

YEAR TWO

The Advanced Fat-Loss & Muscle Guide for People Past the Basics



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Training progression, lean bulking and the advanced layer

01 Beginner to Intermediate — What Actually Changes

- Novice gains slow down — the easy strength-and-size window is closing
- Your body has adapted to basic stimulus; "just show up and lift" stops being enough
- Progress now needs structure and intent, not more motivation
- Connective tissue and joints have caught up — you can handle more load and volume than year one
- Recovery has to be actively managed now, not assumed
- The shift: from "any consistent training works" to "specific, planned training works"

02 Progressive Overload — The Real Mechanics

Overload isn't just "add weight to the bar." Four levers, used deliberately:

- **Load** — the weight on the bar. Increase in small, sustainable jumps
- **Reps** — more reps at the same weight before you add load
- **Volume** — total sets × reps × weight across a week, not just per session
- **Frequency** — hitting a muscle group more often per week at the same total volume
- Rotate which lever you push — don't chase heavier weight every single week, it stalls
- Track it. If you're not writing numbers down, you're guessing, not progressing
- Use an app to log this — **Strong** or **Hevy** both do it free, or a plain spreadsheet works just as well if you actually use it

03 Planned Deload Weeks — Why Skipping Them Backfires

This is the one advanced lifters skip most often, and it's the one that costs the most when they do.

- Fatigue builds faster than it shows — lifts can still go up while joints, sleep and nervous system quietly fall behind
- Skipping deloads doesn't mean you got away with it — it means borrowing recovery you'll pay back later, usually as a stalled month or an injury
- **How often:** roughly every 4–6 weeks of hard training, stretch to 6–8 if recovery markers are fine
- **Signs you need one earlier:** resting heart rate creeping up, sleep quality dropping, a lift stalled two sessions running, joints aching more than usual, training starting to feel like a chore
- **Volume deload:** same weights, roughly half the sets — good if joints/CNS are the issue but strength feels fine
- **Intensity deload:** drop to ~60% of working weight, keep the reps moving — good if you're just generally cooked
- A deload is a week of doing less on purpose, not a week off completely — treat it as maintenance, not a reward

04 Fasting — Used Strategically, Not Daily

- At this stage, fasting is a tool used occasionally — not a daily habit layered on top of harder training
- Daily fasting windows start competing with recovery and performance once volume goes up
- Useful for an occasional reset — insulin sensitivity, appetite regulation, or just a mental break
- Pick a genuinely low-demand day — no heavy lifting, no long cardio
- Hydrate properly, electrolytes if the fast runs long
- Break the fast with protein first, not a carb bomb
- Never on a heavy squat/deadlift day or a hard conditioning day

05 Controlling Tempo — Concentric vs Eccentric

Concentric = the lifting phase. **Eccentric** = the lowering phase under load.

- The eccentric phase does more of the muscle-damage work that drives growth
- Controlling tempo increases time under tension without needing more weight
- Dropping the weight fast instead of controlling it wastes most of the set's benefit
- Slower eccentrics also reduce reliance on momentum — lower injury risk on heavier lifts
- Use a tempo notation, e.g. 3-1-1-0 (3 sec down, 1 sec pause, 1 sec up, no pause at top)
- Start by slowing just the lowering phase to 2–4 seconds — don't overhaul every lift at once
- Best used on accessory and hypertrophy work, not your heaviest compound singles

06 Lean Bulking Properly — The Real Numbers

- A 1,000+ kcal surplus does not build muscle faster — it just makes you fat faster
- Muscle protein synthesis has a ceiling — past a certain point, extra calories go to fat, not muscle
- Sensible surplus at this stage: roughly **200–300 kcal above maintenance** per day
- Track weekly average bodyweight, not daily fluctuation — aim for ~0.25–0.5kg gain per week
- If the scale is climbing faster than that, the surplus is too big — not "working harder"
- Protein target stays high regardless of surplus size — that's what's actually building the tissue

07 Steps and Cardio Still Matter — Even While Bulking

- Heart health doesn't take a break because you're in a building phase
- Cardio and daily steps aren't the enemy of muscle gain at sensible volumes — dropping them completely is the mistake
- Supports insulin sensitivity, which matters more once you're eating in a surplus
- Aids recovery between heavier sessions and keeps conditioning up
- Practical target: 8,000–10,000 daily steps + 1–2 short cardio sessions a week

08 Sleep Optimization for Recovery at This Volume

At beginner volume, sleep is "get enough of it." At this volume, it has to be actively managed the same way you'd manage a training block.

- **Target 7–9 hours**, protect the last hour before bed the same way you'd protect a training session
- **Consistent wake time** (weekends included) does more for sleep quality than a "perfect" bedtime routine
- **Room temperature** around 18°C improves sleep depth for most people
- **Caffeine cutoff:** at least 8–10 hours before bed — a 4pm coffee is still in your system at midnight
- If training finishes close to bedtime, eat and let body temperature come down before trying to sleep
- Track something simple — resting heart rate or just how you feel on waking. A pattern over 2–3 weeks means something, one bad night doesn't

09 Reading Your Own Bloodwork Trends Over Time

This is about organising your own tracking — not interpreting a specific result. That part is your GP's job.

- One test on its own tells you almost nothing — hydration, recent training, sleep and time of day all shift the numbers
- Track the same markers over months, not once — the direction matters more than one reading sitting at the edge of "normal"
- Keep conditions consistent — same lab, same time of day, same fasted state each time
- Keep it simple — date, marker, value in a spreadsheet is enough. You're looking for a slope, not a formula
- Test on a schedule (every 8–12 weeks is sensible), not randomly — random one-off tests make trends impossible to read
- A single result outside the range is a data point. The same marker moving steadily over three or four tests is a pattern worth bringing to a doctor

10 Where Supplements and Research Peptides Fit — The Advanced Layer

This is the layer that comes **after** everything above is locked in — not instead of it. Once the basics are consistent, some people go further into peptide research as an added layer. This is what I personally research — not a recommendation, not a protocol for anyone else to copy:

- **Ipamorelin + CJC-1295 (no DAC)** — GH-axis research, often examined for recovery quality and sleep
- **MOTS-C** — researched around AMPK pathway activation in the context of exercise metabolism
- **GHK-Cu + BPC-157 + TB-500** ("Glow Pen" — my own research nickname for the combination, not a product name) — tissue-repair peptides researched for connective tissue recovery
- **Semax** — researched for BDNF upregulation and cognitive pathways
- Hormone-axis research (TRT) and metabolic research (compounds like Retatrutide) sit further out again — bloodwork-driven, medically-supervised areas, not a next step to self-start

NOTE

For educational and research purposes only. Not medical advice. Bloodwork first, always. Speak to a qualified healthcare professional before considering any compound.

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What Comes Next

If you've read this far, you're past the point of needing basics explained — the next step is depth, not more starter content.

- **The full peptide research library:** irishpeptides.ie/peptides — every compound I've written about, mechanisms and research context, no dosing-as-prescription
- **More free tools like this guide:** irishpeptides.ie/free-tools
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Nothing above is a sales pitch

It's the same thing this whole guide has been — the actual information, so you can make your own call from there.

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