

GLP-1 Side Effects: Evidence Guide (2026)

How common each side effect is on Wegovy, Ozempic, Zepbound, Mounjaro and Saxenda, when symptoms start and fade, the rare risks in real numbers, and what to do about each one.

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GLP-1 side effects at a glance

- **Stomach and gut symptoms are the main GLP-1 side effects.** On the highest weight-loss doses, nausea affected 44% of people on Wegovy 2.4 mg (16% on placebo), 28% on Zepbound 15 mg (8%) and 39% on Saxenda 3 mg (14%)^[1,2,3].
- **They cluster in the first 16–20 weeks**, while the dose is being stepped up, then fade. Nausea peaked in about 1 in 5 people around week 16–20 and roughly halved by week 68^[4].
- **Most episodes are short and mild.** A typical bout of nausea lasted 8 days, diarrhea 3 days and vomiting 2 days; 98.1% of gut events were mild or moderate. Constipation is the exception, at 47 days^[4].
- **About 4 in 100 stop because of gut side effects** in trials (4.3% on Wegovy 2.4 mg and on Zepbound 15 mg, vs 0.5–0.7% on placebo)^[1,2].
- **Serious problems are uncommon but real:** gallbladder disease, pancreatitis, dehydration leading to kidney injury, and a very rare eye condition called NAION. Their absolute size is on page 6.
- **What changed in 2026:** the FDA removed the suicidal-thoughts warning from the Wegovy, Zepbound and Saxenda labels in February 2026 after reviewing 91 trials and 2.2 million patients^[5]. Wegovy now also comes in a 7.2 mg dose with its own side-effect data^[1].

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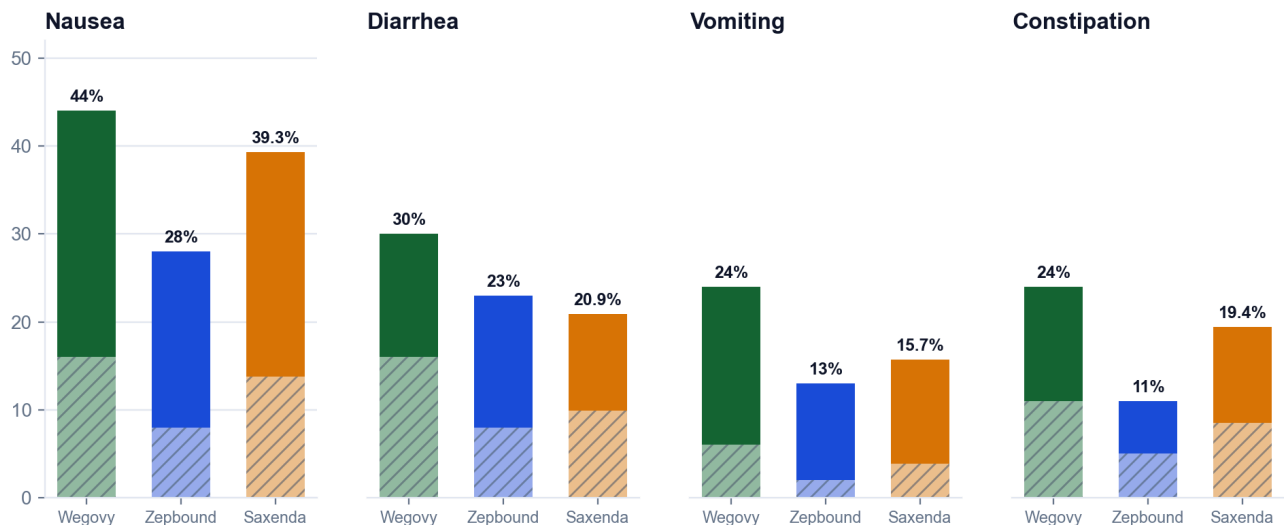
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1. How common is each GLP-1 side effect?

The most reliable numbers come from the adverse-reaction tables in each drug's FDA prescribing information. They compare people on the drug with people on a placebo injection in the same trials, so you can see how much of a symptom the drug itself adds. Nausea on placebo is not zero: 16% of people on placebo in the Wegovy trials reported it too^[1].

How common are the main GLP-1 side effects?

Share of trial patients reporting each event, highest approved dose vs placebo
Hatched part = rate on placebo. The gap above it is what the drug adds.



FDA prescribing information: Wegovy (Jun 2026), Zepbound (Aug 2026), Saxenda (Feb 2026). Placebo-controlled weight-management trials; rates across labels come from different trials and are not head-to-head.

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Figure 1. Main gut side effects at the highest approved weight-loss dose. Source: current FDA labels for Wegovy, Zepbound and Saxenda.

Side effect	Wegovy 2.4 mg	Zepbound 5 / 10 / 15 mg	Saxenda 3 mg
Nausea	44% (placebo 16%)	25 / 29 / 28% (8%)	39.3% (13.8%)
Diarrhea	30% (16%)	19 / 21 / 23% (8%)	20.9% (9.9%)
Vomiting	24% (6%)	8 / 11 / 13% (2%)	15.7% (3.9%)
Constipation	24% (11%)	17 / 14 / 11% (5%)	19.4% (8.5%)
Abdominal pain	20% (10%)	9 / 9 / 10% (5%)	5.4% (3.1%)
Indigestion (dyspepsia)	9% (3%)	9 / 9 / 10% (4%)	9.6% (2.7%)
Burping	7% (<1%)	4 / 5 / 5% (1%)	4.5% (0.2%)
Reflux (GERD)	5% (3%)	4 / 4 / 5% (2%)	4.7% (1.7%)
Headache	14% (10%)	not listed	13.6% (12.6%)
Fatigue	11% (5%)	5 / 6 / 7% (3%)	7.5% (4.6%)
Dizziness	8% (4%)	4 / 5 / 4% (2%)	6.9% (5%)
Hair loss	3% (1%)	5 / 4 / 5% (1%)	not listed

Side effect	Wegovy 2.4 mg	Zepbound 5 / 10 / 15 mg	Saxenda 3 mg
Injection-site reactions	1.4% (1%)	6 / 8 / 8% (2%)	13.9% (10.5%)
Stopped due to any side effect	6.8% (3.2%)	4.8 / 6.3 / 6.7% (3.4%)	9.8% (4.3%)
Stopped due to gut side effects	4.3% (0.7%)	1.9 / 3.3 / 4.3% (0.5%)	6.2% (0.8%)

Placebo rates in brackets. Each label pools different trials, so compare the gap between drug and placebo rather than ranking the drugs against each other; the labels themselves say rates cannot be compared directly. Sources: Wegovy^[1], Zepbound^[2], Saxenda^[3].

Diabetes doses are lower, and so are the rates. At the type 2 diabetes doses, nausea affected 20.3% on Ozempic 1 mg (6.1% on placebo)^[6] and 18% on Mounjaro 15 mg (4%)^[7]. If you started on a diabetes dose and moved to a weight-loss dose, expect the gut symptoms to rise again at each step.

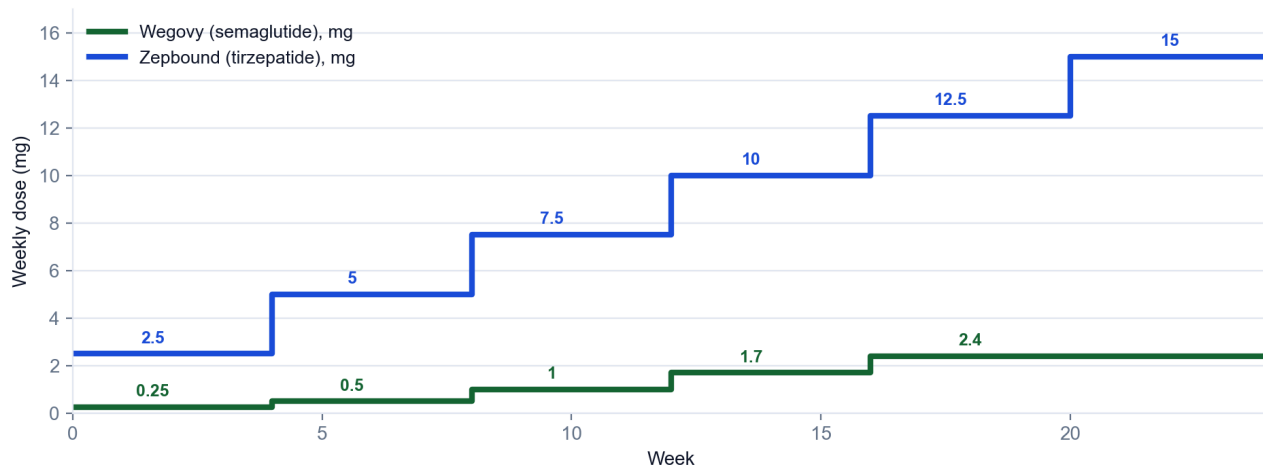
More on this at PeptideDeck: [GLP-1 side effects compared](#) · [Ozempic side effects](#) · [Zepbound side effects](#)

2. When side effects start, peak and fade

GLP-1 side effects follow the dose. Every one of these drugs starts low and steps up, and most gut symptoms appear in the weeks after a step. In the pooled STEP 1–3 trials of semaglutide 2.4 mg, the vast majority of people who had a gut side effect had their first one during the 16-week escalation, and the number of new cases levelled off after week 20^[4].

Why side effects cluster in the first months

Both drugs start low and step up every 4 weeks. Zepbound may stop at 5 or 10 mg; Wegovy may go to 7.2 mg.



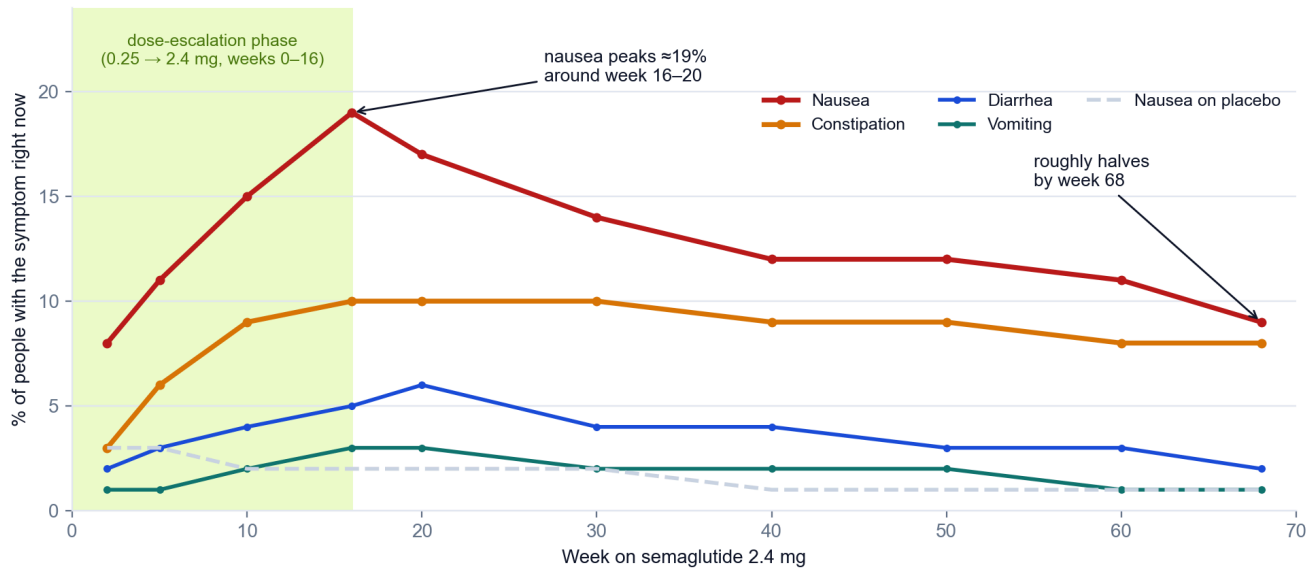
Dosage and administration sections, Wegovy (Jun 2026) and Zepbound (Aug 2026) prescribing information. Zepbound shown at the fastest allowed pace (at least 4 weeks per step).

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Figure 2. The standard dose ladders. Wegovy reaches 2.4 mg at week 16; Zepbound can reach 15 mg at week 20. Source: Wegovy and Zepbound prescribing information.

When side effects start, peak and fade

Share of people with an ongoing symptom at each point, semaglutide 2.4 mg (STEP 1–3 pooled, n = 2,117)



Values read from Figure 2 of Wharton S et al., Diabetes Obes Metab 2022;24:94–105 (PMID 34514682); approximate. Novo Nordisk-funded analysis.

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Figure 3. Share of people with an ongoing symptom at each point in time on semaglutide 2.4 mg. Values read from the published figure, so approximate. Source: Wharton et al. 2022.

Three things stand out:

- **Nausea rises with each step and peaks around week 16–20** at roughly 19% of people at any one time, then falls to about 9% by week 68^[4].
- **Constipation arrives by week 10 and stays.** It holds near 10% for the rest of the year, which is why it deserves a plan from the start.
- **Tirzepatide follows the same pattern.** In SURMOUNT-1 to -4, use of anti-nausea medicine fell from about 4.5% of people in weeks 0–8 to about 0.7% in weeks 40–48^[8].

How long does one bout last?

Most nausea, diarrhea and vomiting episodes clear within days. Constipation lingers for weeks.



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Figure 4. How long one episode lasts. Source: Wharton et al. 2022 (STEP 1–3 pooled).

Having side effects did not mean less weight loss. People in STEP 1 who had gut side effects lost 17.3% of their weight; those who didn't lost 15.7%. Gut symptoms explained less than 1 percentage point of the drug's effect^[4].

More on this at PeptideDeck: [Semaglutide side effects week by week](#) · [Tirzepatide side effects](#)

3. Side effects drug by drug

Drug (maker)	Used for	What stands out in the current label
Wegovy (semaglutide, Novo Nordisk)	Weight loss; heart risk reduction	Highest nausea rate of the weekly injections at 2.4 mg (44%). The new 7.2 mg dose: nausea 39%, vomiting 22%, and changed skin sensation (tingling, burning) in 22% vs 6% at 2.4 mg; 5% stopped for side effects. Wegovy 25 mg tablets: about 7% vs 6% stopped for side effects; gallstones 2.5% vs 1% ^[1]
Ozempic (semaglutide, Novo Nordisk)	Type 2 diabetes	Lower doses (0.5–2 mg), so lower rates: nausea 15.8–20.3%. Low blood sugar mainly when combined with insulin or a sulfonylurea: severe episodes in 0.8–1.2% with a sulfonylurea ^[6]
Zepbound (tirzepatide, Eli Lilly)	Weight loss; sleep apnea	Nausea 25–29%, roughly flat across doses. Hair loss 5% overall, but 7.1% of women vs 1.3% on placebo. Injection-site reactions 6–8% ^[2]
Mounjaro (tirzepatide, Eli Lilly)	Type 2 diabetes	Nausea 12–18% by dose; 6.6% stopped for gut side effects at 15 mg vs 0.4% on placebo ^[7]
Saxenda (liraglutide, Novo Nordisk)	Weight loss	A daily injection. Highest share stopping for side effects (9.8% vs 4.3%). Increased lipase in 5.3% vs 2.2% ^[3]

Retatrutide and other investigational drugs are not approved anywhere and have no FDA label. Their side-effect data come only from trials, and products sold online are not the trial drug. See our [retatrutide side effects](#) guide for the trial numbers, including the heart-rate increase that sets it apart.

4. Serious and rare GLP-1 side effects

Headlines tend to report relative risk ("doubles the risk"). What matters to you is the absolute risk: how many extra people out of 1,000 actually get the problem. Figure 5 puts the main serious risks on that scale.

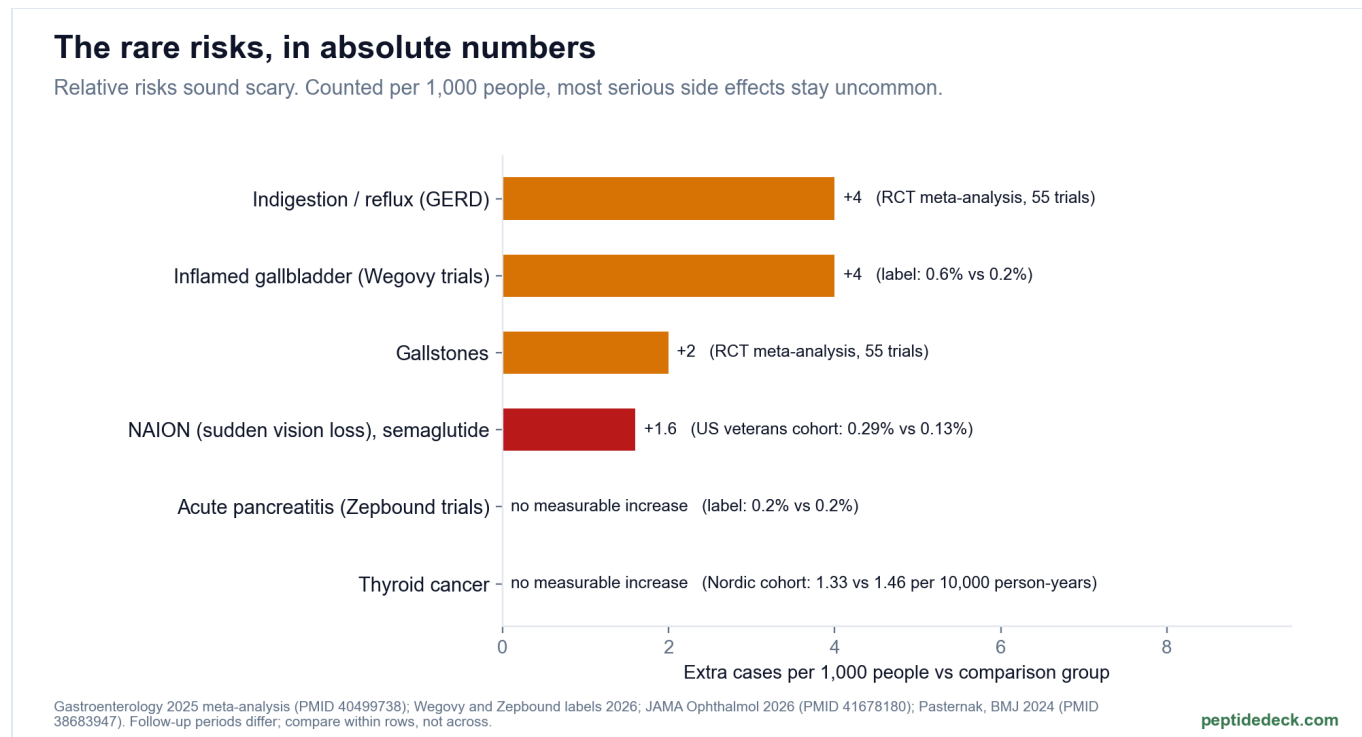


Figure 5. Serious risks as extra cases per 1,000 people. Follow-up periods differ by source, so compare within each row.

Risk	What the best evidence shows	How big
Gallbladder problems (gallstones, inflammation)	Clear increase. 76-trial meta-analysis: risk ratio 1.37, higher in weight-loss trials (2.29) and at higher doses ^[9] . Rapid weight loss itself raises gallstone risk.	About 2 extra gallstone cases per 1,000 ^[10] ; Wegovy trials: inflamed gallbladder 0.6% vs 0.2% ^[1]
Acute pancreatitis	Large outcome-trial meta-analyses show no increase ^[11] . The labels still warn about it.	Zepbound trials: 0.2% vs 0.2% on placebo ^[2]
Thyroid cancer	Boxed warning based on thyroid C-cell tumors in laboratory animals; human relevance unknown. A French study found more thyroid cancer after 1–3 years (HR 1.58) ^[12] ; a larger Scandinavian cohort did not (HR 0.93) ^[13] .	1.33 vs 1.46 cases per 10,000 person-years ^[13] . Do not use if you or a family member had medullary thyroid cancer or MEN 2.
Severe stomach problems (gastroparesis, bowel obstruction)	One 2023 study of 613 semaglutide users found higher rates ^[14] ; a 55-trial meta-analysis found little or no effect ^[10] . Labels list ileus and obstruction from reports after approval. A 2026 cohort found semaglutide, tirzepatide and dulaglutide carry similar serious-GI risk ^[15] .	Rare; not measurable in trials

Risk	What the best evidence shows	How big
NAION (sudden, painless vision loss in one eye)	Linked to semaglutide in several cohorts ^[16,17] . Europe's regulator classes it as very rare, affecting up to 1 in 10,000 people, and says to stop semaglutide if it is confirmed ^[18] . The current US labels do not list it.	About 1.6 extra per 1,000 over follow-up in US veterans (0.29% vs 0.13%) ^[17]
Kidney injury	From dehydration after vomiting or diarrhea, not direct damage. In outcome trials, acute kidney failure was 9% lower overall ^[11] .	Wegovy trials: 0.4 vs 0.2 cases per 100 patient-years ^[1]
Low blood sugar	Mainly when combined with insulin or a sulfonylurea ^[6] .	Severe episodes in 0.8–1.2% on Ozempic with a sulfonylurea ^[6]
Diabetic eye disease	Worsened in SUSTAIN-6 when blood sugar fell fast, mostly in people who already had retinopathy (HR 1.76) ^[19] .	8.2% vs 5.2% with existing retinopathy; 0.7% vs 0.4% without ^[6]
Anesthesia and sedation	Slowed stomach emptying can leave food in the stomach. 2024 multi-society guidance: most people can continue, with a 24-hour clear-liquid diet before the procedure and a case-by-case decision on holding a dose ^[20] . In a 43,365-patient endoscopy study, aspiration was not higher (RR 0.98), but procedures were twice as likely to be stopped ^[21] .	Tell every anesthetist and endoscopist you take a GLP-1
Suicidal thoughts	Warning removed from Wegovy, Zepbound and Saxenda labels in February 2026. The FDA reviewed 91 trials (107,910 people) and 2.24 million patients and found no causal link ^[5] . A 240,618-patient study found lower rates on semaglutide (HR 0.27) ^[22] .	No increase found. Mood changes still deserve a call to your doctor.

More on this at PeptideDeck: [Ozempic boxed warning and lawsuits](#) · [GLP-1 side effects compared](#)

5. Muscle loss, hair loss and "Ozempic face"

Muscle and lean mass. Some of the weight lost on any diet is lean tissue. In the SURMOUNT-1 body-scan substudy, about 75% of the weight lost on tirzepatide was fat and about 25% was lean mass, the same proportion as on placebo^[23]. A 2026 review of 35 studies found a median of 28% of weight lost came from lean tissue, and noted that no study measured physical function^[24]. Protein and strength training (section 6) are the tools to protect it.

Hair loss. Wegovy 3.3% vs 1% on placebo; Zepbound 7.1% of women vs 1.3%^[1,2]. No one in the Zepbound trials stopped treatment because of it.

"Ozempic face" describes a hollow or aged look after fast weight loss. It is not listed in any label and there is no controlled study of it. It is generally put down to fat lost from the face, which happens with any large weight loss.

6. How to manage each side effect

The single most effective lever is the dose schedule. The Wegovy label says to consider delaying the next dose step by 4 weeks if a dose isn't tolerated, and the Zepbound label allows a lower maintenance dose^[1,2]. The 2026 ADA Standards add that the best dose may not be the maximum approved dose^[25].

Problem	What helps	Evidence
Nausea	Eat slowly, in smaller portions, and stop as soon as you feel full; a small breakfast, then small meals every 3–4 hours; avoid fatty and spicy food and strong smells; sip clear fluids; ginger or peppermint tea may help. Ask about anti-nausea medicine: some, like ondansetron, can worsen constipation.	Expert consensus ^[26] ; ADA 2026 ^[25] ; joint advisory ^[27]
Vomiting	Vomiting is more likely after large meals, so keep portions small. If nausea and vomiting persist, drink 30–60 minutes before or after meals rather than with them. Call your prescriber if you can't keep fluids down.	Joint advisory ^[27] ; consensus ^[26] ; Medication Guide ^[1]
Diarrhea	Drink generously. Avoid large or high-fat meals, dairy, coffee, alcohol, soft drinks and sugar alcohols (sorbitol, xylitol, maltitol). Cut high-fiber food for a few days, then bring it back gradually.	Consensus ^[26] ; joint advisory ^[27]
Constipation	Manage it early: more water, more movement, and a gradual increase in fiber (prunes, for example). Magnesium citrate, fiber supplements, polyethylene glycol 3350 or a stool softener can help; ask your pharmacist which suits you.	Joint advisory ^[27] ; consensus ^[26]
Reflux and burping	Smaller, more frequent meals; avoid fried and fatty food, coffee, tea, cola, alcohol and fizzy drinks; don't lie down soon after eating or eat close to bedtime. Ask about a short course of an acid reducer.	Consensus ^[26] ; joint advisory ^[27]
Dose-step flare-ups	Stay on the current dose 2–4 weeks longer, step back down, or pause and restart under supervision.	Consensus ^[26] ; labels ^[1,2]
Muscle loss	Protein targets of 1.2–1.6 g per kg of body weight a day have been proposed during active weight loss, or a simpler 80–120 g a day, plus regular strength (resistance) training.	Joint advisory of four US obesity and nutrition societies ^[27]
Dehydration	Feeling full can make you drink less. Drink regularly, and more on days with vomiting or diarrhea. Keep alcohol low: it worsens nausea and reflux.	Medication Guides ^[1,2] ; consensus ^[26] ; joint advisory ^[27]

More on this at PeptideDeck: [How to manage semaglutide side effects](#) · [How to manage Zepbound nausea](#)

7. When to call your doctor

These warning signs come straight from the FDA Medication Guides for Wegovy and Zepbound^[1,2].

If you have...	It could be	What to do
Severe stomach pain that won't go away, sometimes spreading to your back, with or without vomiting	Pancreatitis	Stop the medicine and call your provider right away
Swelling of the face, lips, tongue or throat; trouble breathing or swallowing; severe rash; fainting	Serious allergic reaction	Stop and get emergency help
Pain in the upper stomach, fever, yellow skin or eyes, clay-colored stools	Gallbladder problems	Call your provider (Zepbound: right away)
Nausea, vomiting or diarrhea that won't stop; passing little urine; dizziness	Dehydration and kidney injury	Tell your provider right away; keep drinking fluids
A lump or swelling in the neck, hoarseness, trouble swallowing, shortness of breath	Possible thyroid tumor	Tell your provider

If you have...	It could be	What to do
Sudden vision loss or blurring, especially in one eye	NAION or diabetic eye disease	Urgent eye exam; tell your prescriber
Shakiness, sweating, confusion, fast heartbeat (if you also take insulin or a sulfonylurea)	Low blood sugar	Treat the low; tell your provider
A planned surgery, endoscopy or colonoscopy	Food left in the stomach under sedation	Tell the anesthetist in advance

8. Stopping: why people quit and what happens next

Most people who start a GLP-1 for weight loss stop within a year: 64.8% of people without diabetes in a 125,474-patient US study^[28]. Side effects are a reason, but not the main one: among 288 people who stopped, 47.6% cited cost or insurance and 14.6% side effects^[29].

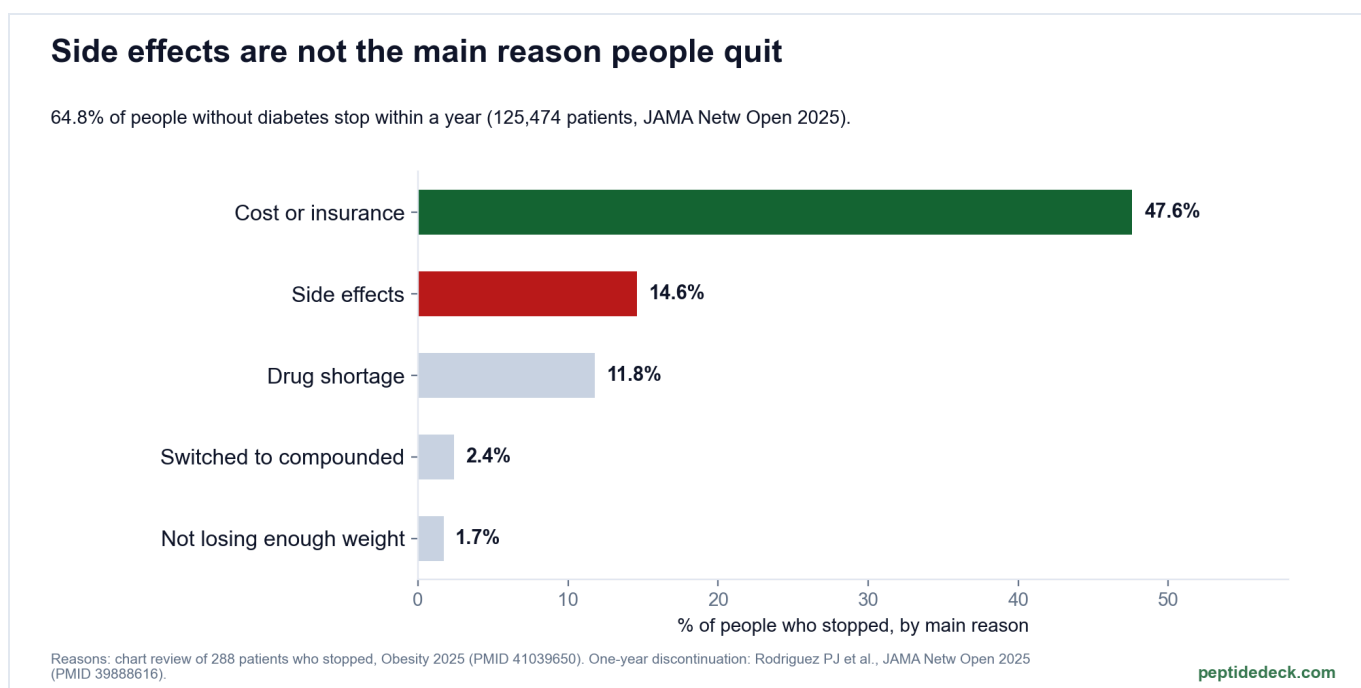


Figure 6. Main reason for stopping among 288 patients. Source: Obesity 2025.

In the long SELECT trial, 16.6% of people on semaglutide stopped because of side effects over an average of 34 months, compared with 8.2% on placebo^[30].

What happens when you stop

Most of the lost weight returns within a year of stopping

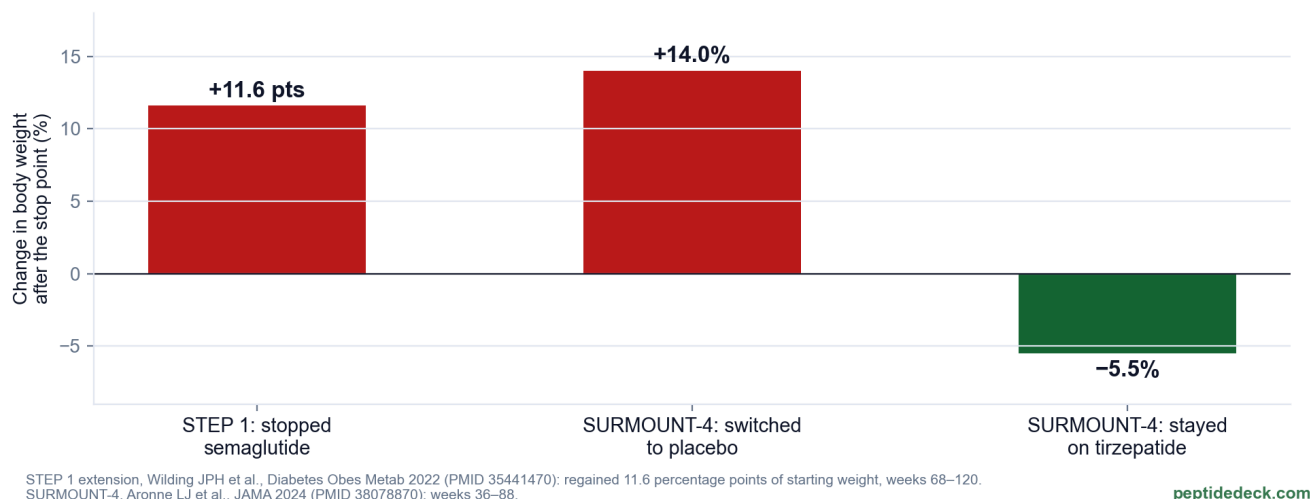


Figure 7. Weight change after stopping. Sources: STEP 1 extension; SURMOUNT-4.

Weight usually returns after stopping. In the STEP 1 extension, people who had lost 17.3% regained 11.6 percentage points within a year off treatment^[31]. In SURMOUNT-4, people switched to placebo regained 14% while those who stayed on tirzepatide lost a further 5.5%^[32]. If side effects are the reason you want to stop, ask about a lower maintenance dose first.

9. Compounded GLP-1s and dosing errors

Compounded semaglutide and tirzepatide come in vials and are measured in syringe units, not prefilled pens. That has caused overdoses. The FDA has described patients taking 5 to 20 times the intended dose, and prescribers writing doses 5 to 10 times too high, for example 25 units instead of 5 units for a 0.25 mg dose^[33]. By May 31, 2026, the FDA had received 990 adverse-event reports for compounded semaglutide and more than 730 for compounded tirzepatide^[34]. US poison centers logged 10,033 GLP-1 exposures from 2012 to 2023^[35].

If you use a vial, have the pharmacist show you the dose in syringe units and write it down. Our [peptide calculator](#) turns milligrams into syringe units.

10. Questions to ask your prescriber

- Can I stay on my current dose longer if the side effects are bad, or step back down?
- Do I need the maximum dose, or would a lower maintenance dose work for me?
- What should I take for nausea or constipation, and what should I avoid?
- Do I have gallstones, pancreatitis, kidney disease, diabetic eye disease or a family history of thyroid cancer that changes the plan?
- Do any of my other medicines, especially insulin or a sulfonylurea, need adjusting?
- How much protein and strength training should I aim for?
- What should I do before a surgery or endoscopy?

Read the full online guide: [GLP-1 Side Effects Compared — peptidedeck.com/blog/glp1-side-effects](https://peptidedeck.com/blog/glp1-side-effects)

Drug-specific guides: [Ozempic](#) · [Semaglutide](#) · [Tirzepatide](#) · [Zepbound](#) · [Retatrutide](#) · [All GLP-1 guides](#)

Sources

Every number in this guide comes from one of these sources. Labels were read on DailyMed in October 2026. Values marked approximate were read from published figures.

1. Wegovy (semaglutide) prescribing information and Medication Guide, Novo Nordisk, revised June 2026. DailyMed set ID ee06186f.
2. Zepbound (tirzepatide) prescribing information and Medication Guide, Eli Lilly, revised August 2026. DailyMed set ID 487cd7e7.
3. Saxenda (liraglutide) prescribing information, Novo Nordisk, revised February 2026. DailyMed set ID 3946d389.
4. Wharton S, et al. Gastrointestinal tolerability of once-weekly semaglutide 2.4 mg in adults with overweight or obesity, and the relationship between gastrointestinal adverse events and weight loss. *Diabetes Obes Metab.* 2022;24(1):94-105. PMID 34514682.
5. US Food and Drug Administration. FDA requests removal of suicidal behavior and ideation warning from GLP-1 receptor agonist medications. Drug Safety Communication, January 2026.
6. Ozempic (semaglutide) prescribing information, Novo Nordisk, revised June 2026. DailyMed set ID adec4fd2.
7. Mounjaro (tirzepatide) prescribing information, Eli Lilly, revised August 2026. DailyMed set ID d2d7da5d.
8. Rubino DM, et al. Characterisation and management of gastrointestinal adverse events with tirzepatide in SURMOUNT-1 to -4 (post hoc). *Diabetes Obes Metab.* 2025;27(4):1826-1835. PMID 39789843.
9. He L, et al. Association of glucagon-like peptide-1 receptor agonist use with risk of gallbladder and biliary diseases: a systematic review and meta-analysis of 76 randomized clinical trials. *JAMA Intern Med.* 2022;182(5):513-519. PMID 35344001.
10. Meta-analysis of 55 placebo-controlled randomized trials (106,395 participants) of GLP-1 receptor agonists and gastrointestinal adverse events. *Gastroenterology.* 2025. PMID 40499738.
11. Meta-analysis of 21 randomized trials (99,599 patients) of GLP-1 receptor agonist safety outcomes. *J Am Coll Cardiol.* 2025. PMID 40892610.
12. Bezin J, et al. GLP-1 receptor agonists and the risk of thyroid cancer. *Diabetes Care.* 2023;46(2):384-390. PMID 36356111.
13. Pasternak B, et al. Glucagon-like peptide 1 receptor agonist use and risk of thyroid cancer: Scandinavian cohort study. *BMJ.* 2024;385:e078225. PMID 38683947.
14. Sodhi M, et al. Risk of gastrointestinal adverse events associated with glucagon-like peptide-1 receptor agonists for weight loss. *JAMA.* 2023;330(18):1795-1797. PMID 37796527.
15. New-user active-comparator cohort of semaglutide, tirzepatide and dulaglutide and serious gastrointestinal events. *Ann Intern Med.* 2026. PMID 41183330.
16. Hathaway JT, et al. Risk of nonarteritic anterior ischemic optic neuropathy in patients prescribed semaglutide. *JAMA Ophthalmol.* 2024;142(8):732-739. PMID 38958939.
17. Nationwide US veterans cohort of semaglutide and NAION. *JAMA Ophthalmol.* 2026. PMID 41678180.
18. European Medicines Agency, PRAC. PRAC concludes eye condition NAION is a very rare side effect of semaglutide medicines. June 6, 2025.
19. Marso SP, et al. Semaglutide and cardiovascular outcomes in patients with type 2 diabetes (SUSTAIN-6). *N Engl J Med.* 2016;375:1834-1844. PMID 27633186.
20. Multisociety clinical practice guidance for the safe use of GLP-1 receptor agonists in the perioperative period. *Surg Obes Relat Dis.* 2024. PMID 39370500.
21. GLP-1 receptor agonists and risk of aspiration during upper endoscopy: cohort study in two US claims databases. *BMJ.* 2024. PMID 39438043.
22. Wang W, et al. Association of semaglutide with risk of suicidal ideation in a real-world cohort. *Nat Med.* 2024;30:168-176. PMID 38182782.
23. DXA body-composition substudy of SURMOUNT-1 (tirzepatide). *Diabetes Obes Metab.* 2025. PMID 39996356.
24. Systematic review of lean-mass change with incretin-based obesity drugs (35 studies). *Ann Intern Med.* 2026. PMID 41996180.
25. American Diabetes Association. 8. Obesity and weight management for the prevention and treatment of type 2 diabetes: Standards of Care in Diabetes-2026. *Diabetes Care.* 2026;49(Suppl 1). PMID 41358882.
26. Gorgojo-Martínez JJ, et al. Clinical recommendations to manage gastrointestinal adverse events in patients treated with GLP-1 receptor agonists: a multidisciplinary expert consensus. *J Clin Med.* 2022;12(1):145. PMID 36614945.
27. Mozaffarian D, et al. Nutritional priorities to support GLP-1 therapy for obesity: a joint advisory from ACLM, ASN, OMA and TOS. *Obesity.* 2025;33(8):1475-1503. PMID 40445127.

28. Rodriguez PJ, et al. Discontinuation and reinitiation of GLP-1 receptor agonists among US adults with overweight or obesity. JAMA Netw Open. 2025;8(1):e2457349. PMID 39888616.
29. Chart review of reasons for GLP-1 discontinuation (288 patients). Obesity (Silver Spring). 2025. PMID 41039650.
30. Lincoff AM, et al. Semaglutide and cardiovascular outcomes in obesity without diabetes (SELECT). N Engl J Med. 2023;389:2221-2232. PMID 37952131.
31. Wilding JPH, et al. Weight regain and cardiometabolic effects after withdrawal of semaglutide: the STEP 1 trial extension. Diabetes Obes Metab. 2022;24(8):1553-1564. PMID 35441470.
32. Aronne LJ, et al. Continued treatment with tirzepatide for maintenance of weight reduction in adults with obesity: the SURMOUNT-4 randomized clinical trial. JAMA. 2024;331(1):38-48. PMID 38078870.
33. US Food and Drug Administration. FDA alerts health care providers, compounders and patients of dosing errors associated with compounded injectable semaglutide products. July 2024.
34. US Food and Drug Administration. FDA's concerns with unapproved GLP-1 drugs used for weight loss (adverse event report counts as of May 31, 2026).
35. Retrospective analysis of US poison center (NPDS) exposures to GLP-1 receptor agonists, 2012-2023. J Med Toxicol. 2026. PMID 41634285.

Medical disclaimer. This guide is for education only and is not medical advice. It does not replace the Medication Guide that comes with your prescription or a conversation with your prescriber. Do not start, stop or change a GLP-1 medicine, or its dose, because of this guide. In an emergency, call your local emergency number.

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