DIET

Nausea, Constipation and Fluids on a GLP-1 Medicine: What the Labels List, What Coaches Can Practise, and When to Stop and Refer

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Short answer: Stomach and bowel side effects are among the most common reasons people struggle on GLP-1 medicines. The prescribing information lists them, and the prescriber manages them. A coach can help with the habit layer (smaller meals, slower eating, fluids, fibre and movement) and must know when to stop coaching and refer.

This page is education only, not medical advice. Always follow the label and your prescriber.

What the labels say

The US prescribing information for semaglutide for weight management ([Wegovy label on DailyMed](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ee06186f-2aa3-4990-a760-757579d8f77b)) and tirzepatide ([Zepbound label on DailyMed](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=487cd7e7-434c-4925-99fa-aa80b1cc776b)) list nausea, diarrhoea, vomiting, constipation and abdominal pain among the most common adverse reactions. Both labels also include warnings about more serious problems, including pancreatitis, gallbladder problems and acute kidney injury, which can be linked to dehydration from vomiting or diarrhoea. You can check approval status on [Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/). Coaches should read the patient information for the medicine their client uses, so they recognise what must be referred.

Why side effects matter for coaching

When a client feels sick, they eat less, drink less and move less. That can mean very low protein, poor hydration and lost muscle, and it is a common reason people stop treatment. A coach cannot fix side effects but can help a client keep the basics going while the prescriber decides on the medical side.

Habits a coach can practise (with the prescriber's plan)

Smaller, slower meals. Eating smaller portions, slowly, and stopping at the first sign of fullness is often easier than large plates. Agree what "comfortable" feels like for the client. **Lighter, less greasy choices.** Many people find very fatty or fried meals harder to tolerate. Practise simpler options for meals out and at home without banning favourite foods. **Planned fluids.** Appetite and thirst cues can both drop. A simple plan, such as a glass of water with each meal and a bottle at the desk, helps. How much fluid is right, especially for people with heart or kidney conditions, is a clinician question. **Fibre, gradually.** The [Dietary Guidelines](https://www.dietaryguidelines.gov/) encourage vegetables, fruit, beans and whole grains. Add them gradually with fluids, since a sudden increase can worsen bloating. The NIH's [constipation guidance](https://www.niddk.nih.gov/health-information/digestive-diseases/constipation) explains when constipation needs medical attention. Laxatives and stool softeners are a prescriber or pharmacist decision. **Daily movement.** Walking after meals is a simple habit that many people find helps them feel better. It also

counts toward the [Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines). Keep strength sessions going on good days. **A side-effect log.** The client notes the date, what they ate, the symptom and how long it lasted, and takes it to the prescriber. The coach does not interpret it.

Low-appetite food ideas

A short list of easy foods helps on bad days: yoghurt, eggs, cottage cheese, tofu, soups, lean fish or chicken, beans, oats, bananas and milk or soy drinks. Cold or room-temperature foods can be easier when smells are a problem. Keep portions small and aim for protein at each eating occasion. Clients with diabetes on insulin or other glucose-lowering medicines, kidney disease or a history of eating disorders need individual advice from their clinician or a registered dietitian.

Social meals and travel

Restaurants and travel days are where side effects often catch people out. Practise ordering a smaller main, choosing grilled over fried, and pausing halfway through. On travel days, pack water and simple snacks. Alcohol questions belong with the label and the prescriber.

Red flags: stop and refer

Tell the client to contact their prescriber promptly, or seek urgent care, for: - Vomiting or diarrhoea that stops them keeping fluids down. - Severe or persistent abdominal pain, with or without vomiting, or pain spreading to the back. - Pain in the upper right abdomen, fever or yellowing of the skin or eyes. - Signs of dehydration: dizziness, very dark urine or passing little urine. - No bowel movement for several days with pain or swelling. - Blood in vomit or stool. These are not coaching problems. Record that you referred and follow up only on habits.

What a coach must never do

- Suggest skipping, delaying or changing a dose to manage side effects. - Recommend anti-nausea medicines, laxatives or supplements. - Tell a client a symptom is "normal" and to push through it. - Source, resell or recommend pens, vials or compounded products.

Scripts for common situations

- *"I felt sick all weekend. Should I skip my next dose?"* "That's a question for your prescriber, and please tell them today. I can help you plan small, easy meals in the meantime." - *"I haven't gone to the toilet in four days."* "Please contact your prescriber or pharmacist. We can add water and fibre gradually once they've advised you." - *"Is this nausea normal?"* "Your label lists nausea as common, but only your prescriber can tell if yours is okay. Let's log it so you can show them."

A simple weekly check-in

Ask four questions: How many days did you manage protein at each meal? How much did you drink on a typical day? How many walks and strength sessions did you do? Did you have any symptoms you've reported to your prescriber? Keep answers factual, praise what went well, and choose one habit for next week.

Scope in writing

Put it in your intake form: "I don't give medical advice about medicines or side effects. I'll ask you to contact your prescriber for any symptom." Use [NBHWC scope of practice](https://nbhwc.org/scope-of-practice/) language.

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