DIET

GLP-1 Coaching in San Jose: Glucose Monitors, Wearables and Desk-Bound Days — What a Data-Literate Coach Does Alongside Your Prescriber

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Many San Jose clients on a GLP-1 medicine arrive with data: a smartwatch, a sleep ring and, increasingly, an over-the-counter continuous glucose monitor (CGM). A good GLP-1 coach uses that data to build habits (more steps between meetings, protein at lunch, strength sessions that survive a launch week) and does not use it to make medical calls. Glucose readings, low-blood-sugar symptoms, side effects and anything about the medicine itself go back to the prescriber. Coaches never prescribe, dose, source or sell.

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/)). Individual results vary.

What an over-the-counter CGM is, and isn't

In March 2024 FDA cleared the first over-the-counter CGM, for adults who do not use insulin, including people without diabetes who want to see how food and exercise affect glucose. FDA said the system is not for people with problematic hypoglycaemia, because it is not designed to alert users to dangerously low glucose, and that users should not make medical decisions from its output without talking to their healthcare provider ([FDA press release](https://www.fda.gov/news-events/press-announcements/fda-clears-first-over-counter-continuous-glucose-monitor)) Watches and rings are often marketed as general-wellness products. FDA's [general wellness policy](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/general-wellness-policy-low-risk-devices explains that low-risk products intended for general wellness are treated differently from devices that diagnose or treat disease. For a coach, that means: these numbers can motivate habits, but they are not a diagnosis.

Why that matters on a GLP-1 medicine

What the labels say. The FDA-approved prescribing information for [Wegovy](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ee06186f-2aa3-4990-a760-757579d8f77b) and [Zepbound](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=487cd7e7-434c-4925-99fa-aa80b1cc776b) warns that people with type 2 diabetes taking insulin or an insulin secretagogue (such as a sulfonylurea) may be

at higher risk of low blood sugar, and that the doses of those medicines may need adjusting by the prescriber. The labels also warn about severe gastrointestinal reactions, dehydration-related kidney injury and gallbladder disease. **What that means for a coach.** If a client's CGM shows low readings, or they report shakiness, sweating, confusion or a racing heart, that is a prescriber conversation today, not a habit tweak. If a client without diabetes is anxious about normal after-meal rises, that is a reassurance-and-refer moment, not a reason to cut more food.

A San Jose GLP-1 coaching playbook (habit layer only)

1. **Use data for behaviour, not diagnosis.** Pick one or two metrics the client cares about, such as daily steps or strength sessions per week, and review trends, not single readings. 2. **Break up sitting.** Agree on short walking breaks between meetings and a walking 1:1 once a day. US guidelines recommend at least 150 minutes of moderate activity a week plus muscle-strengthening on two or more days ([Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines)). 3. **Protect muscle.** Resistance training two or three days a week, because a meaningful share of weight lost on GLP-1-based therapies can be lean tissue ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)). Calendar it like a meeting. 4. **Protein and small meals.** Following the 2025 joint advisory from ACLM, ASN, OMA and TOS: nutrient-dense food, adequate protein, and GI strategies such as smaller meals and eating slowly ([Mozaffarian et al., 2025](https://doi.org/10.1016/j.ajcnut.2025.04.023)). Office lunches and late dinners are where this slips. 5. **Watch for over-tracking.** Some clients spiral into checking glucose or weight many times a day. If tracking is raising anxiety or pushing someone to eat too little, scale it back and consider referral. 6. **Privacy.** Agree in writing what data you'll see, how you'll store it, and that the client can stop sharing at any time.

Red flags: refer, don't coach

Tell the client to contact their prescriber promptly, or seek urgent care, if they report: - Low glucose readings or symptoms such as shakiness, sweating, confusion or fainting. - Vomiting or diarrhoea that won't settle, or being unable to keep fluids down. - Severe or persistent abdominal pain. - Any symptom or device alert the client is worried about.

What a coach must never do

- Interpret a CGM trace as a diagnosis, or tell a client to change a medicine because of it. - Suggest a dose, a dose change or skipping a dose. - Source, resell or recommend pens, vials, compounded products or "research" peptides. - Imply that compounded semaglutide or tirzepatide is broadly available because of a shortage. FDA's 1 Apr 2026 update states: "Tirzepatide and semaglutide do not currently appear on the 503B bulks list or on FDA's drug shortage list" ([FDA](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-begin - Promise a weight-loss amount or timeline.

California scope, kept simple

Health coaching is generally not a state-licensed profession, but practising medicine, pharmacy and dietetics are regulated in every state, California included. Know where those lines sit before coaching anyone on medication. Our [US state coach scope module](/academy/level-4/us-state-coach-scope) shows how to check, and NBHWC's published [scope of practice](https://nbhwc.org/scope-of-practice/) is a useful reference. LetsGo Academy is separate from NBHWC certification.

A sample weekly check-in (education only)

- *"Strength sessions this week, and did any get bumped by work?"* - *"Steps on your busiest day versus your quietest?"* - *"Anything on your glucose monitor or watch that worried you?"* If yes: *"Let's send that to your prescriber today."* - *"Protein at lunch: how many days?"* - *"What do you want to ask your doctor at the next visit?"*

For clients: questions to ask a San Jose GLP-1 coach

- How will you use my wearable or CGM data, and who else sees it? - When do you refer me back to my prescriber? - Will you ever tell me what dose to take? (The right answer is no.) - How do you protect my muscle while I lose weight?

Train as a GLP-1-literate coach: LetsGo Academy

Start free with [Level 1](/academy). [Level 3 (US$300)](/academy/level-3/glp1-what-they-are) covers what GLP-1 medicines are, plus [evidence quality](/academy/level-3/evidence-quality-for-coaches). [Level 4 (US$500)](/academy/level-4/glp1-coach-alongside-prescriber) covers coaching alongside a prescriber and [monitoring alongside the prescriber](/academy/level-4/monitoring-alongside-prescriber). Level 5 (US$500) covers jurisdiction and hard cases, including a new-start case study. *Train as a longevity coach for the GLP-1 and peptide era — education and referral, not a grey-market pharmacy.* We do not guarantee income or client numbers. *This article is education, not medical advice. Talk to your own licensed clinician about any medicine or device.*

Practical takeaways

• **Use data for behaviour, not diagnosis.** Pick one or two metrics the client cares about, such as daily steps or strength sessions per week, and review trends, not single readings.
• **Break up sitting.** Agree on short walking breaks between meetings and a walking 1:1 once a day. US guidelines recommend at least 150 minutes of moderate activity a week plus muscle-strengthening on two or more days ([Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines)).
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Safety note

Education only. Coaches educate and refer; they never prescribe, dose, source or sell peptides or GLP-1 medicines. Lines tagged await review by Dr Vas Metupalle.

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