



# 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 medications 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.<sup>1,2</sup>



## PRIOR TO SURGERY

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

**INJECTABLE GLP-1-BASED MEDICATIONS 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)