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Letter to Editor

The Overlooked Aspect of GLP-1 Receptor Agonists: Psychiatric and Behavioral Effects

Ayşegül Çoban[1],*

[1] 75. Yıl Evren Mahallesi Aile Sağlığı Merkezi, Family Medicine, Türkiye

Corresponding author: Ayşegül Çoban | E-mail: draysegulcoban@gmail.com

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Dear Editor,

In recent years, GLP-1 receptor agonists, particularly agents such as semaglutide and tirzepatide, have rapidly and powerfully established themselves in the treatment of obesity and type 2 diabetes. The dramatic weight loss and improvements in metabolic parameters provided by these drugs have generated significant attention in both scientific communities and society at large, often being heralded as a "revolutionary" solution. However, while the biological benefits of these treatments have taken center stage, the neglect of their psychological and behavioral consequences remains striking and concerning.

Current literature indicates that the effects of GLP-1 receptor agonists are not limited to appetite suppression but may also influence patients' psychological well-being. The systematic review by Tempia Valenta et al. (2024) demonstrated that most existing clinical studies have insufficiently assessed mental health outcomes, revealing a critical methodological gap in this area. Clinical trials have primarily focused on weight loss, HbA1c levels, or cardiometabolic risk factors, while mood, motivation, eating behaviors, and psychiatric symptom profiles have often been overlooked. Yet, weight loss is not merely a biological event; it also represents a psychosocial transformation, and its consequences can be as significant as clinical outcomes.

The real-world pharmacovigilance analysis conducted by Chen et al. (2024) using the FDA database revealed that psychiatric adverse events associated with GLP-1 receptor agonists are far from negligible. Reports of depressive symptoms, anxiety, suicidal ideation, and behavioral changes frequently appear in pharmacovigilance records. Importantly, patient groups often excluded from randomized controlled trials emerge in these reports, underscoring that clinical reality is more complex than trial outcomes suggest. Pharmacovigilance reports should therefore not be dismissed as records of "rare" occurrences but rather regarded as critical early warning systems informing clinical decision-making.

The study by Guirguis et al. (2024) shed light on the potential association between GLP-1 receptor agonists and suicidal ideation or self-injurious behaviors. Although causality could not be definitively established, pharmacovigilance methodologies suggested that the risk might be heightened in certain individuals. This is particularly relevant for young adults, individuals using these drugs with high expectations of rapid weight loss, or those with pre-existing psychiatric histories. Ignoring these risks could have serious consequences. Early recognition and multidisciplinary management of such cases in clinical practice are of vital importance.

It should also be remembered that psychiatric effects are shaped not only by biological mechanisms but also by societal and cultural perceptions. Omar's (2025) article discussing the glamorization of "Ozempic" in popular culture highlights how presenting these drugs as lifestyle trends can exacerbate restrictive eating behaviors. The rapid spread of such narratives through social media may worsen existing eating disorders, especially among vulnerable populations. Similarly, Sharp et al. (2023) emphasized the clinical and ethical risks of anti-obesity treatments in individuals with a history of eating disorders. For this reason, a thorough psychiatric evaluation, risk group identification, and close follow-up of patients should be integral to treatment safety.

Clinical practice also provides illustrative examples. Some patients reported that, after starting treatment, the loss of pleasure derived from eating extended beyond weight loss, manifesting as a broader sense of anhedonia in daily life. Observed cases of motivational decline, social isolation, and obsessive eating behaviors suggest that the impact on mental health has tangible clinical implications.

Collectively, these findings underscore the need for systematic investigation of the psychiatric risks associated with GLP-1 receptor agonists beyond their biological successes. Several solutions emerge in this context: First, clinical trials must include mental health outcomes as primary or secondary endpoints. The integration of depression scales, quality-of-life surveys, and eating behavior assessments will be critical for understanding the true impact of these drugs. Second, pharmacovigilance reports should be actively monitored by clinicians, with national and international health authorities analyzing and disseminating these data on a regular basis. Third, careful patient selection is imperative before

initiating treatment, and close monitoring should be planned for individuals with psychiatric histories. This requires the active involvement not only of endocrinologists or internists but also of psychiatrists and psychologists.

Finally, from a public health perspective, a multidisciplinary approach is essential. Instead of presenting these drugs as “miracle” solutions in media and social platforms, balanced health communication policies that also address risks should be established. The collaboration of endocrinology, internal medicine, psychiatry, public health, and even communication sciences is indispensable for ensuring both patient safety and community health.

In summary, GLP-1 receptor agonists represent a remarkable achievement of modern medicine. However, the allure of their biological benefits should not overshadow the psychiatric and behavioral risks. Ensuring the safe and effective use of these drugs requires comprehensive research, the adoption of holistic approaches in clinical practice, and the development of accurate health communication strategies at the societal level. Viewing obesity not merely as a metabolic condition but as a biopsychosocial syndrome will ultimately determine the long-term safety and reliability of these therapies.

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