DIET

GLP-1 Coaching in Denver: Altitude, Trail Weekends and Dry Air — What a Coach Does Alongside Your Prescriber

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Short answer: Denver clients on a GLP-1 medicine are often active weekend hikers and skiers with desk jobs during the week. A good coach uses that energy to build steady habits (protein-first small meals, two strength sessions, fluids planned around dry air and altitude) without turning trail plans into medical decisions. Side effects, dosing, sourcing and anything about the medicine itself go back to the prescriber. Coaches never prescribe, dose, source or sell. This page is education only, not medical advice. See our [Denver hub](/us/denver) 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 substantially greater than placebo, alongside a lifestyle programme ([Wilding et al., NEJM 2021](https://pubmed.ncbi.nlm.nih.gov/33567185/); [Jastreboff et al., NEJM 2022](https://pubmed.ncbi.nlm.nih.gov/35658024/)). Part of the weight lost can be lean mass, which is why strength and protein habits matter ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)).

Denver-specific habit frictions

Altitude and dry air. Denver sits about a mile above sea level, and the air is dry. Clients who already eat and drink less on a GLP-1 medicine can fall behind on fluids on a long trail day. Coaches can plan water and a small protein snack into every outing; dizziness, fainting or vomiting that stops fluids is a prescriber or urgent-care issue, not a coaching one. **Weekend warrior, weekday desk.** A big Saturday hike does not replace muscle-strengthening on two or more days a week ([Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines)). Lean-mass loss is a known concern on these medicines ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)), so book two short weekday strength sessions, including in ski season. **Brewery and patio culture.** Practise protein-first ordering, smaller portions and a stop-at-comfortable-fullness rule rather than banning social meals ([Mozaffarian et al., 2025 joint advisory](https://doi.org/10.1016/j.ajcnut.2025.04.023)). Alcohol questions belong with the label and the prescriber. **City parks as the default.** [Denver Parks & Recreation](https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Director runs rec centres and parks across the city, which makes an easy weekday walking and strength base when mountain trips are off. For public health services, point clients to the [Denver Department of Public Health &

Environment](https://denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/P

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

1. **Protein-first small meals.** Agree on foods the client can still tolerate, and schedule them, especially before a trail day. Medical nutrition questions go to the prescriber or a registered dietitian. 2. **Two strength sessions booked like meetings**, at a rec centre or gym near home or work. 3. **A trail-day kit.** Water, an electrolyte plan the client's clinician is comfortable with, and a portable protein snack. 4. **Conservative trip planning.** Shorter, lower routes in the first weeks after a dose change, and a turnaround time agreed in advance. Dose timing itself is the prescriber's call. 5. **Weekly symptom check.** Anything medical leaves the coaching lane.

What to bring to your next prescriber visit

Coaches can help a client arrive prepared. A one-page summary works well: how much they are eating on a typical day, 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. This keeps the roles clear and often makes a short appointment more useful. If the client wants the coach and the prescriber to talk directly, get written consent first.

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 Denver client questions

- *"Can I skip my dose before a 14er weekend?"* "Dose changes are your prescriber's call. Let's plan the hike around how you feel, and you can ask them about timing." - *"I felt dizzy on the trail."* "Please tell your prescriber today, and seek urgent care if it happens again or you can't keep fluids down." - *"Where can I buy cheaper compounded semaglutide?"* "I don't source medicines. Ask your clinician and pharmacist."

A ski-season 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 whole week, not only on the slopes: two 30-minute strength sessions, daily walks, and one longer outdoor day with planned fuel. Pair that with protein-first meals so a lighter appetite does not quietly cost muscle. Snow days count if the client moves; "I'll start again in spring" does not.

Scope reminder for Colorado 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

Education only. Coaches educate and refer; they never prescribe, dose, source or sell medicines.

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