DIET

GLP-1 Coaching in Detroit: Winter, Shift Work and Comfort Food — What a Coach Does Alongside Your Prescriber

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Short answer: Many Detroit clients on a GLP-1 medicine juggle shift work in auto plants, hospitals and logistics, long grey winters and a strong family food culture. A good coach builds habits that fit those schedules (protein-first small meals, two strength sessions, indoor walking plans) and leaves medical questions to the prescriber. 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 [Detroit hub](/us/detroit) 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/)).

Detroit-specific habit frictions

Shift work and meal timing. Rotating and overnight shifts make appetite cues unreliable, and a lighter appetite on a GLP-1 medicine can mean a whole shift with almost no protein. Coaches can help plan two or three small, protein-first meals that fit the break schedule ([Mozaffarian et al., 2025 joint advisory](https://doi.org/10.1016/j.ajcnut.2025.04.023)). Medicine timing around shifts is a prescriber question. **Michigan winter.** Short days and icy sidewalks cut walking. Plan an indoor alternative before November: a gym, a mall walk or a rec centre. Muscle-strengthening on two or more days a week is the guideline target ([Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines)), and lean-mass loss is a known concern on these medicines ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)). **Family meals and comfort food.** Sunday dinners, coney dogs and holiday spreads are part of the city. Coaches practise smaller plates, protein first and stopping at comfortable fullness, rather than banning anything. Eating past fullness can worsen GI side effects; persistent symptoms go to the prescriber. **The riverfront when the weather turns.** The [Detroit

RiverWalk](https://detroitriverfront.org/) is a flat, well-used walking route from spring to autumn. Build it into the plan for warmer months, and keep the indoor backup ready.

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

1. **Shift-proof protein.** Two or three small, protein-first meals that fit breaks, chosen from foods the client tolerates. 2. **Two strength sessions** at a time that survives shift rotation, even if that is 25 minutes after a shift. 3. **Indoor walking plan** for icy months, with an outdoor RiverWalk plan for warm ones. 4. **Fluids on the line.** A simple fluid target for long shifts; inability to keep fluids down is a same-day prescriber issue. 5. **Weekly symptom check**, with medical problems handed back to the clinician.

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 Detroit client questions

- *"I'm on nights this week. Should I move my shot?"* "That's a question for your prescriber. Let's plan your meals around the shift either way." - *"My cousin sells pens cheaper."* "I won't help with that. Unapproved or unknown products can be unsafe. Talk to your clinician about cost options." - *"I can't face food at work."* "Let's find two small protein options you can manage, and tell your doctor if you're barely eating."

A shift-work week that still hits the guidelines

Split activity into pieces the rota allows: ten-minute walks on breaks, two short strength sessions on the days with the most energy, and one longer walk on a day off. The [Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines) count every bout, so short sessions still add up. Pair that with protein-first meals so night shifts do not quietly cost muscle. Sleep after a night shift is part of the plan too: a dark, quiet room and a consistent sleep window.

Scope reminder for Michigan 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.

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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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