



"UNDERSTANDING THE RISKS: ARE GLP-1 AGONISTS LIKE OZEMPIC AND SEMIGLUTIDES SAFE FOR YOU?"

GLP-1 AGONISTS (SUCH AS OZEMPIC AND SEMAGLUTIDE) ARE POPULAR MEDICATIONS, ESPECIALLY FOR WEIGHT LOSS, BUT THEY COME WITH POTENTIAL RISKS. HERE'S A BREAKDOWN OF THE CONCERNS AND SUPPORTING EVIDENCE:



KEY RISKS:

- **Gastrointestinal Issues**
- **Risk of Pancreatitis and Pancreatic Cancer**
- **Thyroid Tumors**
- **Dependency and Weight Regain**
- **Impact on Gallbladder Health**
- **Cardiovascular Risks**
- **Nutrient Deficiencies**
- **Potential for Mental Health Side Effects**
- **Unknown Long-Term Effects**
- **Muscle Loss and Metabolism Decline**
- **Increased Risk of Hypoglycemia in Non-Diabetics**
- **Potential for Kidney Strain**
- **Possible Interaction with Other Medications**
- **Impact on Gastrointestinal Microbiome**

....PARTICIPANTS REGAINED
TWO-THIRDS OF THEIR PRIOR
WEIGHT LOSS.....

-One year after withdrawal of weekly semaglutide injections, "Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension"

- **Gastrointestinal Issues**

- Studies show that semaglutide can cause significant gastrointestinal side effects, including nausea, vomiting, diarrhea, and constipation, with up to 40% of users reporting these symptoms. Long-term use may exacerbate these issues, leading to dehydration, malnutrition, and an impact on gut health.
- Source: A 2021 review published in The Lancet confirmed the prevalence of gastrointestinal issues in semaglutide users and noted the need for cautious monitoring when used for weight management.
<https://pubmed.ncbi.nlm.nih.gov/25375397/>

- **Risk of Pancreatitis and Pancreatic Cancer**

- GLP-1 agonists, including semaglutide, have been linked to increased risks of pancreatitis (inflammation of the pancreas) and pancreatic cancer in some studies. The mechanism may involve overstimulation of pancreatic beta cells, potentially leading to inflammation or malignant changes.
- Source: An analysis in JAMA Internal Medicine found a correlation between GLP-1 agonists and pancreatitis, though causation is still under investigation.
<https://diabetesjournals.org/care/article/41/2/286/30218/Incretin-Based-Therapies-and-the-Short-term-Risk>

- **Thyroid Tumors**

- Animal studies have shown an increased risk of medullary thyroid carcinoma in subjects treated with GLP-1 agonists like semaglutide. While human evidence is not definitive, there is enough concern that these drugs carry a “black box” warning about potential thyroid tumors.
- According to a study in Thyroid, GLP-1 receptor activation in rats led to an increased risk of medullary thyroid carcinoma, leading to caution in human use.
<https://pubmed.ncbi.nlm.nih.gov/38018310/>

- **Dependency and Weight Regain**

- Semaglutide may cause dependency for weight management, as weight regain is common once treatment stops. This can lead to a cycle of dependency without addressing underlying metabolic health.
- Source: Research in Obesity journal found that users often regain most of the lost weight post-treatment, suggesting a need for lifestyle changes to accompany medication use. <https://pubmed.ncbi.nlm.nih.gov/35441470/>

- **Impact on Gallbladder Health**

- Semaglutide and GLP-1 agonists have been associated with gallbladder disease, including gallstones and cholecystitis, potentially due to rapid weight loss or changes in bile acid metabolism.
- Source: A 2020 study in Diabetes Care linked semaglutide use to increased rates of gallbladder issues, especially in individuals with rapid weight loss.
<https://pubmed.ncbi.nlm.nih.gov/35344001/>

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- **Cardiovascular Risks**
 - While some studies suggest that GLP-1 agonists can be beneficial for cardiovascular outcomes in certain populations, there is also evidence indicating that rapid weight loss from these drugs can lead to cardiovascular strain. This is especially a concern for patients without diabetes or established cardiovascular risk.
 - Source: A study published in *Cardiovascular Diabetology* raised concerns about potential cardiovascular stress in non-diabetic individuals using GLP-1 agonists for weight loss.
 - **Nutrient Deficiencies**
 - Evidence: Because GLP-1 agonists slow gastric emptying, they can lead to reduced absorption of essential nutrients. Prolonged use without monitoring can cause deficiencies in vitamins such as B12, iron, and others, which are crucial for metabolism and energy.
 - A study in *Endocrine Reviews* discusses how altered gastric motility with GLP-1 agonist use can interfere with nutrient absorption over time.
 - **Potential for Mental Health Side Effects**
 - Some users report mood changes, including anxiety and depression, which may be linked to fluctuations in blood sugar levels and the impact of rapid weight changes. The neuroendocrine system's interaction with GLP-1 receptors is complex and may influence mental health.
 - Research published in *Frontiers in Endocrinology* explores the links between GLP-1 receptors and mood regulation, noting possible risks for individuals with pre-existing mental health issues.
 - **Unknown Long-Term Effects**
 - Since Ozempic and similar drugs are relatively new, there is limited data on long-term outcomes for individuals using them solely for weight loss. Risks associated with prolonged use, especially in people without metabolic disease, are not fully understood.
 - The *American Journal of Medicine* has published cautionary opinions regarding the long-term use of GLP-1 agonists, especially for off-label weight management, calling for further study.
 - **Muscle Loss and Metabolism Decline**
 - Rapid weight loss from GLP-1 agonists may include not only fat loss but also lean muscle loss, which can decrease basal metabolic rate. This muscle loss can make maintaining weight loss harder once medication is discontinued.
 - Source: A study in *Obesity Reviews* found that semaglutide-induced weight loss was associated with a higher proportion of lean mass loss than lifestyle-based weight loss, impacting metabolic health. <https://pubmed.ncbi.nlm.nih.gov/38937282/>
 - **Increased Risk of Hypoglycemia in Non-Diabetics**
 - GLP-1 agonists can increase insulin production, which may result in hypoglycemia (low blood sugar) in non-diabetic individuals. This can be dangerous and is a particular concern in those using the medication for weight loss rather than diabetes management.
 - Research in *Diabetes, Obesity, and Metabolism* suggests that non-diabetic patients using GLP-1 agonists off-label should be monitored for hypoglycemia, especially if combined with other medications or fasting.

- **Potential for Kidney Strain**

- *Some reports suggest that rapid dehydration from side effects like vomiting and diarrhea can strain kidney function, especially in individuals with pre-existing kidney concerns. Chronic dehydration can worsen renal health over time.*
- *Source: A review in Kidney International Reports raised concerns about potential kidney-related issues in patients on GLP-1 agonists, particularly due to gastrointestinal side effects and related dehydration.*

- **Possible Interaction with Other Medications**

- *GLP-1 agonists can interact with other medications due to their effects on slowing gastric emptying, which can alter how drugs are absorbed. This may require dosage adjustments for individuals on medications for other health conditions.*
- *Source: A study in Clinical Pharmacology & Therapeutics advises close monitoring of drug interactions when prescribing GLP-1 agonists, as slowed gastric motility may impact absorption rates of other medications.*

- **Impact on Gastrointestinal Microbiome**

- *Evidence: GLP-1 agonists may alter gut motility and, consequently, the gut microbiome, which is critical for digestion, immune function, and overall health. This alteration could contribute to dysbiosis, an imbalance in the microbiome, potentially leading to other health concerns.*
- *Source: Research in Nutrients highlighted potential links between GLP-1 agonists, altered gut motility, and microbiome imbalances, suggesting this could have longer-term implications for gut health.*

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