GLP-1 medications can help some people manage type 2 diabetes or obesity, but they are not suitable for everyone. The decision depends on a person's medical history, other medicines, pregnancy plans and treatment goals—not just their weight or appetite. A clinician can assess these factors and explain whether a medicine is appropriate.

This guide covers how GLP-1 receptor agonists work, what research has shown, who may need to avoid them or use them only with extra care, and how treatment is monitored. It focuses on semaglutide, sold under brand names including Ozempic and Wegovy. The brands have different approved uses and doses, so they are not automatically interchangeable.

How GLP-1 receptor agonists work

GLP-1 is a hormone involved in blood-sugar regulation and appetite. GLP-1 receptor agonists mimic some of its effects. Depending on the specific medicine and indication, they can help the body release insulin when blood sugar is high, reduce glucagon release, slow stomach emptying and increase feelings of fullness. These effects can help improve blood-glucose control and, for some people, support weight loss.

Semaglutide is a prescription medicine. Ozempic is used for certain people with type 2 diabetes, while Wegovy is approved for chronic weight management in eligible people and may have other indications depending on the country and current label. A medicine's approval, dose and eligibility rules vary by location. Do not switch between brands or adjust a dose without your prescriber.

What the evidence says

Clinical trials show that semaglutide can support substantial weight loss for many participants, particularly when combined with nutrition, activity and behavioural support. In the STEP 1 randomized controlled trial (RCT), adults with overweight or obesity without diabetes who received semaglutide 2.4 mg alongside lifestyle support lost an average of about 14.9% of their starting weight over 68 weeks. The placebo group lost about 2.4% on average. These are group averages, not a promise of an individual result.

In STEP 2, which studied people with type 2 diabetes and overweight or obesity, average weight loss was lower: approximately 9.6% with semaglutide 2.4 mg compared with about 3.4% with placebo over 68 weeks. In STEP 4, people who continued semaglutide after an initial treatment period generally maintained or extended their weight loss, while those switched to placebo regained weight on average. This highlights an important point: obesity is a chronic condition, and weight regain can occur when treatment stops.

RCTs help researchers compare treatments fairly, but trial results do not tell us whether a medication is safe for every individual. Participants are selected using specific eligibility criteria and monitored closely. People with certain medical conditions, medication combinations or life circumstances may need a different approach.

Who should not take semaglutide?

Some circumstances are reasons not to use semaglutide, while others call for careful assessment rather than an automatic ban. The exact rules depend on the product label and country. Share your full medical history with your prescriber before starting.

Personal or family history of medullary thyroid carcinoma or MEN2

In the United States, semaglutide products carry a boxed warning based on thyroid C-cell tumours seen in rodents. It is not known whether this risk applies to humans. Ozempic and Wegovy should not be used by people with a personal or family history of medullary thyroid carcinoma (MTC), a rare type of thyroid cancer, or by people with multiple endocrine neoplasia syndrome type 2 (MEN2). This is the key **MEN2 contraindication** to know about.

I remember a project where wished they had known this beforehand.. If you are unsure what type of thyroid cancer a relative had, ask your clinician before treatment. A routine thyroid test does not replace a careful family and medical history.



Serious allergy to the medicine

People who have had a serious allergic reaction to semaglutide or one of its ingredients should not take that product. Seek urgent medical attention for symptoms of a severe allergic reaction, such as trouble breathing or swelling of the face, lips, tongue or throat.

Pregnancy, breastfeeding and plans to conceive

Weight-loss treatment is not appropriate during pregnancy. If you become pregnant while taking semaglutide, contact your prescriber promptly to discuss stopping it and your next steps. For planned pregnancy, US prescribing information advises stopping semaglutide at least two months beforehand because it remains in the body for a long time. People using it for diabetes should get medical advice on safe blood-sugar management before stopping or changing treatment.

Want to know something interesting? for pregnancy and breastfeeding, decisions need individual clinical advice. There is limited information about semaglutide use while breastfeeding, and product labeling advises weighing potential benefits and risks. Do not start, continue or stop the medicine while nursing without speaking with your prescriber. If pregnancy is possible, discuss contraception and treatment plans before beginning therapy.

Who may need extra caution or a different treatment?

A condition listed here does not always mean semaglutide is forbidden. It does mean a clinician should consider the risks, benefits, alternatives and monitoring needs before prescribing.

- **Previous pancreatitis:** Pancreatitis has been reported during treatment. It is not always clear whether the medicine caused it, but a history of pancreatitis should be discussed before starting. Severe, persistent abdominal pain—especially if it spreads to the back—needs urgent medical assessment.
- **Gallbladder problems:** Rapid weight loss and GLP-1 treatment are both associated with gallstones or gallbladder inflammation. Tell your clinician about past gallstones or symptoms such as upper-right abdominal pain, fever or jaundice.
- **Severe stomach or bowel problems:** Because semaglutide slows stomach emptying, it may not be suitable for people with severe gastroparesis or certain serious digestive conditions. Report persistent vomiting, marked bloating or difficulty keeping fluids down.
- **Diabetes medicines that can cause low blood sugar:** Insulin and sulfonylureas can increase hypoglycemia risk when used with semaglutide. A prescriber may need to adjust doses and explain how to recognize and treat low blood sugar.
- **Diabetic retinopathy:** In some people with diabetes, rapid improvement in blood sugar may temporarily worsen existing eye disease. Tell your diabetes team about retinopathy and keep recommended eye appointments.
- **Kidney vulnerability or dehydration risk:** Vomiting and diarrhea can lead to dehydration, which may worsen kidney function. Extra care may be needed if you have kidney disease or struggle to maintain fluid intake.
- **Upcoming surgery or sedation:** Delayed stomach emptying may matter during procedures involving anesthesia or deep sedation. Tell your surgical and anesthesia teams that you take a GLP-1 medicine; follow their specific instructions rather than stopping it on your own.

NICE guidance and eligibility criteria

https://xcelerategyms.com/glp-1-medications-and-weight-loss-what-the-science-shows-and-why-your-provider-matters/

NICE guidance in England is not the same as US prescribing information, and NHS access rules may differ from private prescribing. NICE recommends semaglutide for weight management only for eligible groups as part of a specialist weight-management service, alongside a reduced-calorie diet and increased physical activity. Under the relevant NICE recommendation, eligibility generally includes adults with a BMI of at least 35 kg/m^2 and at least one weight-related health condition, or a BMI of 30 to 34.9 kg/m^2 with referral to specialist weight-management services. Lower BMI thresholds may apply to people from some ethnic backgrounds because health risks can occur at lower BMI levels.

NICE guidance also sets limits on treatment duration in its recommended pathway, including a maximum of two years. Local commissioning and service availability affect access. These criteria are not a substitute for an individual assessment, and they should not be assumed to apply in the United States or elsewhere. Eligibility for Ozempic to treat type 2 diabetes is a separate question from eligibility for Wegovy for weight management.



Question Why it matters What to do Do I have a personal or family history of MTC, or MEN2? This is a contraindication in US product labeling for semaglutide brands such as Ozempic and Wegovy. Tell your prescriber before treatment; do not start unless a qualified clinician confirms it is appropriate. Am I pregnant, breastfeeding or planning pregnancy? Weight-loss treatment is not appropriate during pregnancy; breastfeeding and preconception require specific advice. Discuss timing, contraception and alternatives with your clinician. Do I have digestive, gallbladder, pancreatic, kidney or eye problems? These may affect risks, symptom monitoring or the choice of treatment. Share your history and current symptoms before starting.

Side effects and monitoring

Nausea, diarrhea, vomiting, constipation and abdominal discomfort are common, especially when the dose is being increased. Symptoms may improve over time, but persistent or severe symptoms should be discussed with a healthcare professional. Do not increase the dose faster than prescribed.

Before treatment, a clinician may review your health history, current medicines, weight-related conditions, pregnancy plans and treatment goals. For people with diabetes, monitoring may include blood glucose and, when appropriate, eye health. During treatment, follow-up can check side effects, hydration, response to the medicine and whether the dose or plan needs adjustment. Seek urgent care for severe allergic symptoms, severe persistent abdominal pain, or signs of serious dehydration.

Monitoring is not just about the number on the scale. A safe, effective plan should also support adequate nutrition, strength and overall health. If appetite reduction makes it difficult to eat or drink enough, tell your care team. A pharmacist, dietitian or clinician can help you manage side effects and maintain a balanced approach.

Avoid unverified products and online claims

Prescription semaglutide should come from a legitimate, regulated pharmacy and be used under medical supervision. Products advertised through online marketplaces or promoted on social media channels may be counterfeit, improperly stored, incorrectly dosed or sold without appropriate screening. “Research” products and unapproved compounded versions may not have the same quality assurance as approved medicines.

Be cautious of claims promising effortless weight loss, guaranteed results or a dose that is safe for everyone. Do not share medication, buy it from an unverified seller or use someone else’s prescription. If you are unsure

whether a pharmacy or product is legitimate, ask a pharmacist or prescriber before paying or injecting anything.

The bottom line

Semaglutide can be an effective treatment for some people, but it is not suitable for everyone. A personal or family history of medullary thyroid carcinoma, MEN2, or a serious allergy are key reasons not to use it under US labeling. Pregnancy, breastfeeding, digestive disease, pancreatitis history, gallbladder problems, other diabetes medicines and planned procedures all deserve a careful conversation with a clinician.

Use NICE or local eligibility guidance as a starting point—not as a personal prescription. A qualified healthcare professional can review your circumstances, explain alternatives and arrange appropriate monitoring. This article is for general information and does not replace individual medical advice.