
COURSE RESOURCE

GLP-1 & DUAL-AGONIST MEDICATION COMPARISON

Coach reference | Orientation only — trainers recognise, document, refer; they never advise on medication choice or dose

This reference orients you to the medications your GLP-1 clients may be taking so you can coach training and habits intelligently. It is background only. Choosing a medication, starting it, changing the dose, or pausing it is a decision between the client and their prescriber — never something you weigh in on.

SCOPE OF PRACTICE

As a personal trainer you coach exercise, general nutrition habits, and progress tracking. You do NOT diagnose, prescribe, recommend, or adjust any medication, and you do not comment on which drug or dose a client 'should' be on. If a client asks 'which one is better?' or 'should I increase my dose?', your answer is always: 'That's a conversation for your prescriber.' Your job with these medications is to recognise how they may affect training, document what you observe, and refer clinical questions back to the medical team.

HOW THESE MEDICATIONS WORK (PLAIN LANGUAGE)

All three drugs below mimic gut hormones the body releases after eating. In broad terms they increase feelings of fullness, reduce appetite, and slow how fast the stomach empties. That combination is why clients eat less — and it is also why they may show up to sessions under-fueled, low on energy, or managing an unsettled stomach. Understanding the mechanism helps you interpret what you see on the gym floor.

WHY IT MATTERS

Two effects drive almost everything you'll notice as a coach: appetite suppression (the client may simply not feel like eating, including protein) and slowed gastric emptying (food and fluid sit longer, so training on a 'full' stomach can trigger nausea or reflux). Nearly every training adjustment you make traces back to one of these two.

AT-A-GLANCE COMPARISON

Generic name	Common brand names	Drug class	Typical dosing cadence	Commonly labeled use
Semaglutide	Ozempic; Wegovy	GLP-1 receptor agonist	Once weekly (injection)	Type 2 diabetes (Ozempic); weight management (Wegovy)
Tirzepatide	Mounjaro; Zepbound	Dual GIP + GLP-1 receptor agonist	Once weekly (injection)	Type 2 diabetes (Mounjaro); weight management (Zepbound)
Liraglutide	Saxenda; also Victoza	GLP-1 receptor agonist	Once daily (injection)	Weight management (Saxenda); type 2 diabetes (Victoza)

SCOPE OF PRACTICE

Brand-to-use pairings above are general orientation, not a prescribing guide. The same molecule is sold under different brand names for different labeled purposes, and clients may be on a formulation for reasons you don't need to know. Do not use this table to comment on whether a client is on the 'right' product — only to understand roughly how often they dose and what to expect.

EFFECTS THAT MATTER FOR TRAINING

Effect	What you may observe	Coaching response (in scope)
Appetite suppression	Skipped meals; very low food intake; struggling to hit protein; 'not hungry' before or after sessions	Coach practical fueling habits: protein-forward meals/snacks, spreading intake across the day, easy-to-eat options; track intake trends and flag concerns to the prescriber
Slowed gastric emptying	Feeling full fast; nausea or reflux when training soon after eating; food 'sitting' heavily	Adjust session timing relative to meals; suggest smaller pre-session portions; keep intensity manageable when the stomach is unsettled
Fatigue / low energy	Sluggish warm-ups, reduced work capacity, shorter tolerance for volume, especially early in a new dose	Autoregulate: reduce volume/intensity, extend rest, prioritise quality reps; use RPE and how the client feels session-to-session
GI symptoms (nausea, constipation, etc.)	Client mentions stomach upset, bloating, or irregularity; hesitancy with high-effort sets	Encourage hydration and general habit consistency; keep the session tolerable; document

and refer persistent or worsening symptoms to the medical team

Possible lean-mass loss with rapid weight loss	Scale dropping quickly; strength or work capacity slipping	Prioritise resistance training and adequate protein habits to support muscle; track strength markers, not just bodyweight
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TRAINING ADJUSTMENTS YOU CAN MAKE

- Anchor the plan in resistance training. Program 2-4 full-body or upper/lower sessions per week, roughly 2-4 sets of 6-12 reps on compound lifts (squat/hinge/press/pull pattern), to protect lean mass while weight comes down.
- Autoregulate intensity. Use RPE 6-8 as a working range and let the client's daily energy set the ceiling; on low-fuel days, cut a set or two rather than cancelling.
- Mind session timing. Because the stomach empties slowly, suggest training a bit further from meals and with a smaller pre-session portion if nausea shows up.
- Coach protein habits, not prescriptions. Encourage a protein source at each meal and easy high-protein snacks; you're building habits and tracking adherence, not writing a medical nutrition plan.
- Emphasise hydration and simple consistency, especially in the days after a dose when symptoms may peak.
- Track strength and work capacity — not just the scale — so lean-mass loss shows up early in your data.

WHAT TO DOCUMENT AND WHEN TO REFER

Keep brief session notes on energy, fueling, GI symptoms, and strength trends. Your notes are a coaching tool and a communication bridge to the client's medical team — they are not a clinical record and you should not interpret them diagnostically.

- Document: reported appetite/food intake, any GI symptoms and their timing, energy/RPE trends, bodyweight and strength changes over time.
- Refer promptly if the client reports severe or persistent vomiting, signs of dehydration, severe abdominal pain, dizziness/fainting, or any new symptom that worries them.
- Refer routinely for anything medication-related: dose questions, side-effect management, whether to continue, or 'is this normal?' — all go to the prescriber.

KEY SIGNAL

Severe or persistent abdominal pain (sometimes described as radiating to the back), relentless vomiting, or signs of dehydration are not things to coach through. Stop the session, document what the client reported, and direct them to their medical provider or urgent care. Recognise, document, refer.

EVIDENCE NOTE

Statements here about appetite suppression, slowed gastric emptying, GI effects, and lean-mass considerations reflect the general, directional understanding of how these medication classes behave — not specific trial figures. No percentages, effect sizes, dosages, or study citations are asserted in this draft. The course team will attach verified citations before publication.

CONSENT

Only discuss a client's medication if they have volunteered it and are comfortable doing so. Record medication details only with the client's permission, store them securely, and share with third parties (including the prescriber) only when the client has agreed. A client is never required to disclose what they take in order to train with you.