DIET

Keeping Muscle on a GLP-1 Medicine After 50: Strength Progressions, Protein Habits and Fall-Risk Referrals — A Coach's Education Guide

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Short answer: People over 50 already lose muscle and strength with age, and large weight loss on a GLP-1 medicine can add to that. A coach can help with the habits that matter: two or more strength sessions a week that progress slowly, protein at each meal even when appetite is low, balance practice, and regular walking. Balance problems, falls, dizziness and any question about the medicine go to the prescriber. Coaches do not dose, interpret body-composition scans or change a care plan.

This national guide is education only, not medical advice.

Why muscle matters more after 50

Muscle supports walking, climbing stairs, getting up from a chair, carrying shopping and staying independent. A meta-analysis linked muscle-strengthening activity with lower all-cause mortality ([Momma et al., 2022](https://pubmed.ncbi.nlm.nih.gov/35228201/)). That is an association, not a promise, but it fits what clinicians see: stronger older adults tend to cope better with illness and recover better.

What the GLP-1 trials and reviews say about lean mass

FDA-approved GLP-1 medicines include semaglutide and tirzepatide products, each for the indications on its label ([Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/)). In the STEP-1 trial, average weight loss with semaglutide alongside lifestyle support was substantial ([Wilding et al., 2021](https://pubmed.ncbi.nlm.nih.gov/33567185/)). Reviews note that part of the weight lost with these medicines can be lean mass, and that this deserves attention in older adults ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)). A 2025 joint advisory on nutrition with GLP-1 therapies highlights protein, overall diet quality and physical activity, especially strength work ([Mozaffarian et al., 2025](https://doi.org/10.1016/j.ajcnut.2025.04.023)).

The guideline baseline for older adults

The US [Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines) recommend that adults do at least 150 to 300 minutes of moderate aerobic activity a week and muscle-strengthening on two or more days. For older adults, the guidelines add balance training as part of a multicomponent programme, and say people with chronic conditions should be as active as their abilities and conditions allow.

A strength progression coaches can teach

Start where the client is. Before a new programme, clients with heart, joint or other health conditions should check with their clinician. 1. **Weeks 1–2: learn the movements.** Sit-to-stand from a chair, wall push-ups, step-ups on a low step, hip bridges and a supported row with a band. One or two sets of 8 to 12, twice a week,

with good form and no pain. 2. **Weeks 3–6: build volume.** Add a set, a slightly lower chair, a counter push-up or a heavier band. Keep two rest days between full-body sessions. 3. **Weeks 7–12: add load.** Light dumbbells or gym machines for squats, presses, rows and carries. Progress only when the last reps feel steady, not strained. 4. **Ongoing:** keep two or three sessions a week for good. Strength fades when training stops. Fewer, well-done sessions beat an ambitious plan that gets dropped. If the client feels faint, has chest pain or is unusually breathless, stop and refer.

Protein habits when appetite is low

GLP-1 medicines often reduce appetite, and many older adults already eat less protein than they think. Coaches can help clients plan a protein food at each meal: eggs, Greek yoghurt, cottage cheese, fish, chicken, tofu, beans or lentils, and milk or soy drinks. Small, frequent meals tend to be easier than large ones. Specific protein targets, kidney disease, diabetes on insulin and supplement questions are for the prescriber or a registered dietitian.

Balance and falls: where coaching stops

Falls are a major cause of injury in older adults, and the risk rises with weakness, poor balance, some medicines, low blood pressure and vision problems ([NIA, falls and falls prevention](https://www.nia.nih.gov/health/falls-and-falls-prevention)). CDC's [STEADI](https://www.cdc.gov/steadi/index.html) programme gives clinicians a structured way to screen and manage fall risk. Coaches can add simple, supported balance practice (standing near a counter, heel-to-toe walking, single-leg stands with a hand on a chair) and encourage safer homes (good lighting, fewer trip hazards). Coaches should refer, not assess, when a client: - has fallen in the past year, or feels unsteady; - feels dizzy or light-headed on standing, especially after starting or changing a medicine; - is worried about falling and has started avoiding activity; - reports new weakness, numbness or vision changes.

Body-composition scans

Some clients ask about DEXA or other body-composition scans to track muscle. Whether a scan is useful, and what it means, is a question for the clinician who orders it. Coaches should not interpret results or change a plan based on them. Simple function measures the client already notices, such as climbing stairs more easily or carrying shopping further, are useful coaching conversations.

What to bring to the next prescriber visit

A one-page summary: strength sessions completed, a typical day of eating, protein foods at each meal, any falls, near-falls or dizziness with dates, and written questions. The coach does not interpret it. The client takes it to the clinician.

What a coach must never do

- Suggest a dose, a dose change or a pause in the medicine. - Source, sell or recommend medicines, compounded products, peptides or "muscle-sparing" supplements. - Diagnose sarcopenia or frailty, or interpret scans and labs. - Promise a weight number, a muscle gain or a timeline. Scope reference: [NBHWC scope of practice](https://nbhwc.org/scope-of-practice/).

Common client questions

- *"I'm losing weight fast. Is that good?"* "Your prescriber is the right person to judge that. Let's protect your muscle with strength work and protein, and write the question down." - *"I'm too old for weights."* "Strength

training can be adapted for most ages. We'll start with a chair and a band, once your doctor is happy." - *"Should I take a protein powder or creatine?"* "That's a question for your doctor, pharmacist or dietitian, especially with other medicines. I can help with food." - *"I felt dizzy getting out of bed."* "Please tell your prescriber about that soon. We'll go gently until you've spoken to them."

A sample week

Monday: full-body strength, 30 minutes. Tuesday: 20- to 30-minute walk. Wednesday: balance practice and a short walk. Thursday: full-body strength. Friday: walk. Weekend: a longer walk with a friend and light stretching. Track sessions completed and protein at meals, not just the scale.

Want to coach this? 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 and [evidence quality](/academy/level-3/evidence-quality-for-coaches). Level 4 (US$500) covers [working alongside prescribers](/academy/level-4/glp1-coach-alongside-prescriber) and [monitoring](/academy/level-4/monitoring-alongside-prescriber). Level 5 (US$500) covers case work. 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

If you have a medical condition, are pregnant, or take prescription medicines, check with your own doctor before booking heat, cold, cryotherapy, hyperbaric, or float sessions.

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