GLP-1-based Medications Precautions Guide

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

MCT2D MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

SEVERE GASTROINTESTINAL SYMPTOMS

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

- **Dose dependent**; should improve over time.
- Avoid in severe gastroparesis. If symptoms develop or worsen, reduce or discontinue.
- Treat side effect symptoms. Discontinue or reduce dose. If symptoms resolve, consider restart at lowest dose or select alternative GLP-1-based med.
- Perform evaluation to assess acute abdominal pain. No clear association with ileus in meta-analyses.[1]

PRIOR TO SURGERY

- Use shared decision-making with surgery and anesthesia to hold GLP-1-based meds based on patient risk.[2]

Action (prior to surgery)	**Hold** (if aspiration risk is **high**)	**Continue** (if aspiration risk is **low**)
Factors increasing aspiration risk	1. Currently in Escalation Phase of agent 2. On higher dose 3. On weekly formulation (GI side effects more common vs. daily) 4. Presence of GI symptoms 5. Medical conditions which delay gastric emptying	
Timing, if held: *(Bridge with other glucose lowering medications if necessary)*	Daily agents: **Day of** surgery	
	Weekly agents: At least **7 days prior** to surgery	

INJECTION SITE REACTIONS

(redness, pain and rash)

- Consider antihistamines and topical corticosteroids for symptom control.

CONTRACEPTION AND FERTILITY

- **Contraindicated in pregnancy and breast feeding - class wide.**
- **Mounjaro:** May reduce oral contraceptive efficacy. Switch to non-oral or 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 dehydration in patients with AKI risk factors.**
- Delay drug initiation and do not restart until AKI resolves.

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.
- Delay drug initiation and do not restart until acute pancreatitis or gallbladder disease resolve.

VISION CONCERNS

- **Retinopathy:** Early worsening when starting GLP-1-based med is usually transient. Monitor closely with ophthalmology.
- **NAION** (non-arteritic anterior ischemic optic neuropathy): Counsel on regular eye exams with risk factor assessment.[3] The absolute risk is very low. Refer immediately for sudden painless vision loss. If NAION occurs, share decision to stop or adjust GLP-1-based med with ophthalmologist.

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

SEVERITY: LOW MODERATE HIGH

(1) Ueda 2026 doi: 10.111/joim.70170 (2) Kindel 2024 doi: 10.1016/j.cgh.2024.10.003 (3) DeParis 2026 DOI: 10.1016/j.ophtha.2026.04.008