with anabolic steroids amplifies cardiovascular, hepatic, and hydration-related risks.
• Off-licence use carries significant uncertainty and should ideally occur under medical supervision.

The short version is,, we know that this sounds amazing but It's not like copying a simple small-molecule tablet. Making a peptide that is:

- the correct molecule,
- at high purity,
- accurately dosed, and
- sterile and endotoxin-controlled,

requires real peptide synthesis capability plus analytical QA and aseptic fill/finish. Some facilities can do this legitimately (for research manufacturing), but the *illicit* market often cuts corners and this brings risks.

This information sheet has been drafted and proofed 22.12.2025 using publicly available data, including Phase 3 trial status. Please check https://www.bloodworks4u.com/ for updated versions if reading after this date.