DIET

# Holidays, Travel and Family Meals on a GLP-1 Medicine: What Labels Warn About, What Coaches Can Practise, and When to Stop and Refer

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**Short answer:** November and December amplify restaurant meals, alcohol, travel days and family pressure. A GLP-1 coach helps clients keep protein, fluids, strength and sleep intact through that noise — and never adjusts doses, "holds" pens for flights or sources product abroad. Side effects, travel medicine packing and dosing schedules belong with the prescribing clinician. Coaches never prescribe, dose, source or sell.

## What the labels already warn about

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) discusses gastrointestinal side effects, dehydration-related kidney injury, gallbladder disease and, for people with type 2 diabetes on insulin or sulfonylureas, hypoglycaemia risk. Those are clinical issues. Coaches read labels for literacy; they do not reinterpret them as holiday "hacks".

## Family meals: habit layer only

The 2025 joint advisory emphasises protein and resistance training to protect muscle during obesity pharmacotherapy ([Mozaffarian et al., 2025](https://doi.org/10.1016/j.ajcnut.2025.04.023)). Lean-mass loss remains a concern on these therapies ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)). Holiday scripts a coach can practise: - Protein-first plate: start with a protein portion you can finish. - Stop at comfortable fullness; leftovers are allowed. - Pre-decide one or two "always available" protein options if appetite crashes mid-day. - Do not coach competitive under-eating to impress relatives.

## Alcohol: literacy and referral, not a drink count

Labels and clinicians own alcohol guidance for a specific patient. Coaches can practise pacing, alternating with water, and an exit plan if nausea starts — and must stop if the client reports severe vomiting, inability to keep fluids down, fainting or abdominal pain. Those are same-day clinical problems.

## Travel days: what coaches must never do

- Advise skipping or delaying a dose for a flight. - Pack, store or "hold" a client's pen. - Suggest buying a substitute abroad or online while travelling. - Interpret airport security or customs rules as medical advice. What coaches can do: help the client list questions for their clinician (storage, timing across time zones, nausea

plans), keep walking minutes during layovers, and protect sleep on arrival. Point travellers to [CDC Travelers' Health](https://wwwnc.cdc.gov/travel) for destination health notices — not for dosing.

## A holiday-week playbook (habit layer only)

1. Two strength sessions booked before the calendar fills ([Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines)). 2. Protein-first plan for the two largest family meals. 3. Fluid target on travel days; vomiting or inability to drink is a clinician call. 4. One wearable metric max (steps or sleep) — not a holiday CGM obsession without clinician involvement. 5. Written scope reminder before the week starts: no dose advice, no sourcing.

## Red flags: refer, don't coach

Persistent vomiting, dehydration signs, severe abdominal pain, chest pain, fainting, hypoglycaemia symptoms, or talk of restricting further to "make up for" a meal — contact the prescriber or urgent care. Eating-disorder patterns leave the coaching lane.

## Common client lines and replies

- *"Can I skip my shot so I can eat more at Thanksgiving?"* "Dose changes are your prescriber's call, not mine." - *"I'll buy a pen in Mexico while I'm there."* "I don't source medicines. Ask your clinician before you travel." - *"I threw up all night after the party — what dose should I take tomorrow?"* "That's a same-day clinician question. I'm not adjusting doses." - *"Relatives keep pushing second helpings and I'm nauseous."* "Use your exit line, protect fluids, and tell your doctor if vomiting continues."

## Airport and hotel practicalities (still not medical advice)

Help clients plan walking loops during long layovers, a protein option that does not depend on a full restaurant meal, and a sleep plan for the first hotel night. Do not invent storage temperatures for pens or advise on ice packs as a substitute for label/pharmacist instructions — send those questions to the clinician and pharmacist before travel. If a pen is lost or damaged in transit, that is a clinical/pharmacy problem, not a coaching improvisation.

## Hosting vs visiting: two scripts

**Hosting:** Prep one protein-forward dish you can eat even if appetite is low; keep sparkling water visible; give yourself permission to leave the table when comfortably full. **Visiting:** Message the host once if helpful ("I'll eat smaller portions — still excited to be there"); bring a backup protein snack; decide your exit line for alcohol pressure before you arrive. Neither script replaces medical advice if GI symptoms escalate.

## After the holidays: restart without punishment

Week one back: resume two strength sessions, protein-first meals, and walking minutes. Do not coach crash restriction to "make up for December." If weight or symptoms changed in ways that worry the client, refer to the prescriber.

## Children and relatives watching your plate

Family members sometimes police portions or praise extreme restriction. Coach a short boundary line ("I'm following my clinician's plan — smaller plates are intentional") and redirect conversation. Do not recruit relatives into dose discussions. If family conflict triggers restrictive or binge patterns, refer to the clinician and, when appropriate, eating-disorder resources the clinician recommends.

## Work parties and open bars

Corporate December calendars stack dessert tables and open bars. Practise arriving with a protein plan, alternating alcohol with water if the client drinks, and leaving when GI warning signs start. Coaches do not set a "safe number of drinks" for someone on a GLP-1 medicine — that is a clinician conversation.

## Scope reminder

[NBHWC scope](https://nbhwc.org/scope-of-practice/) frames coaching as behaviour partnership, not diagnosis or treatment. Holidays do not expand your licence.

## Want to coach this? LetsGo Academy

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## Safety note

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

## Disclaimer

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