



GLP-1-based Medications Precautions Guide

Glucagon-Like Peptide-1 (GLP-1) and Glucose-Dependent Insulinotropic Polypeptide (GLP-1/GIP RA) Receptor Agonists



SEVERE GASTROINTESTINAL SYMPTOMS

(nausea, vomiting, diarrhea, constipation, abdominal pain, GERD, etc.)

- **Dose dependent**; should improve over time.
- Avoid GLP-1-based meds in gastroparesis. Adjust or discontinue if symptoms persist.
- Treat severe GI side effects symptomatically.
- Reduce dose or discontinue if severe symptoms persist.
- Consider urgent evaluation to rule out acute causes of abdominal pain. No clear association with ileus in meta-analyses.^{1,2}



PRIOR TO SURGERY

- **Daily agents**: Hold on the day of surgery.³
- **Weekly agents**: Hold at least 7 days prior.³
- Bridge with glucose lowering medications if necessary.
- Use shared decision-making with surgery and anesthesia to hold GLP-1-based meds based on patient risk.



INJECTION SITE REACTIONS

(redness, pain and rash)

- **Typically mild.**
- Consider antihistamines and topical corticosteroids for symptom control.



CONTRACEPTION AND FERTILITY

- **Contraindicated in pregnancy - class wide.**
- **Tirzepatide Mounjaro**: May reduce oral contraceptive efficacy. **Use barrier method for 4 weeks after initiation and for 4 weeks after each dose adjustment.**



HYPOGLYCEMIA

- **GLP-1-based meds do not cause hypoglycemia.**
- Adjust other medications (insulin, sulfonylurea) to prevent hypoglycemia.



ACUTE KIDNEY INJURY

- **Attributed to pre-renal factors from GI side effects in patients with AKI risk factors.**
- Delay drug initiation and do not restart until AKI resolves.
- Rare instances of allergic interstitial nephritis have also been reported.



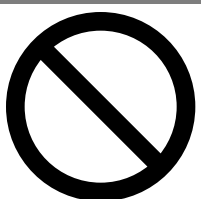
GALLBLADDER DISEASE AND PANCREATITIS

- **Clinical studies are inconsistent.**
- Counsel on risk of active gallbladder disease.
- Consider avoiding in patients with risk factors or history of pancreatitis.



DIABETIC RETINOPATHY

- **Refer for formal retinal examination for high risk (history of advanced retinopathy or poor glycemic control (e.g., HbA1c >10%).**
- Closely monitor during during initiation and consider slower titration.
- FOCUS trial expected in 2027 is investigating effects of semaglutide in T2D and diabetic retinopathy.



CONTRAINDICATIONS

- Personal/family hx of medullary thyroid cancer or multiple endocrine neoplasia type 2 (based on findings from animal studies, not observed in clinical trials).
- Allergy to GLP-1-based meds

INJECTABLE GLP-1-BASED MEDS HOW-TO SERIES
[MICHMED.ORG/VJJ4X](https://michmed.org/vjj4x)



SEVERITY:  **LOW**  **MODERATE**

(1) Nielsen 2024 doi: [10.1093/ibd/izae276](https://doi.org/10.1093/ibd/izae276) (2) Alfehaid 2025 doi: [10.1080/14740338.2025.2465870](https://doi.org/10.1080/14740338.2025.2465870) (3) Kindel 2024 doi: [10.1016/j.cgh.2024.10.003](https://doi.org/10.1016/j.cgh.2024.10.003)