
COURSE RESOURCE

SIDE-EFFECT SESSION PLAYBOOK

Coach reference | Adjust the session, protect the client, refer the red flags

SCOPE OF PRACTICE You coach training, general nutrition habits and progress tracking. You do not diagnose, prescribe, or adjust medication. Recognise the pattern, document it, and refer to the client's healthcare provider. Escalating something benign is a good outcome; not escalating is not.

GLP-1 medications commonly cause appetite suppression, nausea, early fullness, fatigue and GI symptoms — all of which land in your training sessions. This playbook is how to modify a session on the day, and where the line is between 'adjust' and 'refer'.

QUICK REFERENCE — SYMPTOM TO ACTION

Symptom	Session adjustment	Refer / escalate if...
Nausea / early fullness	Lower-impact, avoid inversions and heavy bracing; shorter session; train later after food settles	Persistent vomiting, inability to keep fluids/food down
Fatigue / low energy	Cut volume 20-40%, keep intensity on 1-2 main lifts, extend rests	Profound, unexplained fatigue or breathlessness
Dizziness / lightheaded	Stop, sit, hydrate; end the session	Fainting, palpitations, confusion — same-day medical review
Dehydration signs	Add electrolytes, reduce sweat load, shorten	Minimal urine output, dark urine, confusion
Constipation	Keep moving (walking helps); avoid maximal Valsalva	Severe abdominal pain, distension, no stool/flatus — urgent
Low blood sugar (if on insulin/sulfonylurea)	Have fast carbs on hand; do not train fasted	Symptomatic hypoglycaemia — treat and escalate

INJECTION-DAY NOTE

Many clients feel side effects most in the 24-48h after a dose and after a dose increase.

Plan the lightest session in that window and the harder session later in the week; ask when they inject and titrate.

GENERAL RULES

- Adjust the session, don't cancel the habit — a trimmed session keeps momentum and muscle.
- Keep intensity, cut volume: preserving load protects lean mass even when energy is low.
- Never train a client through dizziness, chest symptoms or fainting — stop and document.
- Document what you saw and when. Patterns (recurring symptoms) are what you communicate to their clinician.

WHEN TO STOP AND REFER

Use the Red Flag & Referral Checklist for the full list. Same-day medical review for: severe/persistent abdominal pain (especially radiating to the back), fainting or palpitations, signs of severe dehydration, sudden vision change, or any suicidal ideation. Your job is to recognise, document and escalate — not diagnose.