
COURSE RESOURCE

HYDRATION & ELECTROLYTES FOR TRAINING

Client handout | Working With GLP-1 Clients: for Personal Trainers

On a GLP-1 medication, your appetite and thirst are often turned down. You may simply feel less like eating or drinking, and any nausea, vomiting, or loose stools can quietly drain fluid and minerals. That combination makes hydration something to manage on purpose rather than by feel. This handout covers why fluids and electrolytes matter more right now, a simple daily approach, options at the store, the signals to watch for, and how to drink around your workouts.

SCOPE OF PRACTICE

I am your trainer, not your doctor, dietitian, or pharmacist. This handout is general coaching guidance for healthy training and habits. It is not medical advice and does not replace anything your prescriber or care team tells you. I do not diagnose conditions, prescribe fluids or supplements, or adjust your medication. If something here conflicts with your clinician's instructions, follow your clinician. If you feel unwell, I will help you recognise it, note it down, and refer you back to your care team.

WHY THIS MATTERS MORE ON A GLP-1

WHY IT MATTERS

GLP-1 medications reduce appetite and often reduce the sensation of thirst, so the usual 'drink when you're thirsty' cue becomes less reliable. At the same time, GI side effects like nausea, vomiting, and diarrhea can increase fluid and electrolyte losses. Less coming in plus more going out is the setup for dehydration, which can show up as fatigue, dizziness, headaches, and flat, low-energy training sessions.

- Reduced thirst means you can be under-hydrated before you ever feel thirsty.
- Smaller meals and lower food intake also mean less water and fewer minerals coming in from food.

- GI upset (nausea, vomiting, diarrhea) increases losses of both fluid and electrolytes like sodium and potassium.
- Dehydration blunts strength, endurance, coordination, and focus, so your training suffers before your health does.

A SIMPLE DAILY HYDRATION APPROACH

Because thirst is a weak signal right now, we build hydration into the day on a schedule instead of waiting to feel thirsty. Keep it boring and repeatable. General guidance for most healthy adults is to sip fluids steadily across the day rather than chugging large amounts at once, which is easier on a sensitive stomach.

- Start with a glass of water shortly after waking, before coffee.
- Keep a marked bottle with you and take a few sips every 30 to 60 minutes rather than large gulps.
- Pair drinking with habits you already do: every time you stand up, check your phone, or start a meeting, take a sip.
- Have a glass with each meal and snack, even small ones, to piggyback on your eating routine.
- Front-load earlier in the day if you find evening fluids disrupt your sleep.
- Include water-rich foods you tolerate well, such as broth-based soups, fruit, yogurt, and vegetables.

KEY SIGNAL

Urine colour is a quick self-check: pale straw usually means well hydrated, while dark yellow suggests you need more fluids. Very frequent, clear urine all day can mean you are overdoing plain water. Use it as a rough daily gauge, not a lab test.

ELECTROLYTES: WHAT AND WHEN

Electrolytes are minerals such as sodium, potassium, and magnesium that your body needs to hold onto water and to run muscles and nerves. When intake is low or you are losing fluid through GI symptoms, plain water alone may not be enough, because you are also short on the minerals that help you retain and use that water. You often do not need fancy products; food and simple options cover most people.

Option	What it offers	Good to know
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Water plus a pinch of salt in food	Sodium, easy and cheap	Salting meals to taste is a simple way to replace sodium lost through sweat or GI symptoms, unless your clinician has told you to limit salt
Broth or clear soup	Sodium and fluid together	Gentle on a queasy stomach and easy to sip
Fruit and vegetables	Potassium and water	Bananas, oranges, potatoes, and leafy greens are everyday sources
Commercial electrolyte drinks or tablets	Balanced sodium, potassium, magnesium	Convenient; check labels for added sugar and total sodium, and pick a version that suits your goals
Sports drinks	Fluid, electrolytes, and carbs	Useful around longer or hotter sessions; watch the sugar if that is not part of your plan

EVIDENCE NOTE

General sports-nutrition guidance supports replacing both fluid and electrolytes, especially with heavy sweating or GI losses, rather than relying on plain water alone. This is directional, everyday guidance, not a personalised prescription. The course team will attach verified citations. For specific amounts of sodium, potassium, or any supplement, especially if you have kidney, heart, or blood-pressure concerns, check with your clinician or dietitian.

SIGNS OF DEHYDRATION TO WATCH FOR

Learn these so you can catch it early. Mild signs are a cue to slow down, sip fluids with some electrolytes, and rest. The more serious signs mean stop training and contact your care team.

- Early or mild: dry mouth, headache, tiredness, dark urine, and feeling unusually sluggish in your session.
- Building: dizziness or light-headedness when standing, muscle cramps, rapid heartbeat, and reduced sweating.
- Serious (stop and seek help): confusion, fainting, inability to keep any fluids down, or no urination for many hours.

KEY SIGNAL

If a client feels faint, confused, or cannot keep fluids down, that is a stop-and-refer

moment, not a coaching moment. End the session, help them sit and sip fluids if they are able, document what you saw, and direct them to their clinician or urgent care. Recognise, document, refer.

HYDRATING AROUND YOUR WORKOUTS

The goal is to arrive hydrated, sip a little during, and top up after. Because you may not feel thirsty, treat these as checkpoints rather than waiting for a cue.

- Before: drink a glass of fluid in the couple of hours leading into training so you start well hydrated, not scrambling.
- During: keep a bottle within reach and take small sips between sets or every 15 to 20 minutes, more in heat or long sessions.
- After: replace fluids gradually over the next hour or two, and include some sodium (from food, broth, or an electrolyte drink) if you sweated heavily.
- Longer than about an hour, or hot and sweaty: add electrolytes rather than relying on plain water alone.
- If you feel nauseous, favour small, frequent sips and cooler fluids, and reduce intensity rather than pushing through.

TRACK IT WITH ME

We will log a couple of simple things each session so we can spot patterns and adjust your training, not your medication. Fill these in when we check in:

- Fluids so far today (rough number of glasses or bottles): _____
- Urine colour check this morning (pale / medium / dark): _____
- Any GI symptoms in the last 24 hours (nausea / vomiting / diarrhea / none):

- Energy for today's session (1 low to 5 high): _____
- Any dizziness, cramps, or headache before or during training (yes / no; notes):

CONSENT

I will ask before noting anything about how you feel or any side effects, and these notes stay between us to guide your training. You can decline any question. If your notes suggest something medical, my job is to flag it and point you back to your care team, not

to interpret or treat it. You are always free to share this handout and our logs with your clinician.