Beyond the Scale: GLP-1RAs in Psychiatric Practice

What Every Psychiatrist Needs to Know

Southern Psychiatric Association, Maryland Psychiatric Society
Annual Conference
September 2026

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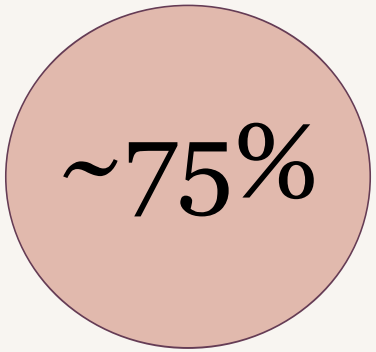
Why Talk About It?

What percent of people are overweight or obese in US?

a. 15%

a. 35%



c. 50%

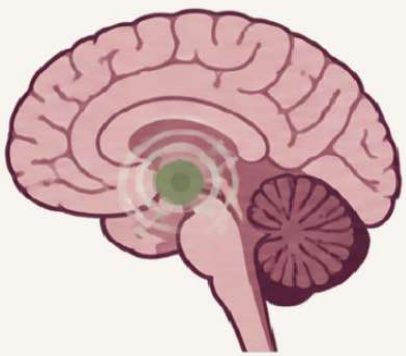
d. 75%

And roughly 1 in 8 U.S. adults
is currently taking a GLP-1.

You don't need to prescribe them.
You do need to know what they're doing to your patients

What Are GLP-1RAs

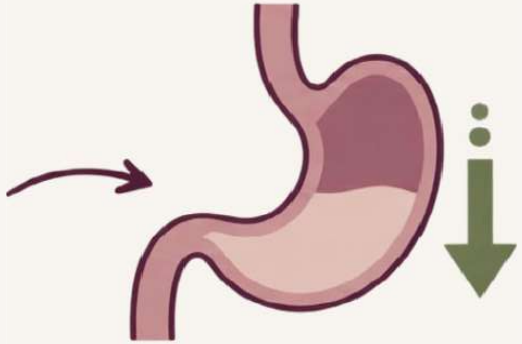
Medications that mimic endogenous gut hormones involved in **appetite, satiety, and glucose regulation**.



↑ Satiety

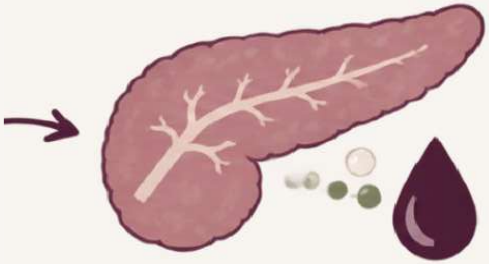
↓ Cravings

↓"Food noise"



Slow gastric emptying

especially early in treatment



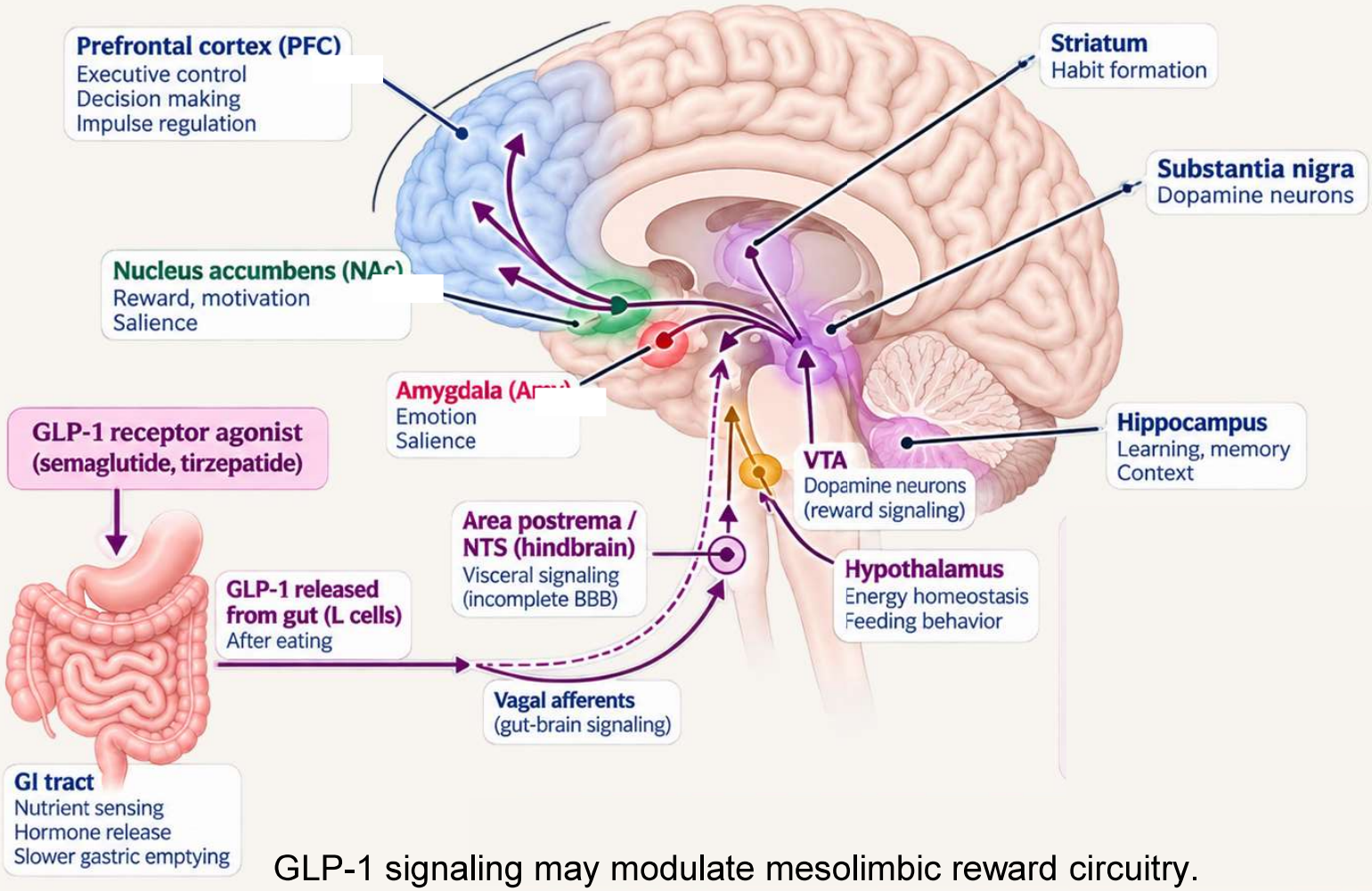
↑ Glucose-dependent insulin

↓ Glucagon

Examples: semaglutide (Wegovy/Ozempic) · liraglutide (Saxenda/Victoza) · tirzepatide (Zepbound/Mounjaro)*

*Tirzepatide activates both GIP and GLP-1 receptors.

GLP-1RAs and the Brain's Reward Pathway



GLP-1 signaling may modulate mesolimbic reward circuitry.

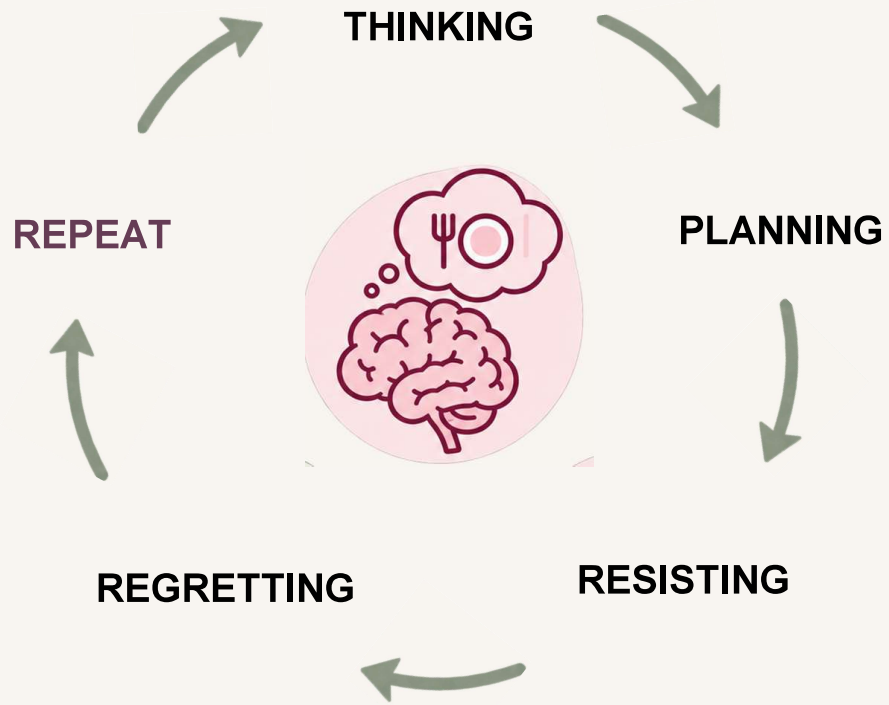
Are GLP-1RAs Changing More Than Hunger?



Are GLP-1RAs affecting both?

Food Noise

How Much Mental Real Estate does Food Occupy?



What If It Isn't Just Food?

Could reducing excessive incentive salience help addiction and compulsivity?



- ↓ Drinks Per Day
- ↓ Alcohol Cravings
- ↓ Heavy Drinking Days



- ↓ Cigarettes Per Day



- ↓ Cannabis Use
- ↓ Cue Induced Drug Seeking
- ↓ Relapse-Like Behavior

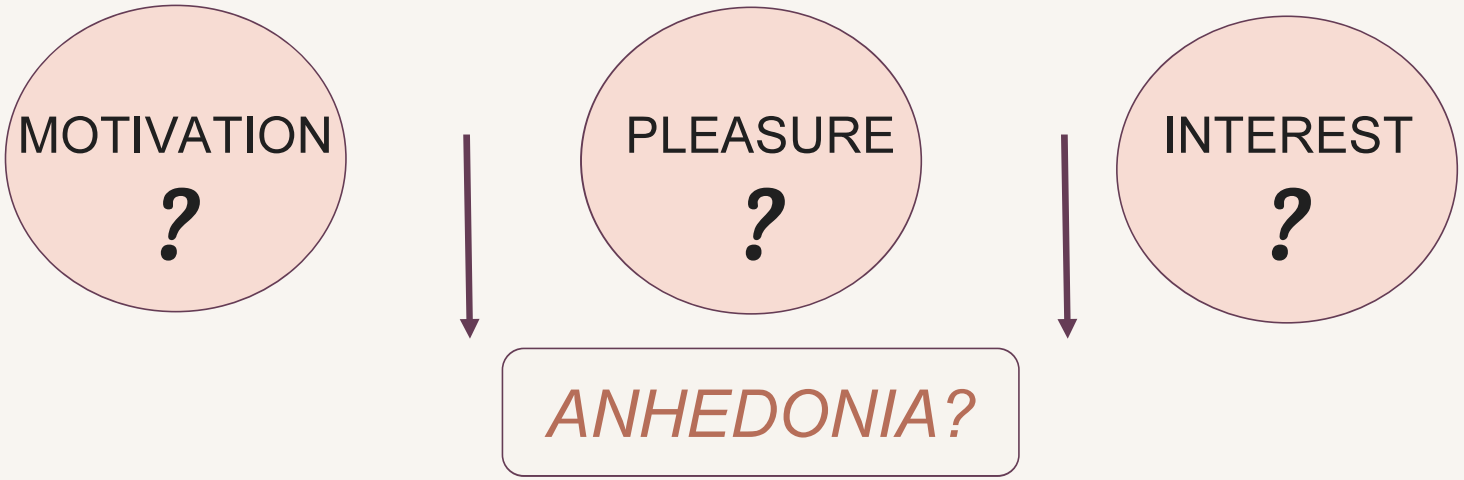
↓ Craving ↓ Cue reactivity ↓ Reward seeking

How Selective Is That Effect?

THERAPEUTIC

↓ compulsive reward seeking, craving and cue salience…

BUT HOW SELECTIVE IS IT?



Human Psychiatric Data Remain Limited

What Do We Actually Know

Psychiatric safety data are reassuring, but our patients are less well studied.

BROAD CLINICAL TRIAL POPULATION

107,910 patients

91 placebo-controlled trials

✓ No increased suicidal ideation or behavior

✓ No increase in depression or anxiety

✓ No signal for irritability or psychosis

FDA requested removal of suicidality warning · 2026

PSYCHIATRIC POPULATION

665 patients

10 RCTs

Schizophrenia · spectrum disorders · bipolar disorder

✓ No clear psychiatric destabilization signal

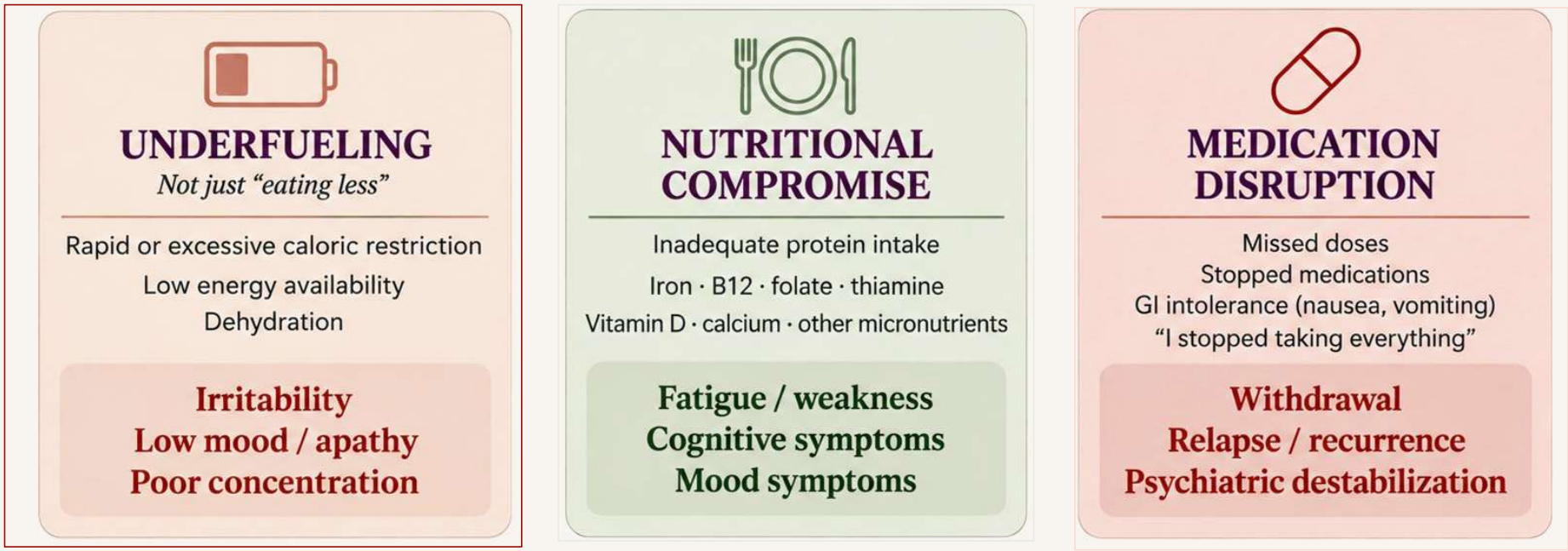
HISTORI RCT Semaglutide + antipsychotics

✓ No worsening of psychosis

Psychiatric safety ≠ Psychiatric neutrality

Not Every Mood Change Is a Drug Effect

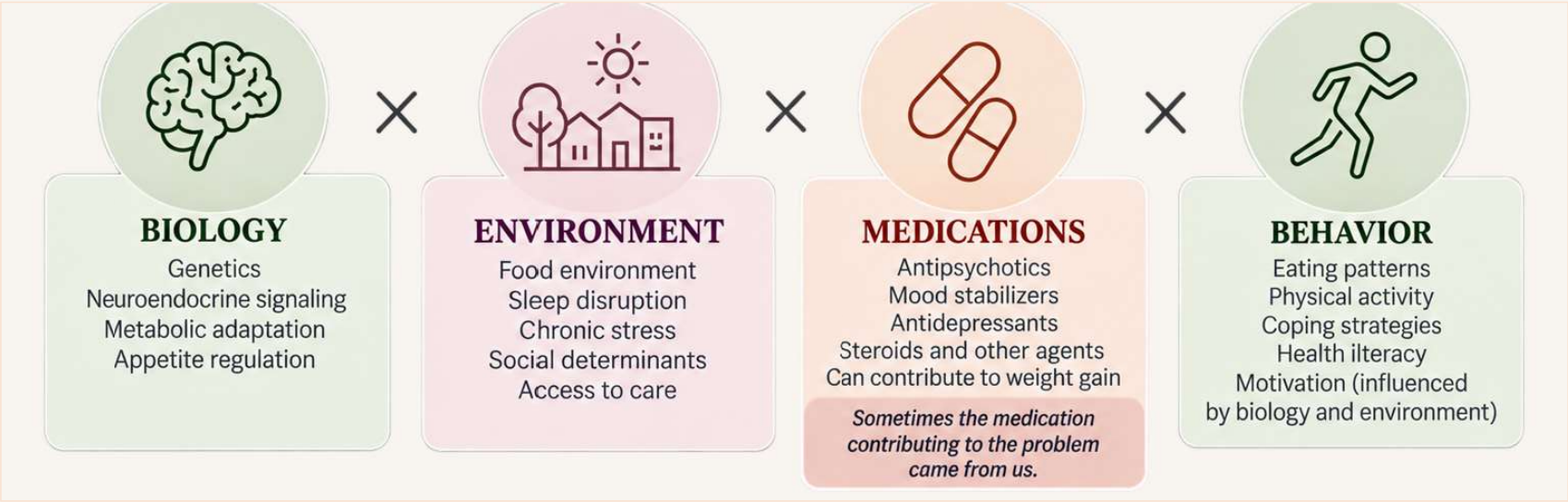
GLP-1RAs can lead to major changes in intake, nutrition, and medication use,
all of which can affect mental health



When mood changes. ask: "What else changed?"

Obesity is Not a Failure of Personal Responsibility

Obesity is a chronic, multifactorial disease
NOT A MORAL FAILING



Our Response Matters

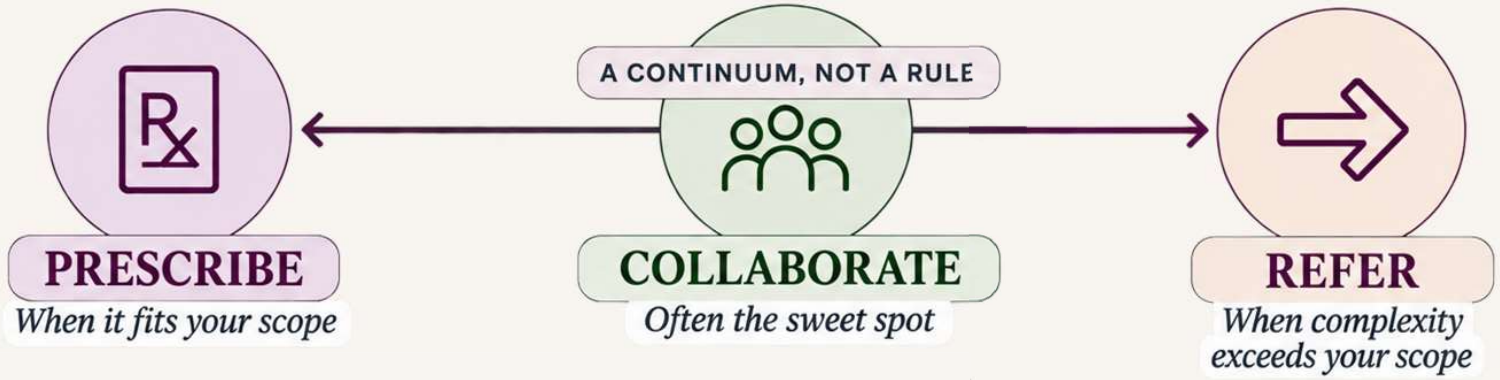
DON'T DISMISS
"Just eat less."

DON'T BELITTLE
"You need more willpower."

DO TREAT
Obesity deserves evidence-based care.

Should Psychiatrists Prescribe GLP-1RAs?

THERE ISN'T ONE RIGHT ANSWER



WHEREVER YOU FALL ON THE SPECTRUM:

- KNOW THE DRUG
- KNOW THE DOSE
- KNOW THE TRAJECTORY
- MONITOR PSYCHIATRIC IMPACT

"I don't prescribe them" ≠ "I don't need to understand them."

When To Stop and Think

Absolute Contraindication

Formal contraindications

- Personal **OR family** history of medullary thyroid carcinoma (MTC)
- Multiple endocrine neoplasia syndrome type 2 (MEN2)
- Serious hypersensitivity to the medication or components

Relative Contraindication

Consider recommending endocrinology or obesity medicine input

Situations that warrant caution

- History of pancreatitis
- Severe gastroparesis or significant GI disease
- Gallbladder disease (e.g., cholelithiasis, prior cholecystitis)
- Volume depletion or renal vulnerability
- Nutritional compromise or significant ongoing GI symptoms

Psychiatric Considerations

- Active restrictive eating
- Acute suicidality or psychiatric crisis
- Mania, psychosis, or severe instability
- Severe depression with markedly reduced self-care
- Major medication nonadherence
- Weight/body-image pathology or unsafe weight-loss goals

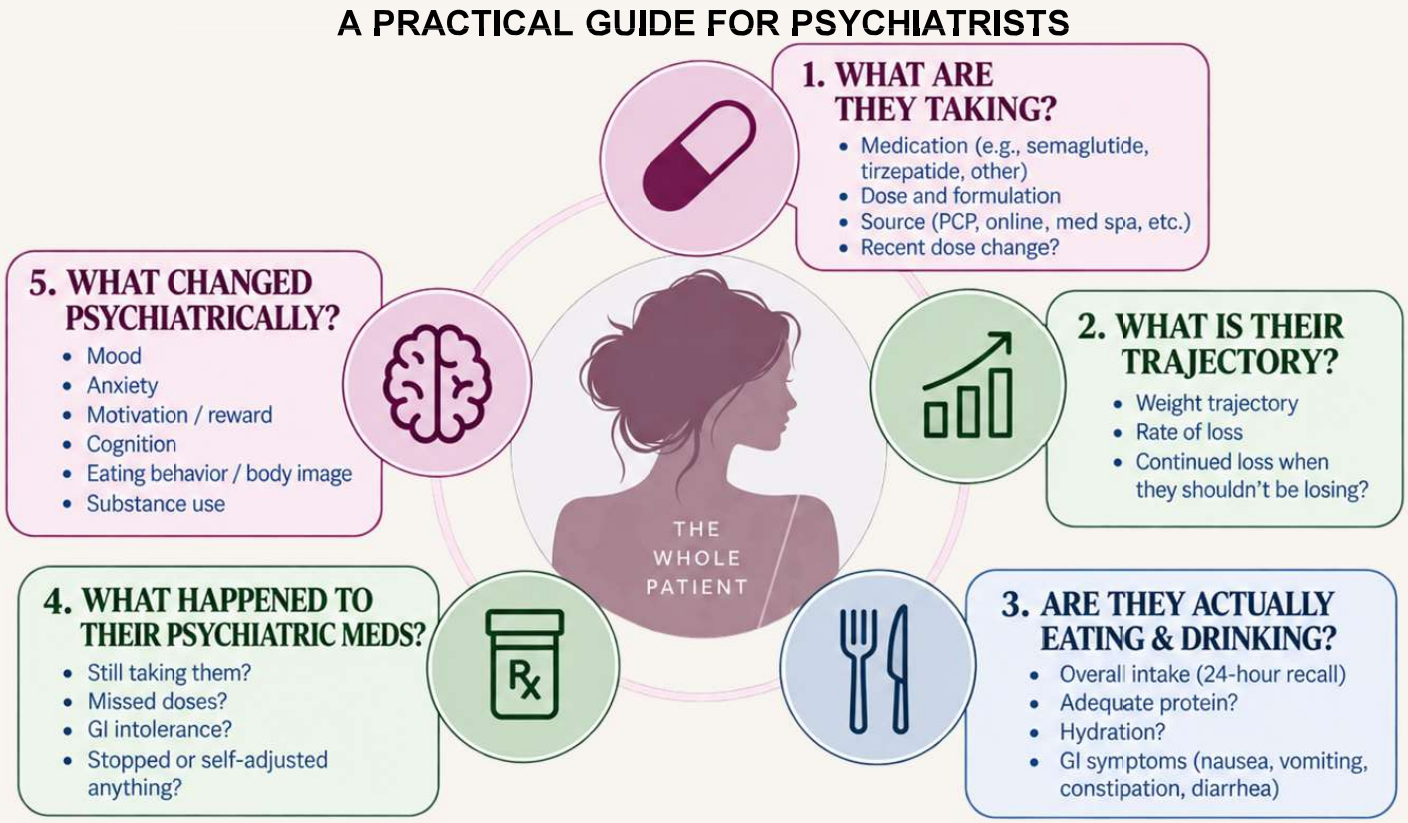
Stabilize first · coordinate care · reconsider when appropriate

Always Ask

Key questions to address

- Pregnant or planning pregnancy?
  — *Discontinue semaglutide ≥ 2 months before planned pregnancy*
- Active eating disorder or restrictive eating pathology?
- Seeking weight loss at a normal or low weight?
- Can the patient safely self-administer and adhere to treatment?
- Are there psychiatric factors that require closer monitoring?

Okay, So What Should I Actually Monitor?



You don't need to manage every problem when you're not prescribing it.

You should notice it.

Psychiatrists Can Provide Oversight

UNSUPERVISED USE OF GLPs IS COMMON. Be the extra set of eyes

TIRZEPATIDE + ORAL CONTRACEPTION

back up contraception 4 weeks after starting + 4 weeks after every dose increase



BASELINE
BEFORE OR AT INITIATION

- Weight (± BMI)
- Blood pressure / pulse
- A1c or fasting glucose
- Metabolic panel (incl. renal function)
- Fasting lipids
- Medication review (all prescriptions, OTC, supplements)
- Dietary intake + GI symptoms
- Physical function (consider body composition)

~ 3 MONTHS
EARLIER IF CONCERNS

- Weight / trajectory
- Blood pressure / pulse
- GI symptoms
- A1c or glucose (if indicated)
- CMP / renal function (if indicated)
- Psychiatric status
- Medication adherence
- Nutrition, hydration
- Adjust plan

6–12 MONTHS
ONGOING MONITORING

- Weight / trajectory
- Blood pressure / pulse
- Metabolic labs (e.g., lipids, A1c)
- CMP / renal function (if indicated)
- Nutrition / GI symptoms
- Strength / function
- Body composition (if available)
- Targeted micronutrient testing (if indicated)
- Ongoing psychiatric assessment

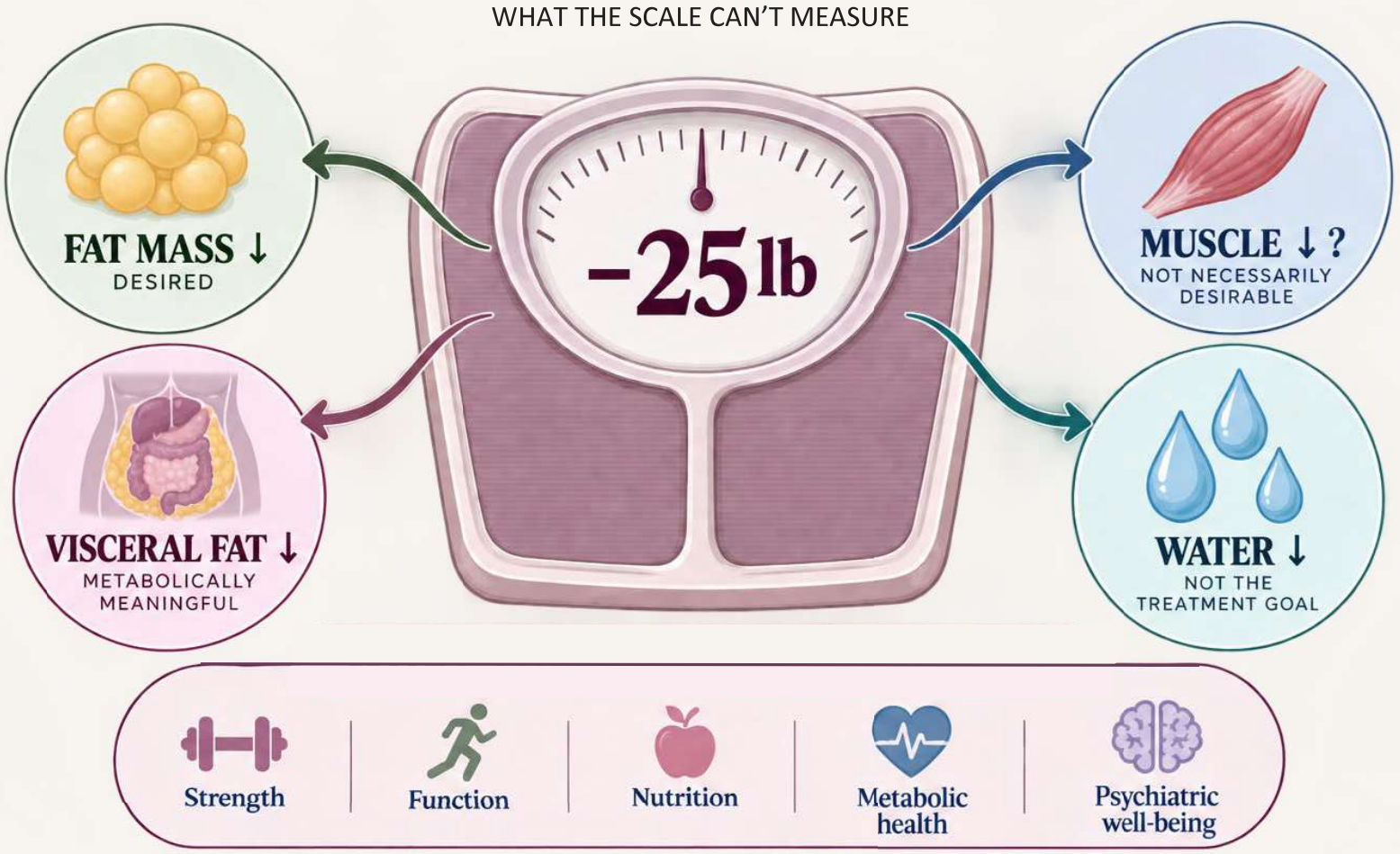
ANYTIME
EVALUATE PROMPTLY

- Persistent nausea / vomiting
- Severe abdominal pain
- Signs of dehydration
- Rapid or excessive weight loss
- Inability to maintain intake
- Weakness or functional decline
- Hair loss or nutrient deficiency
- Worsening mood, anxiety, or substance use
- Any other significant change

Consider additional labs when clinically indicated:
CBC • Ferritin/iron • Vitamin B12 • Folate • Vitamin D • TSH

Don't routinely order calcitonin or thyroid ultrasound
Only if specific risk factors or symptoms.

Teaching Your Patient What Success Looks Like



The Questions Patients Ask

OBESITY IS A CHRONIC, RELAPSING DISEASE



Beyond the Scale

GLP-1s are already part of psychiatric practice.

Psychiatric safety does not mean psychiatric neutrality.

You don’t have to prescribe them.
You do need to know what they’re doing to your patients.

Ask. Monitor. Collaborate.