SOAR
EDUCATIONAL & MENTAL HEALTH THERAPY

www.soartherapy.org
nan@soartherapy.org

GLP-1 Medications & Eating Disorders

What clients and families should know

What are GLP-1 medications?

GLP-1 medications (such as Ozempic®, Wegovy®, Mounjaro®, and Zepbound®) were developed to treat type 2 diabetes and are now also prescribed for weight management. They work by reducing appetite, increasing feelings of fullness, and slowing digestion. **They are not approved to treat eating disorders**, and very little research exists on how they affect people with an eating disorder or a history of one.

Why is there concern?

- **Appetite suppression can mask or fuel restriction.** Losing hunger cues makes it easy to skip meals or eat very little — the opposite of the regular, adequate eating that recovery depends on.
- **Side effects can mimic or trigger symptoms.** Nausea, vomiting, and stomach discomfort can reinforce food avoidance or purging in vulnerable individuals.
- **Rapid weight loss carries medical risk,** including malnutrition, and can intensify preoccupation with weight, food, and body image.
- **Risk of misuse.** These medications can be misused to accelerate weight loss in restrictive or purging eating disorders, especially when obtained online without medical oversight.
- **Weight cycling.** Much of the weight lost typically returns after stopping the medication, which can drive shame, anxiety, and disordered eating patterns.
- **Diet-culture messaging.** The intense cultural focus on thinness surrounding these drugs can be triggering, even for people not taking them.

A note on binge eating disorder: Early research suggests GLP-1s may reduce binge episodes for some people — but they can also suppress eating in ways that look like improvement while restriction quietly takes hold. Experts advise considering them, if at all, only after binge episodes have decreased and regular eating is well established, with close monitoring by a team that knows both the medication and eating disorders.

Who should be especially cautious?

Extra caution (and often avoidance) is recommended for people with a **current or past eating disorder** — particularly anorexia nervosa or atypical anorexia, bulimia nervosa, active restrictive eating, significant body image distress, or a recovery that still feels fragile. Eating disorders are also frequently missed in people seeking weight loss, so honest screening before starting matters.

Warning signs to watch for

- Skipping meals or eating much less than planned
- Growing preoccupation with food, weight, or body
- Rigid food rules or renewed “good/bad food” thinking
- Purging or laxative use, including after stomach upset
- Fear or anxiety about ever stopping the medication
- Withdrawing from meals with others

If you're considering or taking a GLP-1

- Tell your prescriber about any eating disorder history — past or present
- Build a care team (medical provider, therapist, dietitian) that communicates
- Keep regular check-ins to monitor eating patterns and mood, not just weight
- Medication is never a stand-alone solution — healing your relationship with food still matters
- Bring questions and worries to therapy — it's a safe place to talk about them

 Sources: National Eating Disorders Association (NEDA), National Association of Anorexia Nervosa & Associated Disorders (ANAD), Psychology Today clinical reviews.