

RESOLUTION

Subject: GLP-1 Agonist Use and Eating Disorders Screening

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, statistics show the highest mortality related to eating disorders in the United States. There are 10,200 deaths annually as a direct result from an eating disorder, which is almost one death every 52 minutes.^{1,2} These numbers reflect the seriousness of these disorders; and

WHEREAS, recently there have been increased discussions about glucagon-like peptide-1 receptor agonists (GLP-1As) being used as approved or as off-label treatments for weight loss; and

WHEREAS, at the same time, there are increased concerns about the potential for GLP-1As to impact eating disorder symptomatology; and

WHEREAS, GLP-1 medications are helpful in the treatment of Type 2 diabetes with reduction of cardiovascular mortality. These medications can cause harm for the individuals with eating disorders, disordered eating behaviors, or people with undiagnosed eating disorders when not used for their intended purpose, when they are not adequately monitored or monitored by clinicians without eating disorder expertise, or when used for weight loss motivated by weight stigma in people with eating disorders; and

WHEREAS, even with current limited evidence, it is very possible that the use or discontinuation of GLP-1A could exacerbate or contribute to the development of disordered eating behaviors in the individual with no previous eating disorder history and can negatively impact their treatment; and

WHEREAS, there is limited research about GLP-1's impact on individuals with eating disorders or disordered eating, so it is critical for patients to be informed about and consider some of the unique risks these drugs can pose before making the decision to take them; and

WHEREAS, there is a high risk of misuse of the drug among those with eating disorders and disordered eating, particularly restrictive eating disorders like Anorexia Nervosa, Atypical Anorexia, or those that involve purging like Bulimia. Rapid weight loss and malnourishment can increase the risk of developing refeeding syndrome; and

WHEREAS, GLP-1As use and mindset about quick weight loss will definitely intensify the thin idealization, weight stigma and fat phobia along with disproportionate negative impact on people living in larger bodies¹; now, therefore, be it

RESOLVED, that KMA will continue to support the education of health care professionals and the public regarding the eating disorders and its stigma; and be it further

RESOLVED, that KMA support the importance of screening with validated tools for eating disorders history, active eating disorders, and/or vulnerability for an eating disorder when prescribing GLP-1As or other weight loss medications; and be it further

RESOLVED, that KMA support the importance of discussing with patients, baseline screening, goals for treatment and to have regular follow-up appointments for medical monitoring and to communicate any changes in eating disorder symptoms.

References

1. www.nationaleatingdisorders.org
2. www.hsph.harvard.edu
3. ANAD.org