DIET

GLP-1 Coaching in Columbus: Campus Schedules, Office Lunches and Grey Winters — What a Coach Does Alongside Your Prescriber

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Short answer: Columbus combines a large university, state government and insurance and healthcare employers, so many clients on a GLP-1 medicine work office or shift schedules with irregular meals. A good coach builds protein-first small meals, two strength sessions and a winter movement plan without stepping into medical decisions. Side effects, dosing, sourcing and anything about the medicine itself go to the prescriber.

This page is education only, not medical advice. See our [Columbus hub](/us/columbus) for local context.

The medicines, briefly

GLP-1 receptor agonists mimic a gut hormone involved in appetite, fullness and blood-sugar control; tirzepatide also acts on GIP receptors. FDA-approved US products include semaglutide (Ozempic, Wegovy, Rybelsus) and tirzepatide (Mounjaro, Zepbound), each for the indications on its label ([Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/)). In the STEP-1 and SURMOUNT-1 trials, average weight loss was substantial alongside lifestyle support ([Wilding et al., 2021](https://pubmed.ncbi.nlm.nih.gov/33567185/); [Jastreboff et al., 2022](https://pubmed.ncbi.nlm.nih.gov/35658024/)), and gastrointestinal side effects were common. Averages are not promises for any one person.

Columbus-specific habit frictions

Office and campus lunches. Catered lunches, vending machines and long meetings make it easy to skip meals, then overeat later. On a GLP-1 medicine, appetite may already be low, so skipped meals can mean very little protein in a day. Coaches can plan a portable protein option for every workday ([Mozaffarian et al., 2025 joint advisory](https://doi.org/10.1016/j.ajcnut.2025.04.023)). **Shift workers.** Hospital and logistics shifts shift meal and sleep times. Coaches can anchor meals to the shift rather than the clock. Any question about dose timing around shifts is for the prescriber. **Game days.** Football Saturdays bring long tailgates, alcohol and heavy food. Practise a protein snack beforehand, water through the day and a stop-at-comfortable-fullness rule. Alcohol questions belong with the label and the prescriber. **Grey winters.** Short days push activity indoors. Lean-mass loss is a known concern on these medicines ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)), so strength work matters more, not less, in winter. Use a gym, a community centre or a simple home routine with bands.

A Columbus GLP-1 coaching playbook (habit layer only)

1. **A protein plan for workdays.** Agree two or three portable foods the client tolerates. Medical nutrition questions go to the prescriber or a registered dietitian. 2. **Two strength sessions booked like meetings**, ideally before work or at lunch. 3. **Walking meetings and stair breaks** to replace lost incidental movement. 4.

A shift-friendly routine that anchors meals and sleep to the work pattern. 5. **Weekly symptom check.** Anything medical leaves the coaching lane.

Food that works on low-appetite days

Coaches can help clients keep a short list of foods that are easy to eat when appetite is low: Greek yoghurt, eggs, cottage cheese, tofu, lean fish or chicken, beans and lentils, soups, and milk or soy drinks. Smaller, slower meals and stopping at comfortable fullness tend to be easier than large plates. Vegetables, fruit and whole grains still matter for fibre. The coach's role is to help the client plan, shop and practise, not to write a medical diet. Anyone with kidney disease, diabetes on insulin or other conditions needs individual advice from their clinician or a registered dietitian.

What to bring to your next prescriber visit

Coaches can help a client arrive prepared. A one-page summary works well: a typical day of eating, how many protein-first meals they manage, strength sessions completed, any side effects with dates, and questions written down in advance. The coach does not interpret the summary or suggest changes. The client takes it to the clinician, who decides what it means.

Red flags: refer, don't coach

Persistent vomiting, inability to keep fluids down, severe abdominal pain, fainting, chest pain, vision changes, signs of dehydration, or any symptom the client fears: contact the prescriber or urgent care. Mood changes, a loss of interest in food that looks like an eating-disorder pattern, or talk of restricting further to "speed results" also leave the coaching lane.

What a coach must never do

- Suggest a dose, a dose change or skipping a dose. - Source, resell or recommend pens, vials, compounded products or "research" peptides. - Interpret labs or glucose-monitor traces as a diagnosis. - Promise a weight number or a timeline. FDA has clarified its compounding policies as national GLP-1 supply has begun to stabilise ([FDA statement](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-b Coaches can explain approved versus compounded at a high level and send product decisions back to the clinician. Scope reference: [NBHWC scope of practice](https://nbhwc.org/scope-of-practice/).

Common Columbus client questions

- *"Should I take my dose after my night shift?"* "Dose timing is your prescriber's call. Let's write the question down for your next visit." - *"I barely eat at work. Is that fine because I'm losing weight?"* "Very low intake can cost muscle. Let's plan protein, and please tell your prescriber how much you're eating." - *"Can you recommend a cheaper telehealth site?"* "I don't source medicines or choose providers for medicine. Ask your clinician and pharmacist."

A winter week that still hits the guidelines

Aim for the aerobic and strength minutes in the [Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines) across the week: two 30-minute strength sessions, a 10-minute walk after lunch on workdays, and one longer weekend walk or indoor class. On low-appetite days, a protein-first small meal beats skipping. Track sessions, not the scale, in the weekly check-in.

Scope reminder for Ohio coaches

Write your scope down and use [NBHWC](https://nbhwc.org/scope-of-practice/) language. Practising medicine, pharmacy, dietetics and physical therapy are regulated professions. Decline sourcing requests in writing when they become persistent.

Want to coach this? LetsGo Academy

Start free with [Level 1](/academy). [Level 3 (US$300)](/academy/level-3/glp1-what-they-are) and [evidence quality](/academy/level-3/evidence-quality-for-coaches) cover foundations. [Level 4](/academy/level-4/glp1-coach-alongside-prescriber) covers working alongside prescribers, [monitoring](/academy/level-4/monitoring-alongside-prescriber) and [US state scope](/academy/level-4/us-state-coach-scope). Already coaching? Create your profile at /coach. We do not promise income or client results. *Education only. Not medical advice. LetsGo Academy is not a licence to practise.*

Safety note

If you have a medical condition, are pregnant, or take prescription medicines, check with your own doctor first.

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