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Heidi Skolnik: And I'm sure you see this all the time in your coaching, right? You see someone as they gain mastery, as they can see what their bodies can do, they gain a body confidence, and it's a beautiful thing to watch. You see how what was once really hard becomes easier. What once seemed unattainable becomes attainable.

00:00:23
Gordon Bakoulis: Welcome, everyone. Welcome to Set the Pace Presented by Peloton. I'm Gordon Bakoulis with New York Road Runners. I'm Coach Gordon to many of you. Our usual Set the Pace hosts are not here today. They are not even in the country. Peloton's Becs Gentry is in Europe, where she's celebrating her spectacular finish of the CCC, an amazing ultra event where she was running on trails up and down mountains for many, many, many miles. Congratulations to her. Can't wait to hear more about her experience over there. And then Rob is on his way back from the Sydney Marathon, which was this past weekend. About 37,000 people finished Sydney. It is an Abbott World Marathon Majors race for the second year, and it sounds like Rob had a great experience there. He did not run. He was there representing New York Road Runners, and I'm sure will have a lot to tell us next week.

Our guest today is Heidi Skolnik, author of the upcoming book Your GLP- 1 Game Plan. Before we bring on Heidi though, I wanted to talk about why this topic is so important to discuss and to discuss openly. That's because nationally, about one in nine American adults is taking a GLP- 1 right now. You've probably heard of these drugs. They have names like Wegovy, Ozempic, and they've been around for a few years, but they're really a big part of the national conversation.

No one's ever surveyed runners that we're aware of specifically, but you figure New York Road Runners has nearly 100,000 members. So if you take that national data, one in nine, and weigh it for the ages and gender mix of our New York Road Runners population, you land at several thousand people. That's not a hypothetical. It's not a survey. We haven't surveyed our members. But it's thousands of people standing right next to you on a start line or maybe in your training group or one of our Striders programs or even Run for the Future or Open Run. Lots of people around you may be taking these drugs at any given time. So we really wanted to talk about them.

The advice for runners specifically on these weight- loss medications is, it has to be specific, and it's hard to find. There's not a lot of how- to. There's not a game plan for runners. So that's why we're really excited to talk to

Heidi about her book. It's going to be a fascinating conversation, and it's for all of you.

00:02:57
Speaker 3: Planning a trip to NYC for the marathon? Well, plan it with GetYourGuide because we know this city like you know your training plan.
We've got authentic neighborhood experiences with expert guides in all five boroughs. And if you are not sure what to pick, you can browse millions of reviews from travelers just like you. Plus, if your plans change, stay spontaneous with free cancellation. Book your tours, tickets, and activities in the GetYourGuide app now, the official travel experiences partner of the TCS New York City Marathon.

00:03:28
Gordon Bakoulis: Heidi Skolnik has spent more than 30 years as a sports nutritionist and exercise physiologist with two master's degrees, 18 years feeding the New York Giants, 15 with the Mets, and seven with the Knicks, and 30 years at the Women's Sports Medicine Center at Hospital for Special Surgery. She also oversees the Performance Nutrition Program at Juilliard and was with the School of American Ballet for 30 years, and she sits on our medical advisory council here at New York Road Runners.
Heidi has written five books, including a New York Times bestseller, as well as an ebook focused on the female athlete triad and RED- S, which is a big part of why she's exactly the right person for this conversation. Her newest book is titled Your GLP- 1 Game Plan: What Your Doctor Didn't Tell You About How to Eat, Move, and Thrive on Weight Loss Medication. And it comes out on September 22nd.
Heidi, welcome to Set the Pace.

00:04:25
Heidi Skolnik: Thank you for having me. I'm excited to be here.

00:04:28
Gordon Bakoulis: All right, let's just dive right in. Heidi, you've spent more than 30 years as a nutritionist, as an exercise physiologist, telling people how to eat and move. And then a class of drugs arrive that does something that eating and moving can't do. So just take us back to the moment where you knew that you had to write this book.

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Heidi Skolnik: Well, there were actually two pivotal moments. One was when I went to an American College of Sports Medicine regional meeting in New York City, and there was an expert

there talking about this new class of medications. This was years ago. He was talking to a group of exercise and nutrition professionals, and it was a show of hands like, " Who works with clients to help them lose weight and manage their weight?" Actually, I'm a non- diet approach nutritionist, so that's sort of interesting.

But anyway, what ends up happening is he really shows how the belief in that room was that it should be through this disciplined approach when we know that that actually can only go so far if it is even effective for weight loss. And that these medications can help solve obesity, or not solve, but treat, for people living with obesity in a way that just exercise and nutrition, which I think is important for any coaches who are listening to this podcast now, that they're needed even more so. Because now you are going to have people who really need exercise, and we'll talk about the difference between cardio and why it's so important, and strength training and all movement, mobility, in a way that many of them may not have accessed before, and they'll need the guidance. So it's so helpful to be a coach who can recognize and embrace this whole new population that may be entering into the running world.

And then the second motivation, really the inspiration for the book, was my husband. He was somebody who had... His blood sugar had been creeping up. Also, despite my not having any emphasis on that, he was very self- conscious of his weight, and he had gained weight over the years. He had a few orthopedic issues, and he was not as active, and he had put on weight, and he was very self- conscious about that. So I cared about his blood sugar. He cared about his weight. But he went ahead and did this on his own. He came back, and he was almost afraid to tell me. I'm like, " Good, good, you go for it." But what I saw was that the doctor gave no information, and I watched as he actually became malnourished, because I'm not the food police. I'm certainly not the food police in my own home. So it wasn't until I said, " Honey, I'm just watching, and I think you're getting sunken eyes, your clavicles. I think-"

00:07:30
Gordon Bakoulis: You put this in the book. His energy levels were really low. So what was he not being told?

00:07:37
Heidi Skolnik: Aside from insurance issues, most people stop taking the medication because of side effects, which can be managed if you have the right dietary strategies. Also, weight loss is not a race, so it's slowing down, and there are very specific nutritional strategies. And then exercise movement that can really help to manage side effects that

come from the medication and just come from the rapid weight loss. And then even some mental things that go on, our sort of biopsychosocial interactions and all of that, all of which I cover in the book. And then things like deficiency, he was becoming iron deficient. There's certain nutrients to be more cautious of and pay attention to. So it was interesting to watch as he made then those changes that he was now ready to hear and try on and watch him become back to a more energetic guy that he is.

00:08:39
Gordon Bakoulis: I want to just pull back a little bit and talk about... Let's get science- y. Let's talk about, what are GLP-1s? What does the GLP even stand for? Because people may not know that. And how do they work? What do they do in the body?

00:08:54
Heidi Skolnik: Okay. So I'm going to go into this, but I don't want to go in depth because I am not the doctor. I don't prescribe them or who goes on them. When we talk about GLP-1s, we're really going to talk about this class of medications as opposed to there are GLP- 1s, there's single agonist, dual agonist, now there's a triple agonist out there. So the short answer is that they're helping to slow gastric emptying, which helps you to feel full. And they also hit some receptors in the brain, which helps you to stop seeking food. There's that always sort of wanting food. If you're not somebody-

00:09:37
Gordon Bakoulis: The food noise you talk about in the book.

00:09:38
Heidi Skolnik: Exactly.

00:09:38
Gordon Bakoulis: Yeah. Yeah.

00:09:41
Heidi Skolnik: If you're not someone who has food noise, you're like, " What?" But it's very real, which is different than hunger. We all experience some levels. There's different types of food noise actually, but the one that we're really talking about here is that intrusive thoughts about food and always like you're eating breakfast, but you're still thinking about, " What's for lunch? What's for dinner? When can I eat again?" Or the cookies that you know are in the cabinet or the ice cream, but it's calling your name. That's there regardless of how well you're fueled or fueled or nourished,

which is different than somebody who's hungry or chronically undereating and always thinking about food. So it's a real relief for people who experience this food noise and now it's quieted, and it just opens up all of this brain space that they've been struggling with for so long. It's such a gift.

00:10:34
Gordon Bakoulis: Yeah, I think I'd heard about this. I've obviously heard of this new class of weight loss drugs before you and I had started this conversation, and that's what I'd heard, that these drugs are effective in quieting this food noise. It made me think about obesity differently from how I thought about it before. I've understood for years that obesity is not a matter of lack of willpower. That's a myth that was discredited a long time ago. But I think the understanding of these new drugs goes a long way toward furthering that understanding, that people who have the disease of obesity, and you talk about this in the book, exercise and diet can only take them so far. So talk about that a little bit, about obesity and how these drugs can help counter obesity and really take away the stigma of obesity as well.

00:11:37
Heidi Skolnik: Yeah. I mean, the stigma of obesity is so prevalent, especially in our society.

00:11:42
Gordon Bakoulis: It is. Yeah.

00:11:42
Heidi Skolnik: There's so much projection on... It's a discipline issue. " Well, I can eat and exercise just like you do, and I'm not going to look like you. We have different genetics." It's a complicated and complex disease. So there's genetics, there are economic, education, your environment, stress, trauma, access to food. There are a lot of different things that contribute to it. So this idea of projecting that somebody is lazy or lacks discipline. They hold a job, and they have families, and there's lots of evidence to the opposite, but because they live in a larger body, there are projected characteristics onto them. This is everywhere in our society. This can be at the workplace, this can be in social circles, this can be in medical community and in health and fitness.
There's plenty of it in my field, assumptions that can affect them. They're getting the same access to care. And in fact, they stop wanting to go. Who would want to go to a gym where everybody stares at you or you can't fit in the

equipment? Or you go into a doctor's office, and they tell you to lose weight, and you're like, " But I'm here because I have a pulled muscle," or, " because my ear hurts." So obesity is not about the size of your body. That does not make you obese. Obesity has to do mostly with your metabolic health and all of these other parameters. So if you do exercise and have a certain level of fitness and you live in a larger body, you may have much better outcomes than a smaller person who is unfit. And you can have what's called normal weight obesity where you're living in a smaller body, but you do not have adequate muscle mass and have metabolic dysfunction. So it has more to do with metabolic health and less to do with your size.

00:13:48
Gordon Bakoulis: I think you talk in the book, after years of maybe chronic dieting or just not being in touch with the food signals, experiencing so much food noise that you don't know the difference between food noise and hunger, the issues can be worsened over time. Even if you're not gaining weight, even if your body isn't becoming larger, you're having more challenges relating your hunger to what you're putting in your body, and you may be undernourished and underfueled even more.

00:14:26
Heidi Skolnik: Yes. I mean, very few people... Certainly, there are certain cultures who value a larger body actually, and that's celebrated. So it's not everyone as we think through, I think, the lens often of this diet culture that we live in. But there are very few people who have lived in a larger body who have not tried to diet and exercise their way or certainly diet their way to a thinner body. And it doesn't work, because once you reach a certain threshold, your body works to maintain that, and your signaling gets dysregulated. So your hunger cues, it may work for a week, but then your body realizes, " Wait, what's going on here? Is this starvation mode? I'm going to signal you to go seek food." And your hunger hormones increase and you become hungrier. So you really are hungrier than the person next to you.
You might be thinking, if you're a person in a dysregulated body, like, "Why are they so hungry all the time?" But their signaling is different than yours. It's easy to have discipline around something that isn't signaling you to do anything. These medications are not just for weight loss. In fact, they started for people with diabetes to help lower their blood sugar and hopefully even reverse type 2 diabetes, but certainly to bring it back down. So we now know that these medications go beyond weight loss. They improve or

decrease your risk for coronary heart disease, stroke, sleep apnea, kidney disease, fatty liver disease, PMOS, which used to be called PCOS, maybe alcohol dependency. They're looking at it as it relates to reducing some addictive behaviors because again, that's signaling in the brain for seeking and pleasure, so maybe better surgical outcomes. So there's a lot that these medications do. The conversation is often around weight loss, but it's not just about... When they were looking at it for diabetes, weight loss was just a side effect. That wasn't the goal. The goal was blood sugar control. The side effect was weight loss.

00:16:39
Gordon Bakoulis: Yeah. You write in the book that when you were writing the book, it seemed like every time you sat down to write more of the book, there would be another benefit or another health effect that these drugs seem to be having. I think even Alzheimer's is being looked into right now, osteoarthritis. So the number of people taking them will probably just continue to increase, which is fascinating.

00:17:06
Heidi Skolnik: I think we'll learn better about what is the dosing appropriate for which condition or disease state. So I don't think we know for all of them that. Again, I'm not the one that prescribes it or would determine that, but I think to be determined based on what you may be treated for, what's the appropriate therapeutic dose.

00:17:33
Gordon Bakoulis: That relates to talking about runners and running and people in the running community who may be taking these weight- loss medications. We started out by saying one in eight or one in nine Americans is taking one of these medications at any given time. I understand that there, correct me if I'm wrong, that there hasn't been any surveys specifically of runners. So we don't know the percentage of these people who are runners. We don't know in any given running population who's taking these drugs and who isn't. But we think that if it's one in eight or one in nine in the overall American population, that chances are, as we line up on a start line or take a Striders class or go to an Open Run, anywhere where runners are gathered, there's probably a significant portion of them that may be taking these drugs.
So I did want to talk specifically about quieting the food noise, and how does that affect people's nutritional intake? You talked about that a little bit with your husband or in reference to your husband. But is this a risk for runners that their appetite might be suppressed to the point where

they're underfueling, for example?

00:18:52
Heidi Skolnik: There's actually two big things to pay attention to. One is that your hunger is less. You eat less, your appetite is less, and you eat less. That's how people lose weight. That's why they're losing weight because prior, you couldn't eat less, your biological system is driving you to eat more, and now it's overriding that, tempering that. So you eat less. Let me just go back and say these medications do not affect your muscle. Your muscle responds as anybody's muscle would respond. The medication doesn't cause the weight loss. It's the reduction of calories that causes the weight loss.

00:19:31
Gordon Bakoulis: Yeah, that's important.

00:19:32
Heidi Skolnik: And then the speed at which you lose weight is based on how low you go. First of all, if you are either running, you're burning more calories, greater output. If you are lifting weights, you will be able to put on muscle, your muscles will respond. In other words, the medication is not changing that. Your VO2 max, it's not going to... You get to see the responses to your training. But because many people have never been able to eat so little, they almost lean into that, and it becomes like, " Look, I ate so little," or, " I'm not thinking about food, so I can go to work and I could go do my errands. I don't even miss not eating. I don't have to stop to eat." Now they're really leaning into that. They're losing weight rapidly.
The number one thing that when I interviewed trainers, personal trainers, they said the biggest issue is that clients come in, and they're not fueled, and they can't do their workout because they're so fatigued. It doesn't have to be that way. Well, you are going to eat less, but you make sure you eat every meal. Divide your meals over the day, eat lunch one, lunch two, breakfast one, breakfast two, because you can't eat as much at once. Volume is tough because your gastric emptying is slowed. High fat is tough because your gastric emptying is slowed. So having enough at one meal might be a challenge, but you could divide it up and just be very intentional.
I mean, you talked about RED- S, and yes, that's a concern that inadvertently many people are going to end up being in this RED- S state. So just like when I work with an athlete who has RED- S where I say, " Okay, you got to really get intentional here about your schedule and when you're going to eat, nutrient timing, making sure you're taking in carbs

before you go to your workout session. Make sure you have something even with you. Have that recovery after and then eat an hour and a half or two hours later, so you're getting in, so you can try to get in what you need." I think those strategies are really important.

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Gordon Bakoulis: Right. The book is so, so helpful in that way. I mean, the game plan part of the book, just telling people exactly how to do that, how to have breakfast one, breakfast two, snack. Don't do a workout if you haven't eaten in 12 hours, eight hours, even four hours. As a coach, of course, we stress that all the time.

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Heidi Skolnik: There was just a study on athletes and looking at movement, and there can be an appetite suppression effect of exercise for some people, depending on the intensity you work. So it is tricky for anybody or anyone who's had a history of restrictive eating. These medications would be contraindicated. That wouldn't be a good idea. That's also part of our runner community where this might seem attractive to them. So we have to be careful about that.
The other thing is, it also tempers your thirst mechanism, your thirst sensation, which by the way, as you get older, is also tempered a bit. So that hydration is also a big issue that we don't really talk about a lot and would become more so if you're running than it is for even the general population who's taking it. So that's another area of concern that has to... Again, a good combination might be having more of a carbohydrate beverage so you're getting in both fuel and fluid, because fluid can make you also feel full, which is tough to do. So I give strategies about that in the book too, of how to try to stay hydrated.

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Gordon Bakoulis: So like a sports drink or just really anything that's high carbohydrate that you drink. Yeah, as you know, we've just come through a really hot summer, and it's still very hot and humid. So yeah, we've been telling people, especially this time of year, hydrate, hydrate, hydrate. If you're on a medication that might be suppressing your thirst mechanism, it's all the more important to just set a timer, whatever you need to do to make sure that you're staying hydrated.
Talk to the person who is maybe going to run the marathon this year, maybe not, maybe is going next year, 2027 is going to be their year to get active, and they're also either on GLP- 1s or thinking about being on GLP-1s. What do you have to say to that person or those people?

00:24:10
Heidi Skolnik: Well, I think there's a big difference over time. When you're starting it and you're still titrating up to find your dose and haven't yet reached a goal weight range that's appropriate for you, I think that you're still figuring out your energy, your food intake, what you can tolerate, and that's very different than when you've already been on it for a year. Your appetite actually does come back to a degree. You can eat more, you can fuel more. So I don't have a full answer for that because it's not like there's science on that. But the issue is, again, can you train and put in the miles you need to put in to run a marathon and stay fueled? And if you can, excellent. If you can't, then you're not quite there yet. Do less miles, participate, run for health, run for all the reasons we've talked about, because I don't want you to sabotage yourself and be in a breakdown mode because you can't fuel.
But if you can use the strategies that we've sort of discussed where you're really able to use nutrient timing, eating before, during, and after to bring up your carbs, maybe a little less protein on your longer run days or the days around it. Be very strategic with your training. It's not the most miles that you can put in, which again, we say for everyone, hard, easy days. If you can stay hydrated, if you can do those things, go for it. But I don't know the answer. It's not about just pushing through, it's about making sure you're fueled. We want you to keep your energy up. Your breakdown injuries, all of the things that can come when you're underfueled and trained-

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Gordon Bakoulis: Underhydrated as well. Yeah.

00:26:09
Heidi Skolnik: Right, right.

00:26:10
Gordon Bakoulis: Great advice.

00:26:12
Heidi Skolnik: So it's just pay attention, be intentional. I have a question for you though. Do coaches do an intake form? Do they ask questions? Because it's always a boundary thing. I would ask on my intake form, are you taking any medications? Which would include a GLP-1.

00:26:31
Gordon Bakoulis: No. We do not have that.

00:26:33
Heidi Skolnik: Yeah, because it's also interesting, and it's hard to ask a question if you don't know what to do with the answer. What is the coach going to know what to do based on medications? The clearance comes from the doctor that they can run and then the coach says, " Okay, I'm assuming you can do this work." And they might assess their physical capacity and build, but they're not assessing their health readiness. But they might say, " Is there anything I need to know that would impact your training?" But what I would say to coaches is, yeah, you might not tell them exactly what to eat, but you can say, " Did you eat in the last few hours? Are you hydrated?" Planning hydration breaks. Are you carrying fuel with you? Are you carrying hydration with you?
You can ask those questions without being prescriptive, and then have your list if you want to refer to in your community that might be a sports dietician or an exercise physiologist if you think they need greater assessment. If you see that they're limping, or their hip, if you can't fix, or you think their running gait is really wrong to the point where you can't fix it and they need some PT or something, you might refer them. So what's within your scope?

00:27:40
Gordon Bakoulis: We definitely do that, but the coaching that I do with New York Road Runners is not one- on- one. So it's more just at the beginning of the workout, make sure everyone's hydrated, allow time for a hydration before the workout, hydration breaks during the workout. And then at the end, make sure that people are hydrating and fueling. But it's not following individuals around and saying, " Take your gel now. Take your water now." And they understand that. It's group rather than individual.

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Heidi Skolnik: Yeah. So I guess the answer to that would be, you could say, is a blanket if you're on any medications. GLP-1s have come up. I just participated in this. I don't have the answers for you. Just to be sure that it's a concern that you're fueling enough and hydrating enough, and I encourage you to get help from a guidance, from a sports dietician to make sure. Really, I'm sure it's really for everybody.

00:28:40
Gordon Bakoulis: I speak for everybody.

00:28:40
Heidi Skolnik: I speak to the group all the time, right?

00:28:41
Gordon Bakoulis: Absolutely. Absolutely.

00:28:42
Heidi Skolnik: Because half the people don't know how to fuel for increased training.

00:28:47
Gordon Bakoulis: No. Totally.

00:28:48
Heidi Skolnik: They either eat the same or they think, " I'm training. I can eat whatever I want." And then they're like-

00:28:54
Gordon Bakoulis: Right. Yeah, no, they don't know what to do.

00:28:55
Heidi Skolnik: So either-or doesn't-

00:28:55
Gordon Bakoulis: Mm-hmm, mm-hmm.

00:28:55
Heidi Skolnik: Yeah. So it's a good idea anyway, but I think that whenever... Because to your point about underfueling in RED- S, when you see anybody, regardless of their size, because RED- S, again, is non- discriminatory, it's not based on your size. You can be living in a larger body and still have RED- S. Everybody focuses on the runner who's very slim and thinks, " Are they fueling?" But you can't tell from looking at somebody how they're fueling. So the conversation to the group and to the runner is, " Are you fueling appropriately?" They may think they are, but they're not. So are they fatigued? Are they fatigued when they come in? Are they fatigued in the middle? I always talk to athletes and ask them, " At the end of a training session, I want you to be tired because you worked hard, but not depleted."

00:29:55
Gordon Bakoulis: Not depleted. Oh, that's exactly what we tell them. Yeah.

00:29:58
Heidi Skolnik: Yeah.

00:30:00
Gordon Bakoulis: And we look for that.

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Heidi Skolnik: So if you're depleted, then I want you to look at your fueling. Right?

00:30:03
Gordon Bakoulis: Yeah, yeah. We look for the runner who has to walk in the second half of a long run. Again, it's a no judgment zone. It's not a shame because it does take everyone. It's hard to get the fueling right no matter where you're coming at it from.

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Heidi Skolnik: Yeah. It's part of a learning curve.

00:30:22
Gordon Bakoulis: It's not judgment. It's just-

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Heidi Skolnik: And also, who has a bad day? You didn't sleep well, you didn't eat well. It's the pattern. It's the overtime. It's the everyday. Or is it a depletion? Is it different on Mondays? Well, in running off in the weekends, you do more. But are you really well fueled on Friday, but by Wednesday you're depleted because you haven't restored in between or whatever?
So you can certainly... I think it's fair for a coach in a group setting not to call anyone out or even ask for the information that they know it because then there's a responsibility, but rather just put forth the questions. If anyone here is on a GLP- 1, make sure these are some issues. Or again, any other medication that might be affecting your hydration or appetite. Look, medications for ADD or ADHD can affect appetite. Other medications can also have effects. Other things is, even when for side effects, exercise can help. Exercise movement can help with constipation, which is often a side effect of the medication.

00:31:38
Gordon Bakoulis: Of the GLP-1s. Yeah.

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Heidi Skolnik: Of the GLP-1. So that can be helpful.

00:31:42
Gordon Bakoulis: Yeah, you mentioned that in the book. Constipation, nausea, exercise can have a really positive effect.

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Heidi Skolnik: Right. Yeah. So those are, again, all great

reasons to get out and move. It's not an all or none though. It's not an all or none.

00:31:58
Gordon Bakoulis: It's not all or none, and it's not either-or, which I think is a message that some people haven't gotten.

00:32:02
Heidi Skolnik: And it's also progressive.

00:32:05
Gordon Bakoulis: Yes.

00:32:06
Heidi Skolnik: Where you are today isn't where you're going to end up. Patience, patience with your weight. Also, when people, again, are titrating up, that's very different. When they get their injection or when they change to another level, there might be a little bit of time around that where they don't feel as good, and then they feel... So their runs might be separate from when they get their injection more toward the end of the week. So they might be a little bit more strategic in that, and that might be helpful.

Now, remember, there's a big difference. We just talked about, at the top of this, the idea that more and more people, as people lose weight who had not exercised before... Because many who live in larger bodies have always been active. That's another misnomer. There are plenty of people. But for those who haven't, for those who now have lost weight and are more motivated because they feel more comfortable, because they don't have the same back pain or knee pain or whatever, and they're entering into running, they do need that extra snack or that extra... They want a fuel to be able to go into their training session.

But the demand isn't so great. It's not the same as running a marathon or training for a marathon. In other words, we're talking as if all runners are the same. But all of those different populations, Striders, the distance, the amount of training, are they doing this like their why? Are they doing this for health? Are they doing this to feel their body? Are they doing this to improve their fitness? Are they doing this so they can walk up the stairs without being out of breath? It's a very different mindset than even a recreational competitive runner. Maybe they'll progress to that, but there are a lot of people who aren't going to be putting in that kind of distance and still can get the benefit and the enjoyment and the community of running without doing much greater mileage.

00:34:07
Gordon Bakoulis: Yeah. No, you talk about that in the book, and we as coaches talk about that all the time with all of our populations. Find your why. Whether your why is running the TCS New York City Marathon or being able to walk up a flight of steps without getting breathless, stay in touch with that. Your why doesn't have to be the same nor should it be the same as anybody else's why. Everyone's why is different. There are distinct populations of people who may or may not be taking these drugs and be at different places in their fitness journey, different amounts of exercise, different types of exercise. I think we can all universally agree that exercise can be beneficial, but there's not a one- size- fits- all prescription for exercise for anyone.

00:34:58
Heidi Skolnik: Yeah. I mean, it's beneficial, and it really helps to magnify the benefit of these and really go hand in hand with the goals of the benefit. We know that exercise, even without the medication, helps many of the same things. It lowers your risk of cardiovascular disease. It manages blood pressure. It's a mental health booster, can help manage even low- grade depression. It can help with not just running, but certainly in strength training in terms of muscle and back pain and knee pain and all of that. So part of exercise is going to help to magnify and deepen the effectiveness of the medications.

Another part, this medication, you can't get it without exercise. The medication isn't going to increase your VO2 max, your heart and lung strength. Cardiovascular does it. So we hear so much about strength training, and we should talk about strength training, but we don't hear so much about cardiovascular when you're talking about these medications. But cardiovascular doesn't go away because you're honest. Yes, your cardiovascular risk might go down, but your lung capacity doesn't improve unless you go out and walk, jog, run, or any other cardiovascular activity, aerobic activity. You want a greater heart- lung capacity.

I think, for so long, people look to exercise as if it will help them lose weight. " Exercise, I'm going to go burn off calories. I'm going to go burn off that cake. I'm going to go burn..." No, no, no. You don't need to connect what you eat, the calories in that way. I want you to move because motion is lotion, exercise is medicine, because it feels good, because you have a community, because it gets you outdoors if you're in a place where you can exercise outdoors, for all the other reasons I just stated, bone health and muscle and strength. So there's all of these whys that have nothing to do with weight loss. The more whys you

can come up with, the better chance of continuing it and recognizing all the benefits you're getting.
I can walk up the stairs without being breathless. I can play with my kids or my grandchildren in the playground. I can get up and down easier, better mobility. I can travel easier. There's a lot of functionality to it. Now, again, I know that's a different mindset in the real competitive, " I want to run that marathon, and I'm going for time and going..." There's different stages of participation and fitness and performance, and they're not all the same.

00:37:45
Gordon Bakoulis: So, Heidi, just talk to us about exerkines or any other benefits of movement.

00:37:51
Heidi Skolnik: Well, I find this so intriguing. Our bodies are so smart and do so many things. So I think for the longest time we thought of muscle really only as it relates to functional movement. It contracts, relax, and allows me to move. But they're actually movers and talkers. Our muscles actually crosstalk with all of the organs in our body. So when you contract your muscle, it sends out these little messages to all different organs, and they respond. I mean, I hate to use the word optimize, but it's to optimize all different functions in our body. So it's another understanding why lying down is different than sitting up, which is different than standing, but moving, any kind of movement, and then it increases with intensity, but is just really, really important to our bodies to keep all of our organs humming along, doing what they need to do.

00:38:54
Gordon Bakoulis: This is whether we're taking GLP-1s or not, that's for everybody, another benefit of exercise.

00:39:00
Heidi Skolnik: Yeah, that's for everybody.

00:39:01
Gordon Bakoulis: I love it. That's great.

00:39:02
Heidi Skolnik: It's everything from immunity to your gut health. Exercise helps our gut, our brain health. Our bone health, there's crosstalk between our muscles and our bone, our pancreas. So every different organ, every different system in the body.

00:39:18

Gordon Bakoulis: Absolutely. I think what you're saying is, it's not either- or. It's not either weight- loss medications or exercise. Ideally, it's both, but not with a one- size- fits- all prescription. Everyone needs to find their own why and their own prescription, and hopefully working with an exercise physiologist or a coach and/ or a dietician to get to that why, and a medical expert.

00:39:47
Heidi Skolnik: I think, in that way, sometimes there's been this disservice because we know that not enough people move and even calling it exercise. Exercise for some of us is like, " Yeah." But others are like, " I don't want exercise. It just seems like a task." You know?

00:40:00
Gordon Bakoulis: Yeah, yeah.

00:40:01
Heidi Skolnik: So calling it movement or physical activity, getting more active. And then again, the disservices, when we tie it to calories and weight loss, it becomes a punishment almost. As opposed to me, it's like one of the greatest gifts.

00:40:20
Gordon Bakoulis: Yeah, especially if it's been painful because of maybe years of obesity has made it harder on their knees or whatever, it does feel like punishment. It does feel like something they're not necessarily excited about incorporating into their life. So to think of it as movement, just being able to play with your kids or your grandkids, as you say, or just be able to walk up a flight of stairs without getting breathless is the way that it can be approached.

00:40:50
Heidi Skolnik: Yeah. I'm sure you see this all the time in your coaching. You see someone as they achieve, as they gain mastery, as they can see what their bodies can do, they gain a body confidence, and it's a beautiful thing to watch. You see how what was once really hard becomes easier. What once seemed unattainable becomes attainable, and it's a great thing to see. But if you're starting with somebody who's not had that experience before and it was very off- putting, because the fitness world is not welcoming to everybody.

00:41:26
Gordon Bakoulis: Yeah, no, it's not.

00:41:28

Heidi Skolnik: Right?

00:41:28
Gordon Bakoulis: Yeah. Yeah. That's actually a really good segue into another topic I wanted us to touch upon, which is we've talked around it a little bit, but shame surrounding body size and shame surrounding lack of physical activity. Why do you think that is? Why do you think people feel shame around their body type, their body size, and shame around not being active? Do you think that this new class of weight loss drugs is helping to counter that, to change the thinking around that?

00:42:04
Heidi Skolnik: Okay. How am I going to answer this one? Because it's complicated and it's layered and it's nuanced. So I think we've talked a lot about shame and projection. Body shaming happens, again, at every size. You're too thin, you're too heavy, your stomach, your arms, your legs, whatever. It's just a critical... We live in this critical world. And then as much as the wellness industry pushes products and solutions to problems they create, here's a medication that really has efficacy and study behind it. But it's sort of like, " Oh, I should have been able to do it on..." Regardless of how many years somebody has tried, I should have, and I hate the should. Nobody wants to be should on. So they should have been able to do it on their own.
So now there's shame that they were living in a larger body and there's shame that they're taking something as if it is cheating. And I think that comes... I have to say I've heard it both from people who are taking it, which hopefully, in my space, they're safe because there's no shame from where I'm sitting. I think there's a lot of different reasons. Even people I think who it may not be as appropriate for, I understand their desire. Again, when it's really aesthetically driven, it's the culture, it's not the person. It's very hard to combat that.
I think there's the shame then in also then taking it as if they cheated somehow. And then I think there are people, these self- righteous people who either naturally have a thinner frame and build or whatever, or who have worked very hard to maintain their weight and feel like they had to work hard. " How can someone else just take something? They should just work as hard as I did." So they are projecting. They are shaming them. They are judging them.
I do a lot of work when I work in the RED- S world and with athletes around body image, because oftentimes eating disorders begin with body dissatisfaction, what leads to diet behavior, which is an entryway into eating disorder world or disordered eating. So I do a lot of work with trying to do

values clarification and help them separate what they need versus what other people need and not to take on, because they're not going to control the conversation, the diet talk about, " Oh, I feel so guilty. I ate this, I cheated, I ate that." All these words that we use to describe how we eat, " I better go run it off," which is not. So how to change our vernacular, but also how to block the noise.

It's really, again, similar here in that people make choices, individual choices based on their history and their needs and their health history that we often don't know the whole story of, nor is it our business. It's like, do what you need to do for you and block the noise. If someone's judging, again, it's more their issue than yours. Why are they feeling that way? It's not about you.

00:45:06
Gordon Bakoulis: Yeah. Yeah, that's a great answer. That really is. Again, we're having this conversation for everybody. It's people looking at their own judgments and shaming of others that they may not even be aware that they're doing, or they may be aware that they're doing, but it's coming from them as much as it's affecting the other person.

00:45:33
Heidi Skolnik: Yeah. But this body image issue I think is still loud. We also know that body image, which starts young but is also dynamic throughout our lives, is something that... I don't know. Again, it's so insidious, and it's so creative, and it has nothing to do with what you look like because people in all different bodies can either feel good about their body or at least have body acceptance, and in all different body sizes, shapes, and even fitness levels, have very negative critical body image thoughts. I work with dancers. Other people would look at a dancer and go, " Oh my goodness, I would love to have that body or whatever." They're sitting there thinking, " I hate my body," or, " Look at this," like compartmentalizing, or, " Oh, I have..." The same thing with runners. Same thing with runners, we know.

So it's just interesting that that issue is at every... And then there are people at every single body size and shape and form who, again, are fine with their bodies. They may want to work out. They may want to get fitter. They may want to have certain goals around nutrition or whatever. Or they might even want to lose weight, but that doesn't mean that they don't like their body where they are.

00:46:50
Gordon Bakoulis: Super wise, and just getting back to the book, I think that wisdom infuses the book so much, that it's not about your size, it's not about how... It's about

health. It's about being healthy in your own body and living your best life in your own body. If these drugs can help you do that, then that's amazing.

It was so interesting to me to read, again, all the information about how to do this, how specifically to do this, how to make sure that you're fueling yourself, how to make sure that you're exercising safely and sanely when you're on these drugs. I just got so much information about how to be a better coach myself, whether the people I'm coaching are on these weight- loss medications or not. Where do you see this going? Would you see more people taking GLP-1s in the future? Do you hope that this GLP revolution, if you will, will help decrease the stigmas around body size and weight loss or weight control? What do you see is the future?

00:48:18
Heidi Skolnik: Well, obviously, I am all in on the potential benefits of this for the populations that need them. I think that everything you're saying, I hope, is true, that for those who live with obesity, they can find a way to have this disease treated and managed, and that the medications become more accessible and affordable for those who need them.

I do recognize at the same time the terrible pressure and focus it is putting on body versus health, where we're back to skinny is in as opposed to healthy, and that some of these online opportunities to get this medication which targets young girls to drop 10 pounds before prom, which is not the intent of the medication, it is not the messaging. It is not just dangerous. Well, it is. It's harmful, it's dangerous. I think it's terrible in terms of how it's seeping into everyone's psyche, and the conversation is about weight versus all of these other health benefits. And again, recognizing the why behind movement, not just for weight loss and all of that.

I think, one, we will learn more and more things that it can benefit. Again, but people jumping in before they know the proper dosing based on what it is a little scary. I think understanding, again, that idea of, are you... It's a risk benefit always, right? So if you're somebody who's been living with diabetes and complications of diabetes, the benefit is great. If you are living with obesity with high risk for many different comorbidities, then the risk benefit is clear.

If you are a woman or man who already has osteoporosis and you're 60 and you have some weight to lose, but you're metabolically healthy, I'm not sure that it's the right one for you because the risk benefit may not really be there, although you may think you will feel better in a smaller

body because everybody wants to be thinner. Is that the right medication for you? Obviously, I would think you really need to make that... It's a personal decision. Everyone should make their own decision with their medical provider. But it is looking at who you are, what your risks are, how long you're going to live for, because it's a medication you take for life for the most part. So there are considerations.

Now, the whole thing about muscle loss is a real risk. It's maybe a little overstated. The original studies were really done using DXA, which looks at lean mass, which is not just muscle, because lean mass include skeletal muscle, even your organs, like you lose fat out of your liver, which is a good thing. But it's not muscle, water, glycogen, all of that, and it's not functional. It's not telling you about your muscle strength or whatever. So again, weight loss can be slower, and you can do resistance training to counter it.

I talk about that in the book, of course, it's a big... But people, it's been so, I think, out there, people are scared now. When you go from a larger body, you're going to lose some muscle, and that unloading actually can hurt your bone. Weight loss can hurt your bone, but you can counter all of that with the appropriate movement to help support it and monitor and see what's going on and slow weight loss down. So I think that any medication can be used or abused. Again, the misuse of it doesn't take away from the benefit of it for the people who really need it and benefit greatly, like life transforming.

Now, what we'll learn about inflammation... I think in the athletic world, I've already heard of misuse for cheerleaders who don't need it. You're not supposed to use it to weight cycle for wrestlers or who might be misusing it. So I think in the athletic world, we're going to have to be really careful about who's taking it and when and how much, but we're also going to learn if there's microdosing. It's not there yet, but will it be there for tempering inflammation, for post- surgery healing? Because, of course, we need some inflammation to signal repair. So I think that's really kind of interesting for the future.

00:53:14
Gordon Bakoulis: Wow. Well, this has been such a fascinating conversation, Heidi. Thank you so much. I really am so excited about your book. I've learned so much, and we really appreciate you coming on Set the Pace today.

00:53:26
Heidi Skolnik: Thank you so much for inviting me. It's been a pleasure talking with you.

00:53:30
Speaker 3: Peloton has got something for whatever running mood you're in. Try instructor- led runs and walks that are built to fit into your routine with classes that help you stay consistent, build speed, and be in the moment. Track your metrics, see your progress, and train smarter. We've got it all to help you reach your goals and stay on track. Peloton, the official digital fitness partner of New York Road Runners.

00:53:54
Gordon Bakoulis: All right, that does it for another episode of Set the Pace. Thank you so much to today's guest, Heidi Skolnik. You can find her book Your GLP- 1 Game Plan: What Your Doctor Didn't Tell You About How to Eat, Move, and Thrive on Weight Loss Medications- With 50 Easy, Nutritious Recipes. It's going to be out this September, September 22nd. If you like this episode, please go ahead and subscribe, rate, or leave a comment for the show on whatever platform you're listening on. This not only helps us, but it helps others find out more about the show too. I'm Gordon Bakoulis with New York Road Runners, Coach Gordon, and we will see you next week.