

5 things patients should know about GLP-1 medications

SEP 29, 2026



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Ashley Gibson lives with polyendocrine metabolic ovarian syndrome (PMOS), a hormonal and metabolic disorder that can cause weight gain or make it difficult to lose weight and until recently was known as PCOS. As part of her treatment, she takes a glucagon-like peptide-1 medication (GLP-1)—which is prescribed off-label for that indication.

Prior to taking the medication, Gibson was able to lose six pounds. Since starting the GLP-1 treatment, she lost 55 pounds over a similar time period.

"In my first year of being on a GLP-1 medication, I read 150 books because I was not constantly chasing the next meal," Gibson said on the latest episode of the "Health vs. Hype" podcast. "The amount of brainpower that goes into constantly thinking about your next meal, if you take that out of the picture, just think about all the things that you could do."

Physicians have prescribed GLP-1 medications for decades, initially as a treatment for type 2 diabetes and later for weight loss. More recently, they have been praised as successful options for everything from arthritis and sleep apnea to inflammation and liver disease.

They are marketed under brand names such as Ozempic, Wegovy, Zepbound, Mounjaro and Victoza. Some of these these medications are GLP-1s, while others are so-called dual agonists that, in addition to activating GLP-1 also trigger another hormone called glucose-dependent insulinotropic polypeptide (GIP). Zepbound, in particular, is approved to treat sleep apnea in patients with obesity.

Are GLP-1 medications really that effective? What makes them so beneficial for patients who have obesity? And is there anyone who shouldn't take a GLP-1?

Sean Hashmi, MD, a nephrologist and obesity medicine specialist at Southern California Permanente Medical Group, answered those questions and more on the AMA podcast "Health vs. Hype."

"[Health vs. Hype](#)"—produced in partnership with iHeartRadio—takes on medical misinformation, viral health trends, DIY medicine, and common health myths to help listeners understand what's real, what's risky, and what's backed by science. Host Trace Dominguez fact-checks popular health claims, explains how medical misinformation spreads, and reveals the real-world consequences of getting it wrong.

[Southern California Permanente Medical Group](#) is part of the [AMA Health System Member Program](#) that provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

GLP-1s help treat obesity—a medical condition

"For the longest time, I think there were a lot of issues on how we framed obesity," Dr. Hashmi said. "We turned the idea of obesity into a willpower issue."

Focusing on willpower led people to say things like, "Why don't you eat less?" or "Why don't you move more?"—as though such statements would fix everything. But they don't.

"The challenge with relying on those kinds of statements ... is obesity is one of those really cruel diseases that never takes a day off," he said. "It doesn't care if it's your birthday, it doesn't care if it's Christmas, New Year's. And as a result of it, willpower's ability to last is very fickle. It starts; it fades."

As that momentum fades, patients begin to blame themselves.

"Getting blame and shame out of the equation of obesity is one of the most important things that we focus on," Dr. Hashmi said. "The goal is to put the patient in the middle [and] start the conversation by letting them know it's not [their] fault."

The AMA [first classified obesity as a disease](#) in 2013 and reaffirmed that policy in 2023.

GLP-1s can lower the “food noise” you hear

"Food noise is a medical condition, it is not a psychological condition that's just in your head. It is real to our patients," said Dr. Hashmi, referring to the constant thought of food that people with obesity often experience. "Let's say I'm somebody who's dealing with this disease, obesity, and you're not, and we do an MRI [magnetic resonance imaging] of both of our brains. You'll find that just looking at something sugary, let's say it's a doughnut, just looking at it, you'll see my brain light up far more than yours."

How GLP-1 medications work

"I tell my patients they [GLP-1 medications] create a sort of traffic jam in your stomach, which means that food sits in your stomach longer," Dr. Hashmi said. "As a result, you feel full sooner. When you're able to get the food in your body, GLP-1s cause the pancreas to shoot out more insulin. The third mechanism is they tell the liver not to pull so much glucose into the blood. These are the physiological mechanisms."

Compounded GLP-1 medications introduce a number of risks

"The cost of the drugs make it very difficult for some people to have access," Dr. Hashmi said. "I understand the cost aspect, but I'll start with a simple statement, which is my first job is to first do no harm. So when we talk about using an FDA [Food and Drug Administration]-approved drug, when we talk about going to a place where we know the drug is appropriately tested, it matters."

There are less expensive, compounded versions of GLP-1 medications and other peptides that people can pay for out of pocket. These are advertised as less expensive alternatives that bring the same results.

Dr. Hashmi said it is hard to believe that last claim.

"When we have looked at peptides—not just the GLP-1s, but all sorts of peptides that are being sold right now—we have found that some of the compounded [versions] don't even contain a single ounce of what it says on the label," he said. "Some had very high levels of contaminants. When you get the actual vial and you're going to inject it in your body, how do you know that it went through the rigorous standards to make sure that it doesn't have any bacterial contamination in there?"

"As a physician, it's not that we're against compounding," Dr. Hashmi continued. "We're against anything that jeopardizes a patient's safety."

Learn more with the AMA about [what doctors want patients to know about anti-obesity medications](#).

GLP-1 medications do come with side effects

"The biggest side effects are nausea, vomiting, diarrhea and constipation," Dr. Hashmi said. "About half the people that go on this are going to have those. Two-thirds of the people, at 12-to-18 months, quit because of these side effects."

There are also specific foods that can trigger those side effects, according to Dr. Hashmi, including simple sugars, white bread, white pasta, fried foods, cookies, candies, cakes, juices and sodas.

Find out how [doctors are fighting to boost patient access to anti-obesity meds](#).