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GLP-1s And Eating Disorders: What Research And Experts Know

Published: Jul 21, 2026, 10:22am



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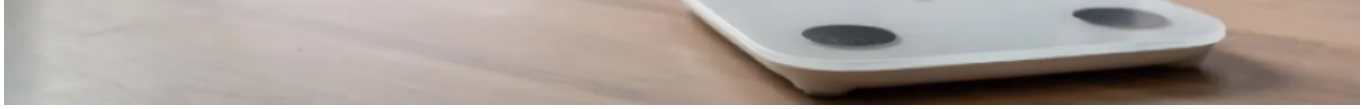
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Glucagon-like peptide-1 (GLP-1) receptor agonists, such as [Ozempic](#) for type 2 diabetes and [Wegovy](#) for weight loss, are surging in popularity. Along with dual glucose-dependent insulinitropic polypeptide (GIP) and GLP-1 receptor agonists like [Mounjaro](#) and [Zepbound](#), these medications are changing the landscape of metabolic health.

As researchers investigate potential broader health benefits of these drugs, one area being explored is binge eating disorder treatment. But when it comes to eating disorder recovery, are these new medications a friend or a foe?

This guide covers what current research shows about the potential benefits of GLP-1 medications, their potential for misuse, and expert insights into how they are reshaping eating disorder treatment.

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How GLP-1 Receptor Agonists Work

GLP-1 receptor agonists mimic GLP-1, a hormone that is secreted by the intestines, pancreas and brain after eating, says Joel Jahraus, M.D., a board-certified physician and vice president of medical services at Monte Nido, a multistate eating disorder treatment organization. GLP-1s stimulate insulin release and inhibit sugar production, helping to regulate blood sugar, he says. They also slow stomach emptying and signal satiety (fullness) to the brain.

GLP-1 medications like Ozempic and Wegovy and dual GIP and GLP-1 receptor agonists (which act on the gut hormone GIP for enhanced results) like Mounjaro and Zepbound were initially approved by the U.S. Food and Drug Administration (FDA) for diabetes management alongside diet and exercise. Wegovy and Zepbound later gained FDA approval for chronic weight management in eligible individuals.

GLP-1s and GIP/GLP-1 receptor agonists have expanded into broader uses for metabolic health, carrying FDA approvals for chronic kidney disease, cardiovascular risk reduction, metabolic dysfunction-associated steatohepatitis (MASH) (a weight-related liver disease)

and obstructive sleep apnea.

Additional applications of GLP-1s, such as rheumatoid arthritis, substance use disorder (SUD), [dementia](#) and binge eating, are also being investigated.

Do GLP-1s Work for Binge Eating Disorder?

Binge eating disorder (BED) is characterized by episodes in which an individual consumes large amounts of food within a certain window (such as two hours) while feeling a total lack of control over the behavior. It is similar to bulimia nervosa (BM), but those with BM purge or restrict food after a bingeing episode, either by vomiting, fasting or taking laxatives.

“The evidence base is still early, but what we’re seeing clinically is promising for some patients with binge type eating disorders,” says Kim Dennis, M.D., a board-certified psychiatrist, certified eating disorder specialist, and co-founder and CEO at SunCloud Health, a behavioral and mental health treatment center in Illinois and Maryland. GLP-1 receptors are present in the brain’s reward circuitry, which is involved in binge eating and substance use disorders (SUD), she explains. By activating these receptors, GLP-1 medications dampen the urge behind these behaviors.

A 2026 study in the *BMJ* found that among veterans with type 2 diabetes, GLP-1 receptor agonists were associated with a lower risk of developing SUD compared to sodium-glucose cotransporter-2 SGLT-2 inhibitors, and reduced emergency visits and hospitalizations for those with existing SUD, suggesting that GLP-1s may help prevent or treat addiction.^[1]

“Whether that translates to eating disorders is still an open question, but it’s a thread worth following,” notes Dr. Dennis, emphasizing the lack of large-scale research examining the use of GLP-1 receptor agonists for BED.

A 2025 research review study in *Eating and Weight Disorders* examined five studies with a total of 182 participants. Along with weight loss, individuals treated with GLP-1 agonists experienced a clinically significant reduction in Binge Eating Scale scores (a questionnaire used to evaluate the severity of binge eating behaviors) that was 8.14 points greater than the control group. Still, the authors emphasized that GLP-1s are not an FDA-approved

treatment for eating disorders, and comprehensive placebo-controlled studies are needed. [\[2\]](#)

“Theoretically, GLP-1s should have some benefit given the potential to reduce bingeing episodes by reducing appetite,” says Dr. Jahraus. However, binge eating disorder is driven by psychological and emotional triggers, according to the National Eating Disorders Association.

The goal with BED treatment is not extensive weight loss—it is reducing the frequency of binge and normalizing eating, emphasizes Dr. Jahraus. “The appetite loss in many individuals taking GLP-1RAs does not promote normal eating,” he says. Rather, it decreases hunger cues, which can conflict with the treatment goal of regular, structured eating, instead increasing the risk of restrictive behaviors like skipping meals.

Targeted research addressing the following concerns is needed, says Dr. Jahraus:

- The potential misuse of GLP-1s among eating disorder populations
- The impact of rebound bingeing once the medication’s appetite-suppressing effects diminish
- The association of new onset eating disorder symptoms among individuals taking GLP-1s.

When Are GLP-1s Prescribed for Binge Eating Disorder?

“GLP-1s don’t carry an FDA indication for binge eating disorder, so any prescribing in that context is off-label,” explains Dr. Dennis. While off-label prescribing (the practice of prescribing a medication for a condition other than its FDA-approved indication) is not unusual in psychiatry, it requires a clinician who is familiar with the medication class (including risks, benefits and black box warnings) and understands how eating disorder pathology presents, she says.

GLP-1 medications are not difficult to obtain from telehealth providers or weight loss clinics, even for those without a medical condition warranting their use, says Dr. Jahraus. “We, as leaders in the eating disorder field, strongly advocate for screening for an eating disorder before prescribing GLP-1 (receptor agonists),” he says.

Organizations like the National Eating Disorders Association (NEDA) and other eating disorder advocacy organizations can fill a critical gap, advises Dr. Dennis. “Having reliable, evidence-based information about what questions to ask a provider, and what the right care looks like, can make a real difference in whether someone gets appropriately screened,” she says.

For example, the five-question SCOFF questionnaire is designed to flag potential eating disorders like anorexia nervosa (characterized by food restriction, excess exercise or purging behaviors) and bulimia, notes Dr. Jahraus. “If a patient answers yes to two or more questions, they should be further assessed for an eating disorder,” he says.

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The Dangers of GLP-1s for Eating Disorders

GLP-1 medications can be dangerous for those with a history of or predisposition for a restrictive-type eating disorder like anorexia nervosa by reinforcing restrictive eating patterns, warns Dr. Dennis. “They suppress appetite and promote weight loss, which can worsen malnutrition, cause medical instability and generally interfere with recovery,” adds Dr. Jahraus.

Additionally, GLP-1 use among individuals with bulimia nervosa and Avoidant Restrictive Food Intake Disorder (ARFID, which involves food restriction and avoidance due to sensory issues and fears surrounding eating) requires caution, says Dr. Jahraus. “They

may exacerbate disordered eating patterns or make it more difficult to meet nutritional needs, which are contrary to eating disorder treatment goals,” he says.

Common side effects of GLP-1 receptor agonists include nausea, vomiting, diarrhea, constipation, abdominal pain and acid reflux, says Dr. Jahraus. In those with a history of severe eating disorders (which can damage normal digestive motility and gut function), adding a GLP-1 medication can compound the issue, he says. Additionally, rapid shifts in fullness and hunger cues can destabilize recovery, according to the National Association of Anorexia Nervosa and Associated Disorders (ANAD).

A 2026 study in *JAMA Psychiatry* highlights the risk of GLP-1 misuse to sustain rapid restriction and weight loss in those with a history of eating disorders (EDs). The researchers found that compared to the general adult population, individuals with EDs, such as anorexia nervosa, bulimia nervosa, and binge eating disorder, used GLP-1 medications at a much higher rate (32.1% vs. 15%). About 10% said they misused the medications by altering doses, extending treatment, sharing with others and more, and 10% reported using noncommercial compounded formulations.^[3]

What Experts Say

“GLP-1s are forcing a conversation between specialties that have historically been siloed,” says Dr. Dennis. Endocrinology, primary care, weight medicine and eating disorder treatment have operated in parallel for decades, often in tension with each other; however, GLP-1s are pulling those fields into the same room, which is overdue, she says.

“What concerns me is the pace these medications are saturating culture,” says Dr. Dennis. “I hear from patients regularly who came to these drugs through what they saw online, with no eating disorder screening, no monitoring, no integrated care.” In cases of off-label prescribing for EDs, she says close monitoring by a team consisting of an eating disorder-trained psychiatrist or primary care provider, therapist and registered dietitian is critical.

“We need to move cautiously to avoid any potential harm to our patients given all the unknowns and continue with our evidence-based [eating disorder] treatments, including psychotherapy,” agrees Dr. Jahraus.

Sources

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