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How to Thrive In the GLP-1 Era

A Guide for Coaches, Nutritionists & Personal Trainers



Presented By

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Learn More

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About Me

Kelly McFie BSc (Hons), MN.Nutr

Nutritionist | Educator | Coach
Specialist in behaviour change, weight management, and GLP-1 support

- BSc (Hons) Exercise & Health Science (First Class)
- MNU Certified Nutritionist - Level 5 Diploma in Advanced Nutrition Science (Distinction)
- Over 20 years of experience in health and fitness
- Qualified in nutrition, personal training, behaviour change, education & counselling skills
- Special interest in supporting clients using GLP-1 medications for weight loss
- I’m not a prescriber – my role is to support nutrition, behaviour change, and long-term habit formation within scope of practice

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Where Would You Rate Your Current Knowledge & Confidence Around GLP-1s?

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Session Aims



Understand

what GLP-1 receptor agonists are and how they work

Explore

eligibility criteria, prescribing practices, and current guidelines

Learn

how to support clients using these medications within your professional scope

Gain

practical strategies to help clients develop sustainable habits beyond medication use

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Our Role & Scope of Practice

- We do not prescribe or provide medical advice
- Our role is to support nutrition, behaviour change, and physical activity
- This includes helping clients eat adequately, move consistently, and preserve muscle mass
- Refer clients to their prescriber or GP if they experience medical issues or side effects



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Context & Relevance

This is not a new phenomenon.

GLP-1s have been prescribed for blood sugar management since 2005, and for weight loss for 10 years.

They are increasing in popularity, and they are here to stay.

Let’s discuss how Coaches will benefit from understanding them, and how our professional knowledge can support clients taking them.

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Explaining GLP-1s To Clients

“GLP-1s are medications that help regulate your appetite and blood sugar.

They work by mimicking a hormone your body already makes, which helps you feel fuller sooner, stay fuller for longer, and experience fewer cravings.”

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Explaining GLP-1s To Clients

“These injections don’t burn fat or boost your metabolism. They simply help quiet that constant food chatter – what we sometimes call ‘food noise’ – so it’s easier to make choices that support your goals.”

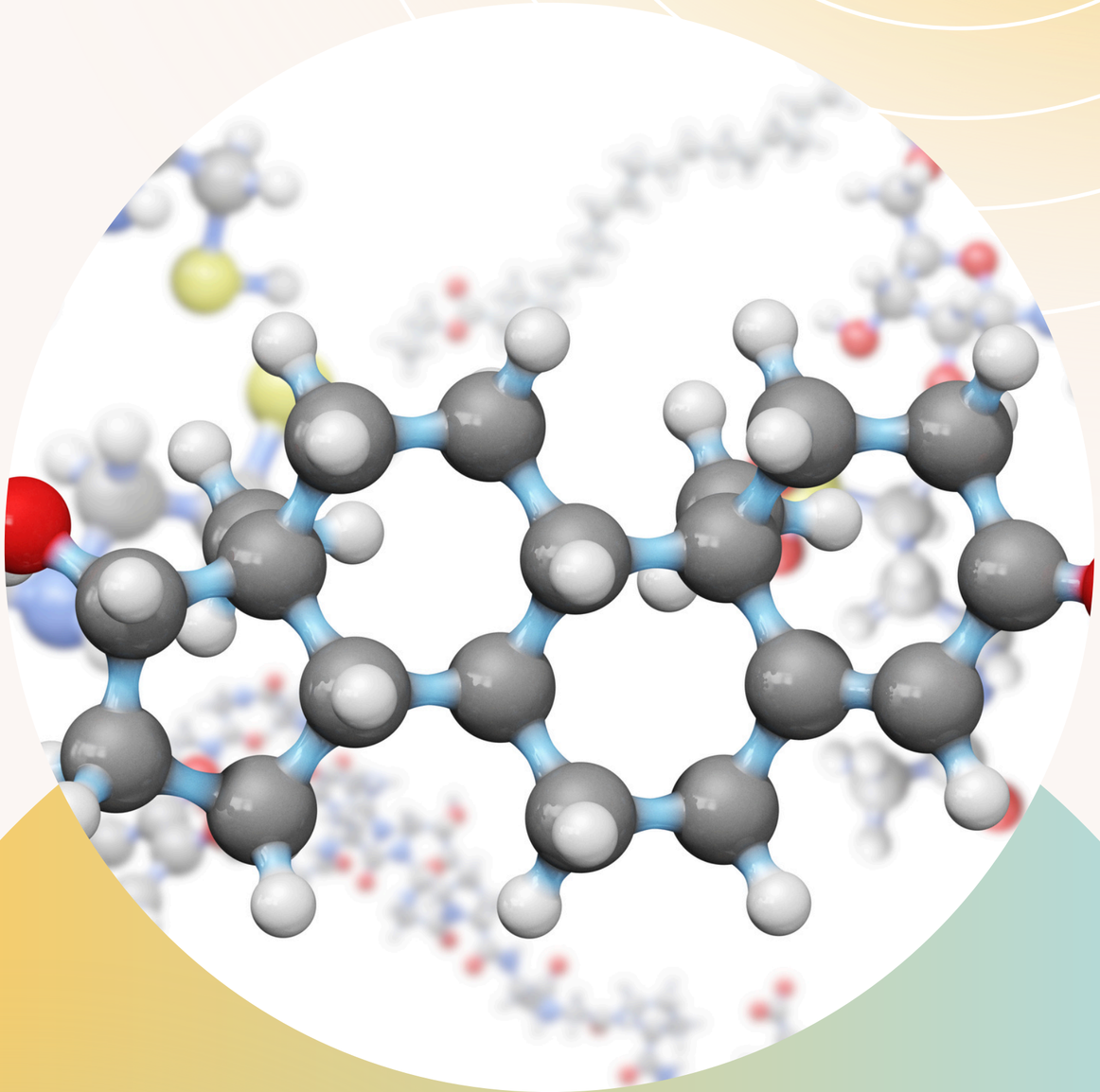
“You’ll still need to eat, move, and look after yourself – but the medication can take the edge off that ‘always hungry’ feeling that gets in the way.”

Why this matters for clients:

- Removes guilt (they realise they’re not “failing” at willpower)
- Builds trust and sets realistic expectations
- Gives you, the coach, a clear and respectful way to support their journey

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A Brief Overview Of The Science



INSULIN

When we eat, blood sugar levels rise.
In response, the body releases insulin from the pancreas.
Insulin helps move sugar from the blood into the cells to be used for energy or stored for later.
This brings our blood sugar back down to a healthy level.

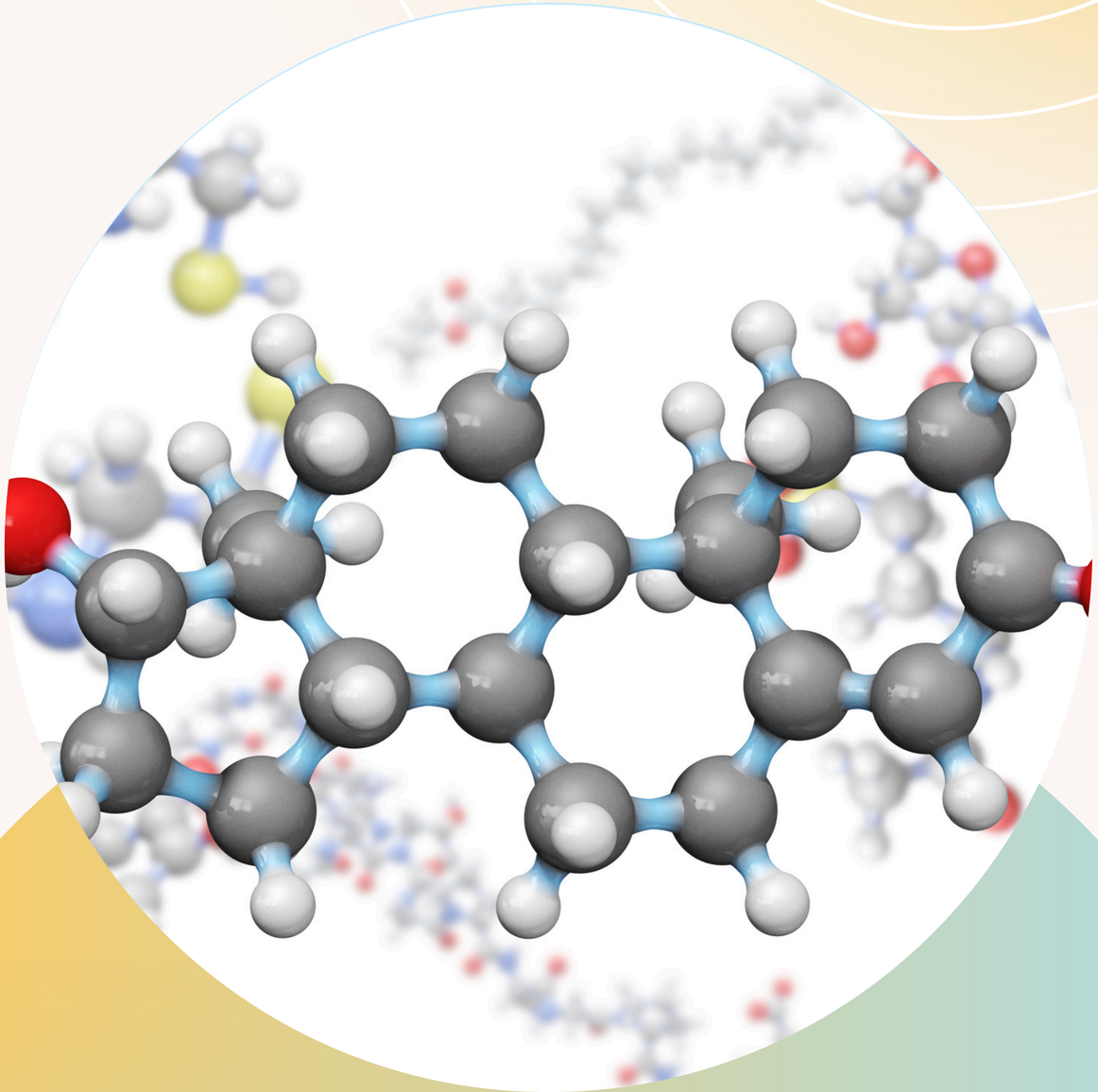
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GLUCAGON does the opposite of insulin.

When blood sugar is low (like between meals or overnight), the body releases glucagon.
Glucagon tells the liver to release stored glycogen into the bloodstream.
This raises blood sugar back up to normal.

Insulin = lowers blood sugar (after eating)
Glucagon = raises blood sugar (when you haven't eaten in a while)

They work like a team to keep blood sugar in a healthy range.



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GLP-1 is a hormone made in the small intestine when we eat.

It helps the body manage blood sugar by:

- Telling the pancreas to release insulin (which lowers blood sugar)
- Stopping the body from releasing too much glucagon (which would raise blood sugar)
- Slowing down gastric emptying
- Promotes satiety



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Mechanism Of Action

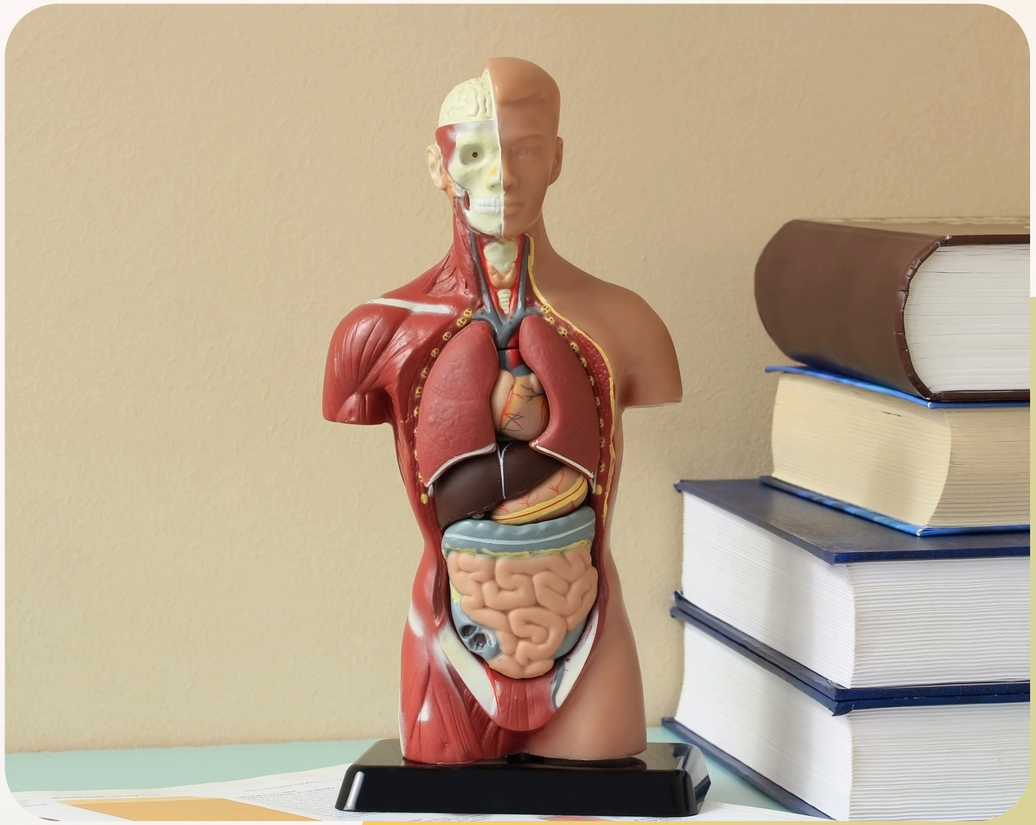
- **GLP-1 agonists bind to GLP-1 receptors**

  Pancreas, lungs, heart, GI tract, brain, kidneys, muscle & fat tissues

- **Trigger effects of GLP-1 hormone**

  Glucose regulation and appetite suppression

- **Higher doses may lead to more pronounced physiological effects**



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In Type 2 Diabetes

- Stimulating insulin secretion
- Slowing gastric emptying, thereby reducing postprandial glucose spikes



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- Liraglutide (Saxenda)
- Semaglutide (Wegovy)



GLP-1 Agonists For Weight Management UK

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Tirzepatide (Mounjaro)
Dual GLP-1/GIP Receptor Agonist



Tirzepatide (brand name: Mounjaro) activates both:

- GLP-1 receptors: promote satiety and regulate glucose
- GIP receptors: enhance insulin secretion and regulate blood glucose levels

This dual action may lead to improved glycaemic control and enhanced weight loss outcomes.

Update (June 2025):
Mounjaro is now available on the NHS in the UK for weight management in eligible individuals. This marks a significant expansion in access to therapies.

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Oral GLP-1: Orforglipron



Orforglipron is a once-daily oral GLP-1 receptor agonist currently in Phase 3 clinical trials.

- It is non-peptide based and does not require refrigeration or injection, making it potentially more accessible
- Early studies show comparable weight loss to injectable GLP-1s (Jastreboff et al., 2023)
- Phase 3 trials are ongoing in 2025 and being closely watched as a possible alternative for needle-averse patients

Orforglipron could be a game-changer in accessibility, but it is not yet approved for general use.

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Evidence from the SURMOUNT Clinical Trials

The SURMOUNT programme evaluates the efficacy and safety of tirzepatide (Mounjaro) for chronic weight management.



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SURMOUNT-1
Jastreboff et al. (2022)



- Population: Adults with obesity or overweight without diabetes
- Duration: 72 weeks

Findings:

- Up to 20.9% weight loss at the highest dose
- 85% of participants lost at least 5% of their body weight
- Improvements also seen in blood pressure, cholesterol, and waist circumference

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SURMOUNT-2
Jensen et al. (2023)



- Population: Adults with obesity or overweight with Type 2 diabetes
- Duration: 72 weeks

Results:

- Up to 14.7% mean weight loss at 15mg dose
- Improvements in HbA1c, fasting glucose, and insulin sensitivity
- Showed that people with other health conditions could still lose a significant amount of weight.

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SURMOUNT-3
Jastreboff et al. (2023)



- Tirzepatide combined with intensive lifestyle intervention achieved a mean weight loss of 26.6% over 84 weeks.

- Participants on placebo achieved a total mean weight loss of 3.8% from study entry over 84 weeks.

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NHS Eligibility Criteria (UK)

From June 2025, NHS England has introduced a phased rollout of GLP-1 medications.

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Tirzepatide (Mounjaro)

- Phase 1 (June 2025 – June 2026):
  - BMI ≥ 40, or ≥ 37.5 for Black, Asian, or other specified ethnic minorities
  - Plus at least 4 weight-related comorbidities (Type 2 diabetes, hypertension, dyslipidaemia, cardiovascular disease, obstructive sleep apnoea)

- Phase 2 (June 2026 – March 2027):
  - Lowered to BMI 35–39.9 (or 32.5–37.4 in qualifying ethnic groups)
  - Plus 4 comorbidities

- Phase 3 (April 2027 onward):
  - BMI ≥ 40 (or ≥ 37.5), with 3 of 5 comorbidities

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Semaglutide (Wegovy) & Liraglutide (Saxenda)

Available via specialist weight-management services according to NICE criteria:

- BMI ≥ 35, or
- BMI ≥ 30 plus a weight-related condition
- These may adjust to lower BMI thresholds for certain ethnic groups
- Regional variations may exist

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Regulation & Safety in UK Pharmacies

New UK pharmacy regulations (February 2025) now require:

- Verified BMI and medical history
- Video or in-person consultations (online forms alone are no longer sufficient)
- Clear communication of risks and side effects
- Tighter restrictions on advertising to prevent misleading health claims

These safeguards aim to reduce misuse and ensure patient safety when accessing weight loss medications privately.

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Who Should Avoid GLP-1s?



Contraindications:

- Personal or family history of thyroid cancer
- History of pancreatitis
- Severe gastrointestinal conditions

Common side effects:

- Nausea, vomiting, diarrhoea, constipation, fatigue
- These often subside with time as the body adjusts.

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Muscle & Bone Loss



- Any weight loss can involve lean tissue loss—this applies to all clients, regardless of method
- Recent evidence shows GLP-1 use is not associated with increased fracture risk, and may even support small gains in bone density
- However, rapid weight loss without exercise may reduce bone density—this risk is mitigated with resistance or weight-bearing training
- Muscle loss is also proportional to weight loss; but adequate protein intake and strength training help preserve function and lean mass
- The takeaway: **we must proactively support clients with nutrition and exercise to protect both muscle and bone health**

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Rare But Serious Side Effects



Though uncommon, the following adverse effects have been reported:

- Pancreatitis and gallstones – risk increases with rapid weight loss
- Thyroid tumours – observed in animal studies, unclear significance in humans
- Gastroparesis – delayed stomach emptying may lead to persistent nausea
- Kidney injury – often secondary to dehydration
- Vision changes – rare, but possibly linked to specific ocular conditions

Action: If clients report any concerning symptoms, they must be referred back to their GP or prescribing clinician.

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Updated Guidance: May & June 2025



Two major updates to professional guidance were released this year:

1. May 2025 Clinical Advisory (PMID: 40450457)
   - Recommends structured behavioural support alongside GLP-1 use
   - Emphasises resistance training and adequate protein to mitigate lean mass loss
   - Highlights the importance of exit planning when stopping medication

2. New US Guidelines (20th June 2025)
   - Published by the Endocrine Society and Obesity Medicine Association
   - Reinforces that GLP-1s should be combined with lifestyle and nutritional support
   - Advises clinicians to screen for mental health factors and disordered eating patterns before and during treatment
   - Encourages greater training for allied health professionals (eg. nutritionists, fitness coaches) in supporting long-term behaviour change

These updates strongly validate the need for multi-disciplinary, client-centred care – and reinforce the importance of the work you do.

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Additional Benefits

While the primary indication is weight management, GLP-1 receptor agonists may offer other health benefits:

- Improved insulin sensitivity
- Reduction in liver fat (NAFLD)
- Lower blood pressure and cholesterol
- Improvement in sleep apnoea

Emerging research also suggests possible reductions in:

- Alcohol cravings
- Nicotine dependence
- Compulsive behaviours (eg. gambling)

These findings are preliminary, and further research is needed. However, in future, clients may seek these medications for broader benefits, not just weight loss.

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Neuro & Stroke Outcomes: New Evidence (July 25)

Retrospective cohort study

- 60,860 adults with type 2 diabetes and obesity
- Compared GLP-1RAs (semaglutide & tirzepatide) vs other antidiabetic drugs
- Follow-up: Up to 7 years

Key Findings:

↓ 37% dementia risk

↓ 19% stroke risk

↓ 30% all-cause mortality

Parkinson's, intracerebral haemorrhage: no significant difference

Subgroups with greater benefit:

- Age ≥60
- Women
- BMI 30–40

(Lin et al., 2025).

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What Does It Feel Like?

This change in appetite is physiological, not psychological – helping clients eat less without conscious restriction.

A reduced sense of hunger or food preoccupation (“food noise” is quieter)

A fuller feeling from smaller portions

Slower gastric emptying, meaning food stays in the stomach longer

A greater sense of satiety and control over eating behaviours

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GLP-1s Are Not A ‘Quick Fix’

GLP-1s are designed for long-term use, and the idea of a "quick fix" is misleading and unhelpful.

Most studies are based on 68–72 weeks of continuous use

Typical weight loss: 0.5–1% of body weight per week, though progress is non-linear

Doses are increased gradually over 6 months

Weight regain is common after stopping the medication, particularly if no habits are in place

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Why Do People Stop GLP-1s?

Despite the benefits, up to 66% of people discontinue GLP-1s within the first year (Leslie et al., 2024).

Possible reasons include:

- Unrealistic expectations
- Side effects (especially nausea, constipation, fatigue)
- Cost (especially with private prescriptions)
- Lack of ongoing support or coaching

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Who Are These Medications For?

GLP-1s are designed for chronic weight management and may be appropriate for clients who:

- Have struggled with their weight long-term
- Live with weight-related health conditions
- Experience chronic illness that impacts eating or movement

Important reminders:

- These medications are not suitable or necessary for everyone
- Obesity is complex and multifactorial – not just a matter of willpower
- “Eat less, move more” oversimplifies the issue

Always work within your scope of practice and refer medical decisions to qualified professionals.

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Medications Help But Habits Sustain

GLP-1 medications can be a valuable tool, but they are not a replacement for foundational behaviours.

Long-term success depends on:

- Building sustainable eating and activity habits
- Maintaining muscle mass
- Developing self-awareness and confidence with food
- Managing setbacks and mindset

As Coaches, PTs, and Nutritionists, this is where we make the biggest difference.

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The Importance Of Language



Language matters. Avoid phrases like:

- “Skinny Jab”
- “Quick fix”
- “Fad” or “craze”

Why?

- These terms undermine the clinical evidence behind these medications
- They may make clients feel judged or stigmatised

Instead, adopt an attitude of unconditional positive regard – supporting clients with respect, curiosity, and care.

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Understanding Stigma & Language



“As someone on a GLP-1, the stigmatism is awful.” This is a direct quote from a person living with Type 2 diabetes, currently using GLP-1 medication.

She has received excellent care from her GP, diabetic nurse, and pharmacist – but outside of that, the response has often been dismissive and judgemental.

Even some healthcare professionals have referred to it as “just the skinny jab.”

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Understanding Stigma & Language



Why this matters:

- GLP-1s are evidence-based treatments for chronic conditions like Type 2 diabetes and obesity
- Stigma around these medications can lead to shame, isolation, and reduced adherence
- For this individual, the emotional impact of judgement has been more difficult than the medication itself

As professionals, we have a responsibility to:

- Use accurate, non-stigmatising language
- Respect individual experiences and motivations
- Create a supportive space for clients to talk openly about their treatment

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Introducing The The SHAPE Method™

To guide clients effectively, I developed a framework called
The SHAPE Method™ – a five-pillar model for supporting GLP-1 users within our professional scope.

This approach is based on current research and guided by real-world coaching practice, ensuring it's both evidence-informed and practical to apply.

The five pillars are:

1. Smart Nutrition
2. Habit Reinforcement
3. Active Lifestyle & Strength Training
4. Psychological & Behavioural Support
5. Exit Strategy & Long-Term Success

The SHAPE Method™ provides structure, clarity, and confidence when supporting clients using weight loss injections.



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Smart Nutrition Choices (S)



Primary focus: Prevent nutrient deficiencies and preserve muscle mass.

Key strategies:

- Prioritise protein (1.6–2.2g/kg body weight per day)
- Include balanced meals with protein, fibre-rich carbohydrates, and healthy fats
- Start slow with fats – even healthy fats can worsen GI side effects initially
- Encourage small, nutrient-dense meals rather than skipping food
- Promote hydration and electrolyte balance to reduce nausea/dehydration
- Consider food diaries or tracking to monitor intake (especially during appetite suppression)
- Creatine supplementation (if they are otherwise healthy and have no contraindications).

Supporting clients to eat better, not just less, is essential for long-term health and results.

Habit Reinforcement (H)



Focus: Creating sustainable routines despite appetite changes.

Strategies:

- Encourage structured meal times – clients may forget to eat
- Use hunger/fullness scales to reconnect with internal cues
- Address emotional or boredom eating – meds don't eliminate psychological patterns
- Suggest habit stacking, like pairing water intake with meals or adding protein to snacks
- Meal prep and planning reduce decision fatigue and improve consistency
- Use food and mood diaries for insight into patterns and triggers
- Vitamins/supplements

Structure builds safety and predictability – especially when appetite signals are altered.

Active Lifestyle & Strength Training (A)

Focus: Protect muscle mass and metabolic health.

Recommendations:

- Prioritise resistance training (2–3x per week minimum)
- Encourage daily movement – steps, standing, stretching
- Modify training where needed – clients may experience low energy early on
- Support pre- and post-workout nutrition, especially when Calories are low

Clients may lose muscle during weight loss if strength training and protein intake are neglected. We help prevent that.



Muscle Loss: What the Research Says

There is currently no strong evidence that GLP-1 users lose more muscle mass than those losing weight through diet alone. However, lean mass loss is still a consideration.

Key points:

- Anyone losing weight is at risk of losing lean mass, especially individuals over 50
- Without adequate protein intake and resistance training, up to 15–40% of weight lost may come from lean tissue
- Encouragingly, recent studies show minimal strength loss when clients engage in regular resistance training and consume enough protein
- We should take a proactive stance on muscle preservation with all clients, regardless of medication use
- Healthy weight loss is not just about fat reduction – muscle is metabolically protective and functionally essential



Psychological & Behavioural Support (P)

Focus: Helping clients move from short-term results to long-term behaviour change.

Strategies include:

- Reframing the medication as a support tool, not a cure
- Addressing food fears or aversions (often triggered by nausea or early side effects)
- Normalising weight plateaus and scale fluctuations
- Supporting body image concerns, emotional eating, and confidence
- Encouraging self-compassion and a growth mindset
- Tracking non-scale victories – energy, mood, sleep, clothing fit, strength

Clients often need help managing how they think about food and their body – not just what they eat.



Exit Strategy & Long-Term Success (E)

Focus: What happens if (or when) a client stops the medication?

Key actions:

- Build structured, consistent eating habits to reduce risk of rebound weight gain
- Emphasise resistance training and protein to preserve metabolic rate
- Introduce or reinforce intuitive eating skills and mindful decision-making
- Support a gradual medication taper in partnership with the prescribing clinician

Even if a client discontinues GLP-1s, they can maintain their results — but only with sustainable habits in place.



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Why Our Role Is Crucial

- Doctors and prescribers initiate the treatment
- We support the behavioural foundation that determines long-term success
- Weight loss is not just about eating less – it's about eating well and living well
- Without adequate nutrition and training, muscle loss and metabolic decline are real risks
- Clients need coaching, not just prescriptions – and that's where we make the biggest impact

We help clients turn weight loss into lifelong health.

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Female, 61 years old

Real Life: Case Study A

- Works in the fitness industry
- Weight gain of 10kg over the 2 years leading up to October 2024
- Began Wegovy in October 2024; started at 0.25mg and remains on 0.5mg
- Side effects included constipation, nausea, and sulphur burps
- Initially struggled to eat more than 800 Calories/day
- Experienced a dramatic drop in food-related anxiety and described a sense of “calm” from reduced food thoughts
- “The ‘food noise’ went within a day. I didn’t realise how much it was affecting my life.”
- Stopped using HRT for anxiety, as she realised the anxiety was largely food-driven
- Now tracking to ensure she eats around 1200 Calories/day to support energy and function

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Female, 61 years old

Real Life: Case Study A

- Energy dips in the evenings; finds evening fitness classes more difficult
- Describes feeling disinterested in food and notes she isn't necessarily building better habits yet
- Weight loss: 10kg between October 2024 and February 2025
- No longer suffering with knee pain or plantar fasciitis

Her advice:

- Stay on the lowest effective dose as long as possible – she found 0.25mg effective and didn't realise higher doses would increase the cost.

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Female, 39 years old

Real Life: Case Study B

- Former coaching client
- Weight at start of coaching (Sept 2024): 77kg
- Started Mounjaro in November 2024 at 75.3kg
- By end of January 2025: 68kg
- → Total weight loss: 9kg in approx. 3 months

Approach and experience:

- Took a slow and steady approach to dose increases, rather than following the suggested escalation schedule
- Reported significantly reduced food preoccupation:

“I’m not worrying about dinner at breakfast anymore.”

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Female, 39 years old

Real Life: Case Study B

- Described less interest in ultra-processed or ‘trigger’ foods:
- “There’s a lot less takeaways going on. I don’t even fancy the things I used to – not even a chocolate biscuit before my period.”
- Eating habits changed naturally:
- Prefers lighter, fibre-rich meals (e.g. soups)
- Often doesn’t eat until midday
- Calorie intake varies from 800–1300/day, which she previously found unmanageable

Coaching impact:

- Credits her success to the nutritional groundwork laid during coaching:
- “Without your help before going into this, I don’t think I’d have done so well.
- “You helped me understand how food fuels my body. I’m more aware of my choices now.”
- She prioritises protein and veg, and listens more closely to her body’s needs



Male, 55

Real Life: Case Study C

- Started Mounjaro in May 2024
- Initial weight: 125kg
- Most recent weight (June 2025): <84kg
- → Total weight loss: over 41kg in approx. 13 months

Motivations for starting Mounjaro:

- Address health concerns including asthma, obstructive sleep apnoea, and chronic lower back pain
- Improve self-esteem, confidence, and mental health

Had previously tried:

- The Cambridge/One-to-One Plan – short-term success but unsustainable and socially unsupported
- Slimming World – some success, but didn't consider it nutritionally sound long-term

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Male, 55

Real Life: Case Study C

- Initially explored bariatric surgery, but opted for Mounjaro after reading about it online and joining the Lloyds Pharmacy waiting list
- Underwent a thorough application process including a detailed questionnaire and live video weigh-in

Health and lifestyle changes since starting:

- Asthma symptoms resolved
- Obstructive Sleep Apnoea eliminated
- Fitness now exceeds pre-2018 levels
- Dramatically improved confidence and mental health

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Male, 55

Real Life: Case Study C

Approach:

- One meal per day (OMAD) from the outset
- Initially did no exercise for several months, as weight dropped rapidly
- Has since reintroduced cardiovascular exercise only
- Declined Lloyds' offered nutrition support – felt it wasn't needed

Side effects:

- Mild GI side effects depending on diet
- Minor injection site inflammation – managed with alcohol swab
- Overall, described side effects as minimal and manageable



Male, 55

Real Life: Case Study C

Reflections and mindset:

- Considers health benefits (physical and mental) the biggest win
- Initially planned to stop due to cost, but now intends to continue:

“I did start decreasing my dose but as a personal choice, I’ve decided to remain on it until advised otherwise by a medical professional.”

Advice for professionals:

- “This should not be seen as a lifestyle choice. Now that it’s available on the NHS, it should be used in line with NICE guidance.
- “The positive outcomes far outweigh any stigma or negativity.”

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Coaching Insights from Real-World Clients



Psychological impact matters:

- Case A stopped HRT after discovering food-related anxiety was the root cause
- Case C saw dramatic improvements in confidence and self-esteem
- All three cases reported reduced food noise and increased calm around food

Nutrition varies widely:

- From OMAD (Case C) to tracking for nutrient intake (Case A)
- Some clients needed support to eat more, not less
- Reinforces the need to personalise recommendations

Exercise isn’t always immediate:

- Case C lost significant weight before reintroducing cardio
- Case A struggled with energy for evening training
- Starting where the client is matters more than strict routines

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Coaching Insights from Real-World Clients



Weight loss is significant – but habits determine stability:

- Case B maintained protein and fibre intake from previous coaching
- Case A reported concern about not developing sustainable habits
- Case C initially planned to taper off, but chose to continue due to fear of regression

Coaching remains vital:

- Medication can help reduce food preoccupation
- But mindset, structure, and habit change still require ongoing support
- Coaches are essential for what happens after the hunger goes quiet

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Final Thoughts

- GLP-1 medications can be life-changing tools – but they're most effective when paired with support for nutrition, movement, and mindset
- As Coaches, Nutritionists, and PTs, we have a crucial role to play in helping clients build habits that last

- Remember:
  - Stay within your scope of practice
  - Use respectful, non-stigmatising language
  - Focus on long-term health, not just short-term weight loss

Clients need more than medication.
They need support, structure, and belief in what's possible.



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Where Would You Rate Your Current Knowledge & Confidence Around GLP-1s?

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Thank You
For Your Attention

Wishing you confidence and clarity as you support others on their GLP-1 journey.



@nutritionist_kelly
@danstrongcollective

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