Tractament Mèdic: Precaucions, efectes adversos, “bulos” i dubtes freqüents....

Iñaki Marina Clopés

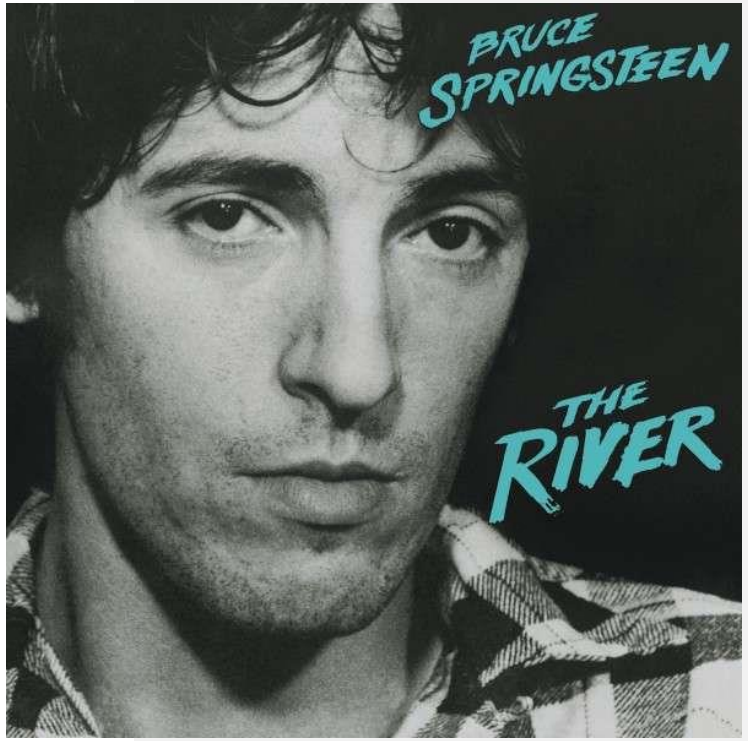
Adjunt servei Medicina Interna

Hospital de Viladecans

Barcelona , 11/12/2025

Parlarem de……

- PRECAUCIONS
- Efectes Adversos
- Dubtes freqüents
- “Bulos” o “Bramas”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SPRINGSTEEN
THE
RIVER


BRUCE SPRINGSTEEN
NEBRASKA

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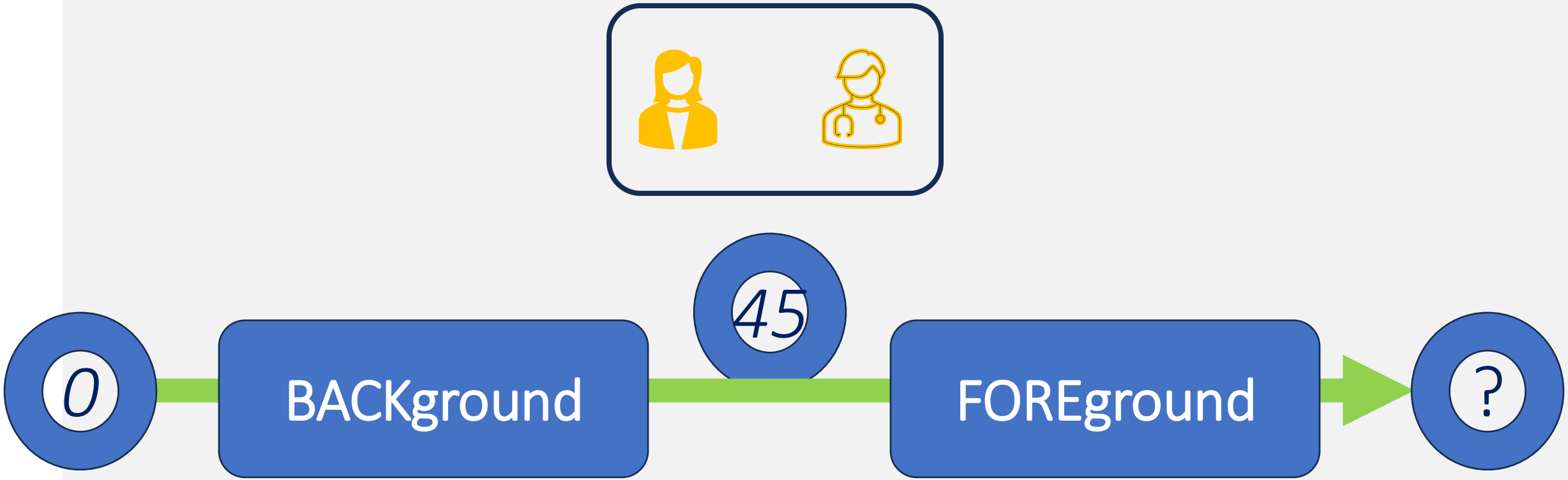
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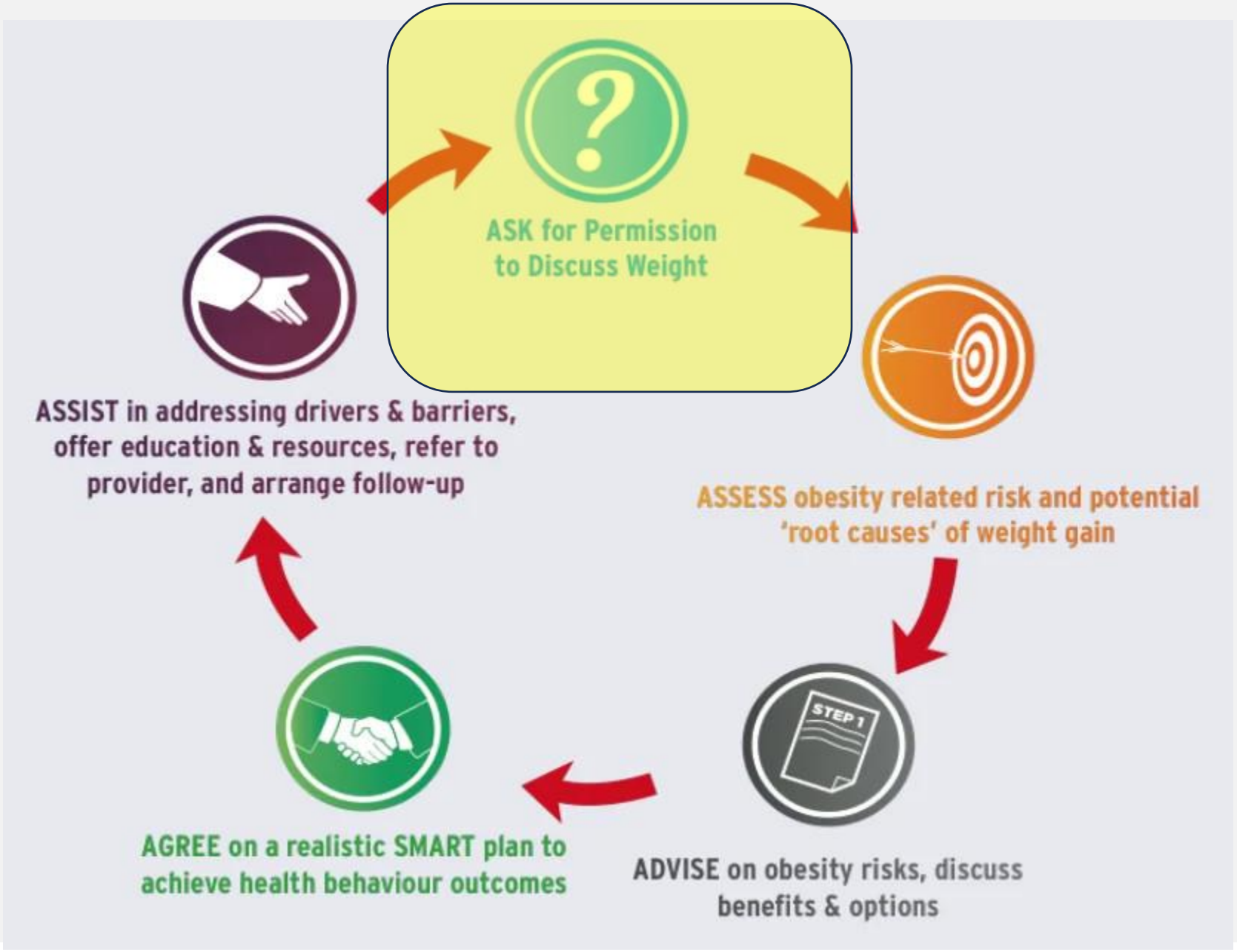
1º PRECAUCIÓ: 5A


ASK for Permission
to Discuss Weight
ASSESS obesity related risk and potential
'root causes' of weight gain
ADVISE on obesity risks, discuss
benefits & options
AGREE on a realistic SMART plan to
achieve health behaviour outcomes
ASSIST in addressing drivers & barriers,
offer education & resources, refer to
provider, and arrange follow-up
STEP 1

2º **PRECAUCIÓ:** Motivació

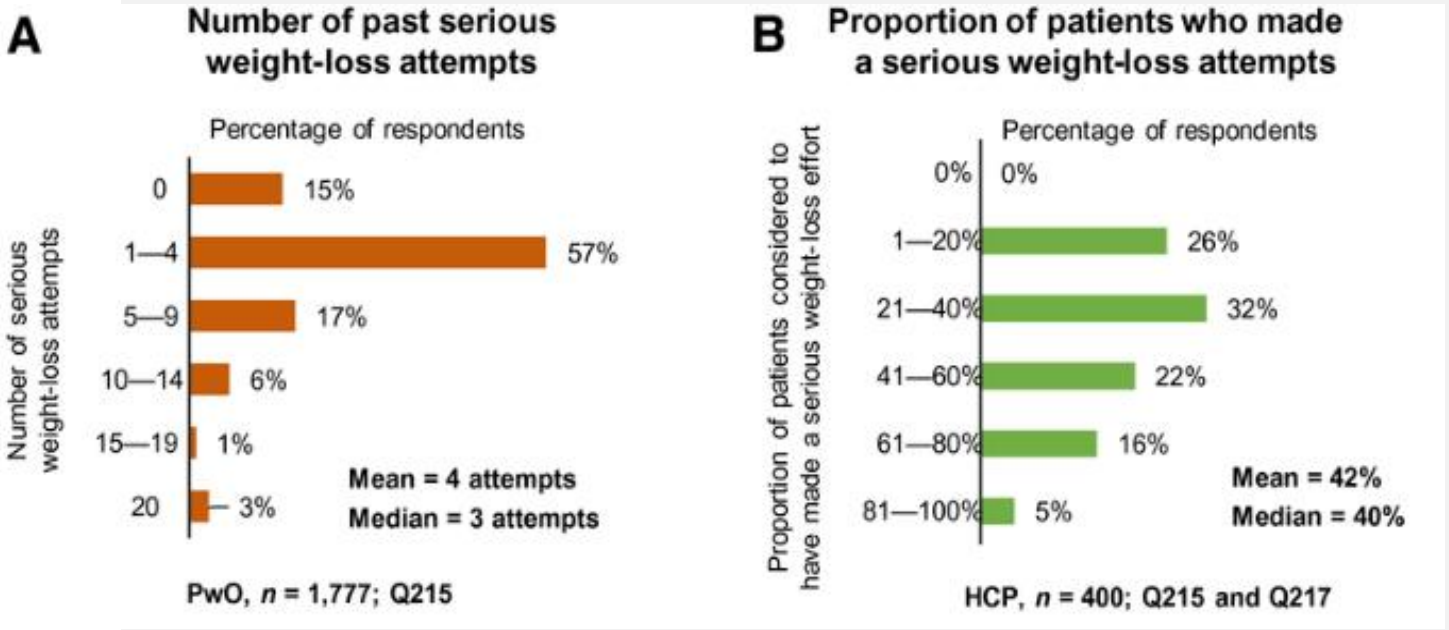
Journal of *Clinical Medicine*

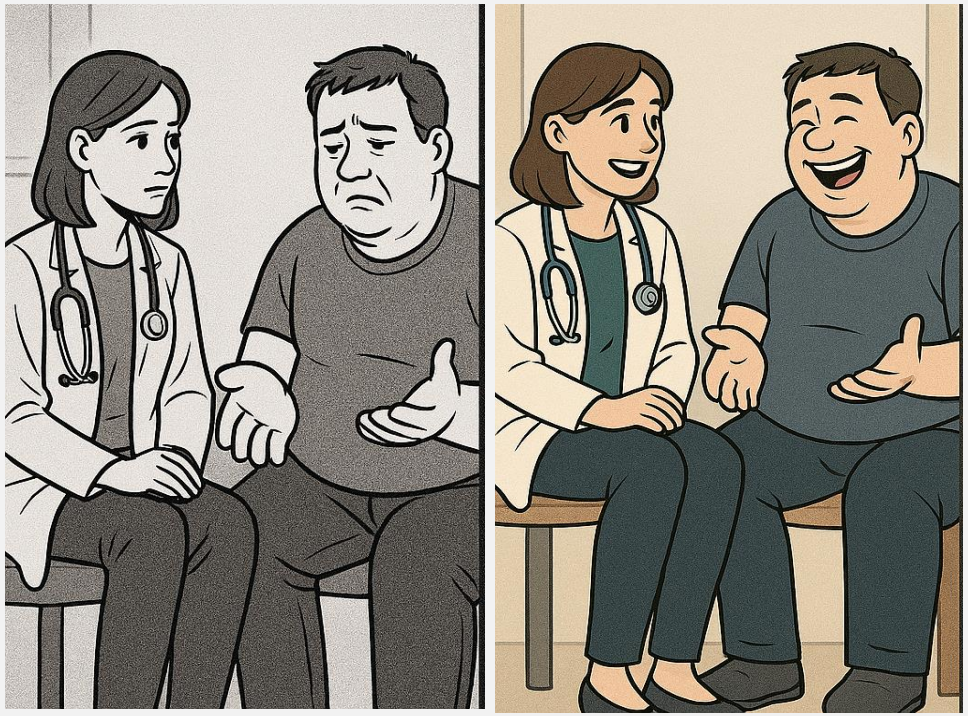
MDPI

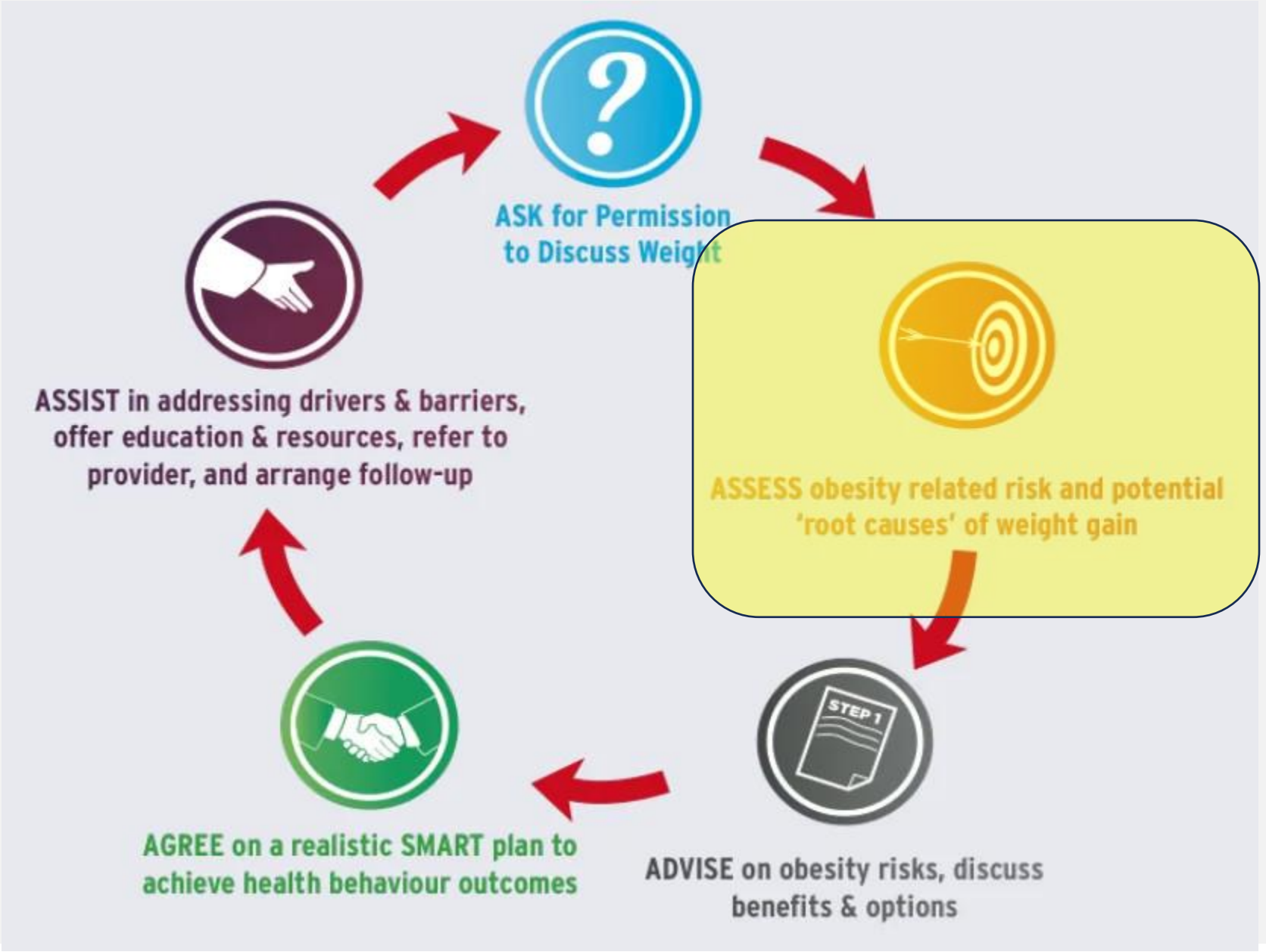
Article

Perceptions, Attitudes, and Barriers to Obesity Management in Spain: Results from the Spanish Cohort of the International ACTION-IO Observation Study

Javier Salvador [1,2,*], Nuria Vilarrasa [3,4], Francisco Poyato [5] and Miguel Ángel Rubio [6,7]



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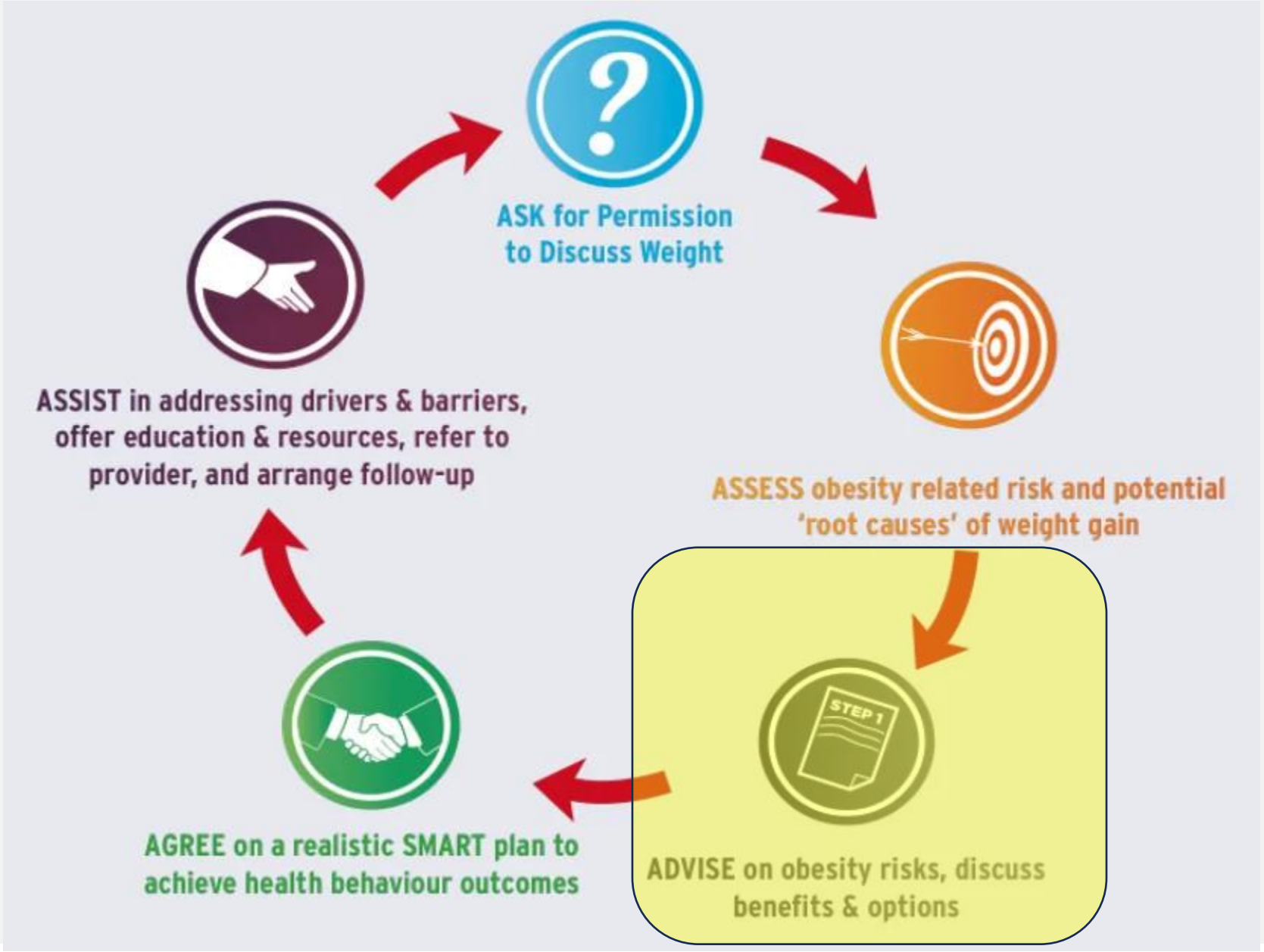
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STEP 1

gencat | Canal Salut

Decisions compartides

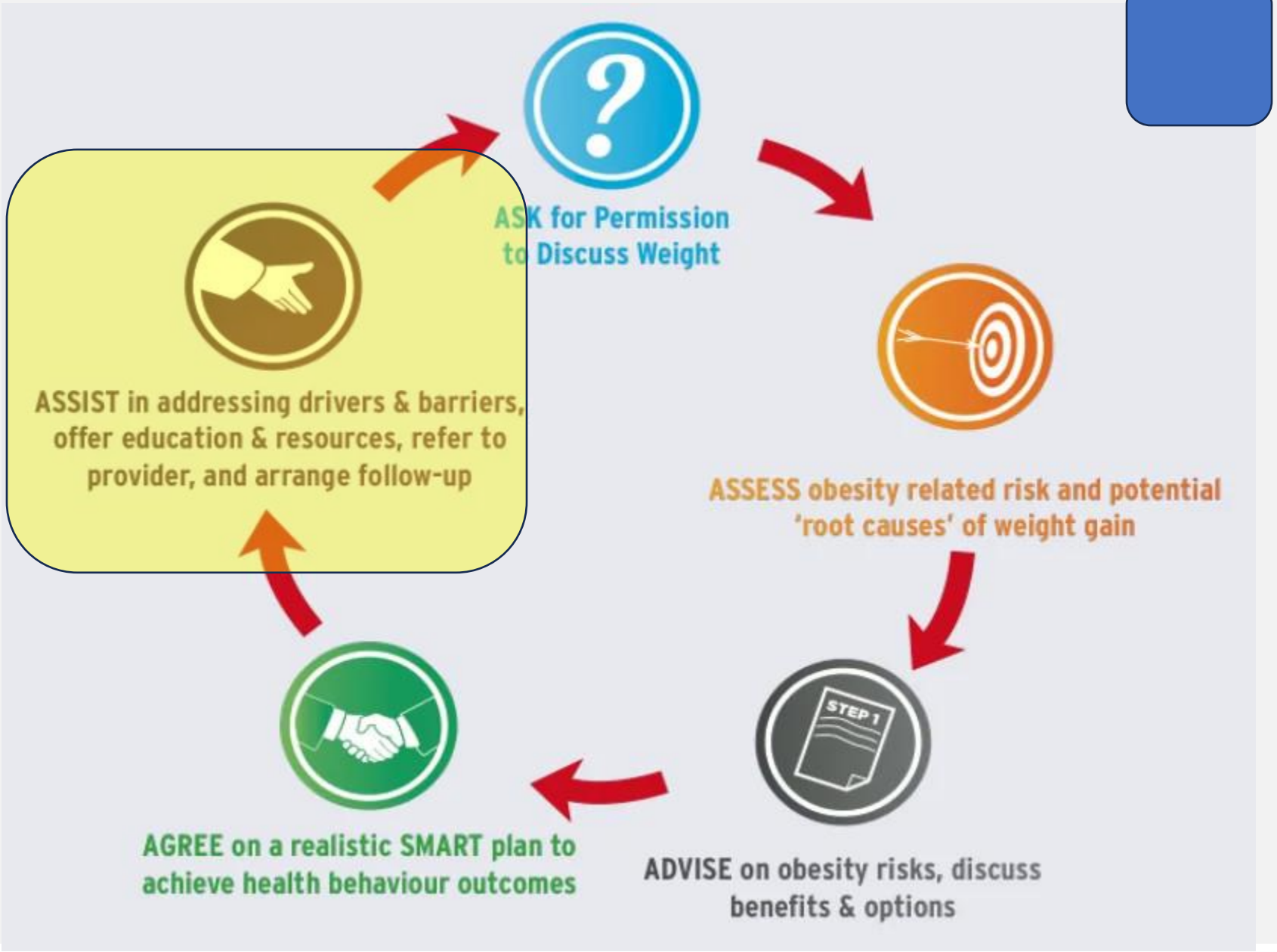
Torna

Les decisions compartides són el resultat de la conversa entre els professionals de la salut i la persona sobre com fer front a una condició de salut. En aquesta conversa, l'equip de **professionals de la salut** informa sobre les diferents opcions disponibles, riscos i beneficis, i la **persona** expressa les seves preferències, circumstàncies personals, valors i creences, amb la finalitat de prendre una **decisió informada, responsable i compartida**.

Contingut de l'espai de Rol actiu en salut de l'Escola de Salut Catalana en col·laboració amb l'Agència de Qualitat i Avaluació Sanitàries de Catalunya

Curs en línia sobre Decisions Compartides

Vols adquirir coneixements enfocats a comprendre i participar activament en les decisions que afecten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OC Connect

Secure patient community

oc connect

English (Canada)

A supportive community built for you

Living with obesity can be isolating, but you don't have to navigate it alone. OC Connect is a free, private, and evidence-based community for patients, by patients. This is **not** a space for fad diets or weight-loss trends—it's a place for real conversations, support, and empowerment.

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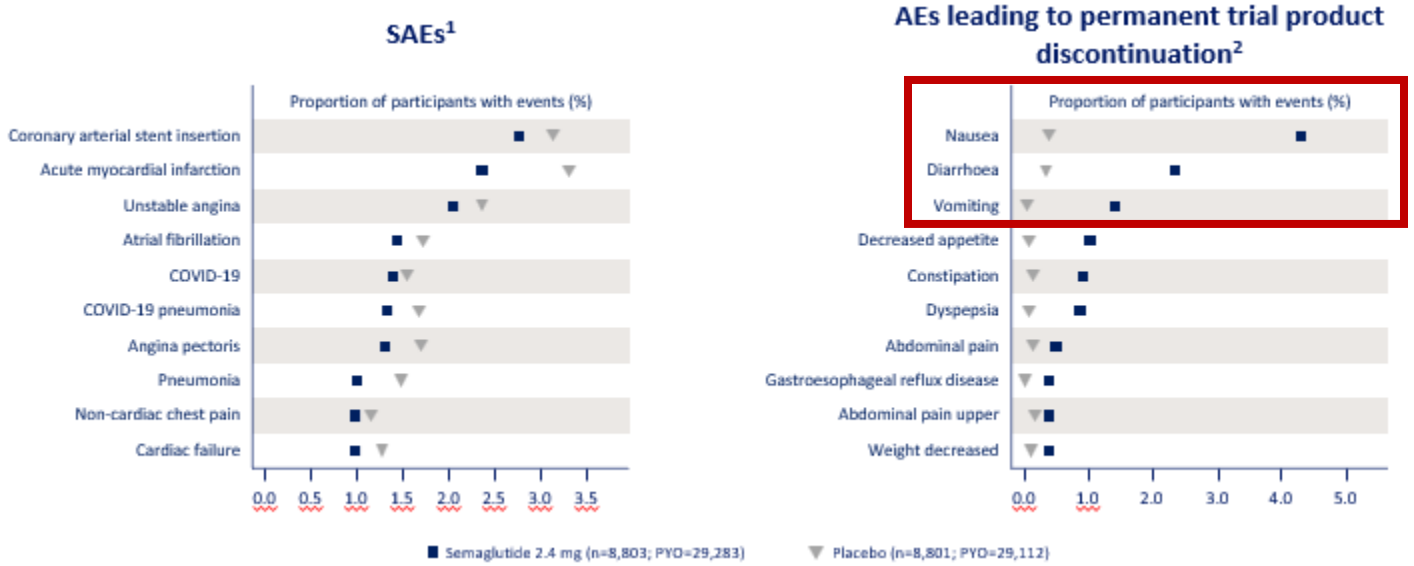
Portugal	raquelvareda	52,800
Slovenia	david.zupancic	41,100
Spain	boticariagarcia	861,000

News Human Medicines

3º **PRECAUCIÓ:** Efecte Nocebo



3º **PRECAUCIÓ:** Efecte Nocebo

Table 3 Results for the safety profile of tirzepatide versus placebo

Outcomes	Tirzepatide vs. placebo				
	SURMOUNT-1	SURMOUNT-3	SURMOUNT-4	Pooled results	
	N (%)	N (%)	N (%)	OR	95% CI
Serious adverse events	116 (6.1%) vs. 44 (6.8%)	17 (5.9%) vs. 14 (4.8%)	10 (3.0%) vs. 10 (3.0%)	0.95	[0.69; 1.30]
Overall adverse events	1527 (80.5%) vs. 463 (72.0%)	250 (87.1%) vs. 224 (76.7%)	202 (60%) vs. 187 (56%)	1.53	[1.18; 1.98]
AEs leading to DC	111 (5.9%) vs. 17 (2.6%)	30 (10.5%) vs. 6 (2.1%)	6 (1.8%) vs. 3 (0.9%)	3.27	[3.40; 5.33]
Nausea	562 (29.6%) vs. 61 (9.5%)	114 (39.7%) vs. 41 (14.0%)	27 (8.1%) vs. 9 (2.7%)	4.26	[2.60; 3.81]
Vomiting	197 (10.4%) vs. 11 (1.7%)	52 (18.1%) vs. 4 (1.4%)	19 (5.7%) vs. 4 (1.2%)	8.35	[5.19; 13.45]
Diarrhea	398 (21.0%) vs. 47 (7.3%)	89 (31.0%) vs. 27 (9.2%)	36 (10.7%) vs. 16 (4.8%)	3.57	[2.80; 4.57]
Decreased appetite	186 (9.8%) vs. 21 (3.3%)	27 (9.4%) vs. 12 (4.1%)	NA	3.04	[2.06; 4.49]
Dyspepsia	189 (10.0%) vs. 27 (4.2%)	27 (9.4%) vs. 9 (3.1%)	NA	2.8	[1.93; 4.06]
Dizziness	87 (4.6%) vs. 15 (2.3%)	20 (7.0%) vs. 6 (2.1%)	NA	2.45	[1.50; 3.99]
Injection site reaction	83 (4.4%) vs. 2 (0.3%)	32 (11.1%) vs. 3 (1.0%)	NA	14.65	[5.81; 31.70]
Eructation	92 (4.9%) vs. 4 (0.6%)	16 (5.6%) vs. 3 (1.0%)	NA	7.86	[3.57; 36.97]
Alopecia	99 (5.2%) vs. 6 (0.9%)	20 (7.0%) vs. 4 (1.4%)	NA	5.76	[2.95; 11.23]
Abdominal discomfort	96 (5.1%) vs. 21 (3.3%)	30 (10.5%) vs. 7 (2.4%)	NA	2.61	[0.91; 7.54]
Headache	125 (6.6%) vs. 42 (6.5%)	27 (9.4%) vs. 22 (7.5%)	NA	1.09	[0.79; 1.50]

AEs adverse events, *DC* discontinuation, *N* number, *NA* not available, *OR* odds ratio, *CI* confidence interval

4º **PRECAUCIÓ:** FAKEness

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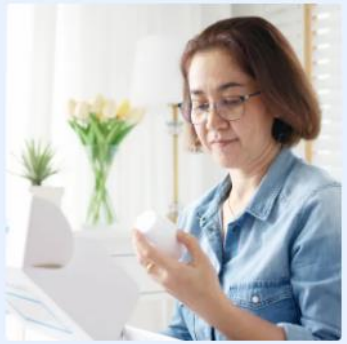

Warning about sharp rise in illegal medicines sold in the EU

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3 September 2025

Illegal medicines marketed as GLP-1 receptor agonists for weight loss and diabetes pose serious risk to health

News | Human | Medicines

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FDA's Concerns with Unapproved GLP-1 Drugs Used for Weight Loss

Postmarket Drug Safety Information for Patients and Providers

Index to Drug-Specific Information

Report issues to FDA

Compounding and the FDA: Questions and Answers

Feedback

Content current as of:
09/25/2025

Regulated Product(s)
Drugs

Understanding unapproved versions of these drugs

FDA is aware that some patients and health care professionals may look to unapproved versions of GLP-1 (glucagon-like peptide-1 (GLP-1) receptor agonists) drugs, including semaglutide and tirzepatide, as an option for weight loss. This can be risky for patients, as unapproved versions do not undergo FDA's review for safety, effectiveness and quality before they are marketed.

5º **PRECAUCIÓ:** Negligència

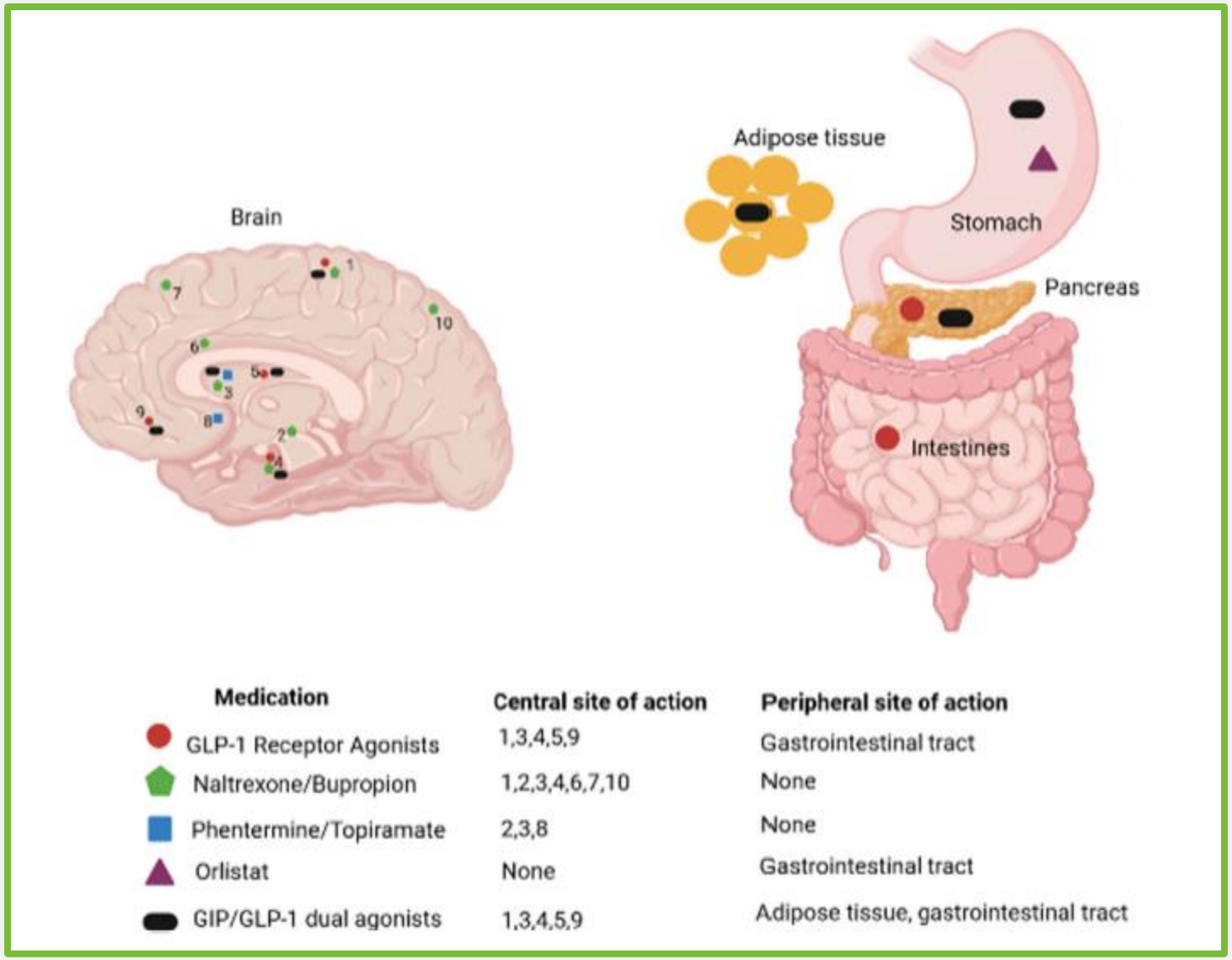
5º **PRECAUCIÓ:** Negligència

HEMEROTECA DE EQUIPO DE INVESTIGACIÓN

"O me porto bien o me aplico Ozempic": la confesión de un empresario catalán sobre el medicamento que se inyecta para adelgazar

"Cuando veo que me paso, visita al médico, receta y andando, y otra vez analítica para ver que todo está bien", confesó [redacted], un empresario catalán que utiliza Ozempic para bajar de peso, a Equipo de Investigación.

EFECTES ADVERSOS



Medication	Central site of action	Peripheral site of action
GLP-1 Receptor Agonists	1,3,4,5,9	Gastrointestinal tract
Naltrexone/Bupropion	1,2,3,4,6,7,10	None
Phentermine/Topiramate	2,3,8	None
Orlistat	None	Gastrointestinal tract
GIP/GLP-1 dual agonists	1,3,4,5,9	Adipose tissue, gastrointestinal tract

TABLA 3. Farmacoterapia aprobada para el tratamiento de la obesidad en el contexto de España. (1 de 2)

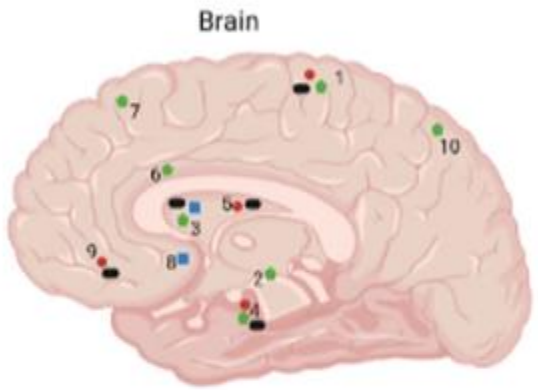
	Orlistat	Liraglutida	Semaglutida	Tirzepatida
Mecanismo de acción	Inhibidor de la lipasa pancreática a nivel intestinal [131]	arGLP-1 [132]	arGLP-1 [133]	Agonista dual receptores GLP-1 y GIP [124]
Modo de administración	Oral	Subcutáneo	Subcutáneo	Subcutáneo
Dosis/frecuencias recomendadas	120 mg, tres veces al día	3,0 mg diarios	2,4 mg semanales	5,0 y 10,0 mg semanales
Cambio (%) en el peso corporal vs. placebo	2,9%[134]	-9,2% vs. -3,5% [DTE: -5,7 (IC 95%: -6,3; -5,1)] [135]	-16,9% vs. -2,4% [DTE: -14,4 (IC 95%: -15,3; -13,6)] [136]	-16,0% y -21,4% vs. -2,4 [DTE: -13,5 (IC 95%: -14,6; -12,5) y -18,9 (20,0; -17,8) para 5,0 y 10,0 mg respectivamente] [125]
Efecto en el peso a largo plazo, placebo restado	-2,8 kg a los 4 años [137]	-4,2% a los 3 años [138]	-12,6% a los 2 años [139]	No disponible
% pacientes que logran una pérdida de peso ≥ 10% al año	26% (vs. 14% en PBO) [134]	33,1% (vs. 10,6% con PBO) [135]	74,8% (vs. 11,8% con PBO) [136]	90,1% (vs. 13,5% con PBO) [124]
% pacientes que logran una pérdida de peso ≥ 15% al año	No estudiado	14,4% (vs. 3,5% con PBO) [138]	54,8% (vs. 5,0% con PBO) [136]	78,2% (vs. 6.0 con PBO) [124]
Contraindicaciones y poblaciones especiales	• Colestasis • Síndromes de malabsorción • Embarazo, intento de concepción, lactancia	• Antecedentes personales o familiares de cáncer medular de tiroides • Antecedentes personales del síndrome de MEN2 • Embarazo, intento de concepción, lactancia	• Embarazo y lactancia • Hipersensibilidad al principio activo	• Embarazo, mujeres en edad fértil que no utilicen métodos anticonceptivos, lactancia • Hipersensibilidad al principio activo o excipientes
Efectos secundarios comunes	• Heces blandas y aceitosas, aumento de deposiciones, flatulencias	• Náuseas, estreñimiento, diarrea, vómitos (especialmente al inicio del tratamiento)	• Náuseas, estreñimiento, diarrea, vómitos (especialmente al inicio del tratamiento)	• Náuseas y diarrea (especialmente al inicio del tratamiento) • Hipoglucemias si uso conjunto con sulfonilureas o insulina
Interacciones medicamentosas	• Vitaminas liposolubles • Levotiroxina • Ciclosporina • Anticoagulantes orales • Anticonvulsionantes	Puede afectar a la absorción de medicamentos debido a la ralentización del vaciado gástrico	Puede afectar a la absorción de medicamentos debido a la ralentización del vaciado gástrico	Puede afectar a la tasa de absorción de medicamentos por su efecto de retraso sobre el vaciado gástrico

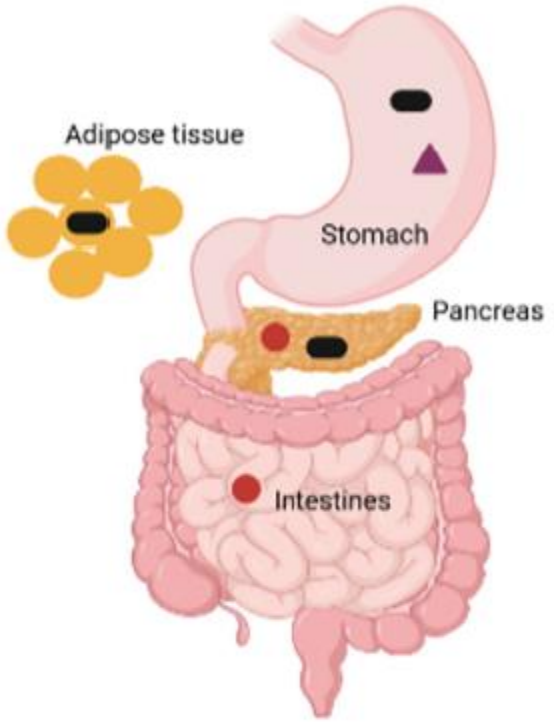
ORLISTAT

OJO
- Pacients que restin sota tractament amb: *Warfarina,Levotiroxina,Ciclosporina i Annticomicials*.
- Suplementació vitamínica.

System organ class and frequency	Adverse reaction
Blood and lymphatic system disorders	
Not known	Decreased prothrombin and increased INR (see sections 4.3 and 4.5)
Immune system disorders	
Not known	Hypersensitivity reactions including anaphylaxis, bronchospasm, angioedema, pruritus, rash, and urticaria
Psychiatric disorders	
Common	Anxiety†
Gastrointestinal disorders	
Very common	Oily spotting Flatus with discharge Faecal urgency Fatty oily stool Oily evacuation Flatulence Soft stools
Common	Abdominal pain Faecal incontinence Liquid stools Increased defaecation
Not known	Diverticulitis Pancreatitis Mild rectal bleeding (see section 4.4)
Renal and urinary disorders	
Not known	Oxalate nephropathy that may lead to renal failure
Hepatobiliary disorders	
Not known	Hepatitis that may be serious. Some fatal cases or cases requiring liver transplantation have been reported. Cholelithiasis Increase in transaminases and in alkaline phosphatase
Skin and subcutaneous tissue disorders	
Not known	Bullous eruption

GLP1 & GIP RA





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Cerebro

Actividad GIP*

↓ Reducción de la ingesta de alimentos

Actividad GLP-1

↓ Reducción de la ingesta de alimentos

↑ Aumento de la saciedad

Tejido adiposo blanco subcutáneo

Actividad GIP*

↑ Aumento de la sensibilidad a la insulina

↑ Aumento de la capacidad de almacenamiento adecuado de los lípidos.

Páncreas

Actividad GIP

↑ Aumento de la insulina

↑ Aumento del glucagón de forma dependiente de la glucosa

Actividad GLP-1

↑ Aumento de la insulina

↓ Disminución de glucagón

Estómago

Actividad GLP-1

↓ Enlentecimiento del Vaciamiento gástrico

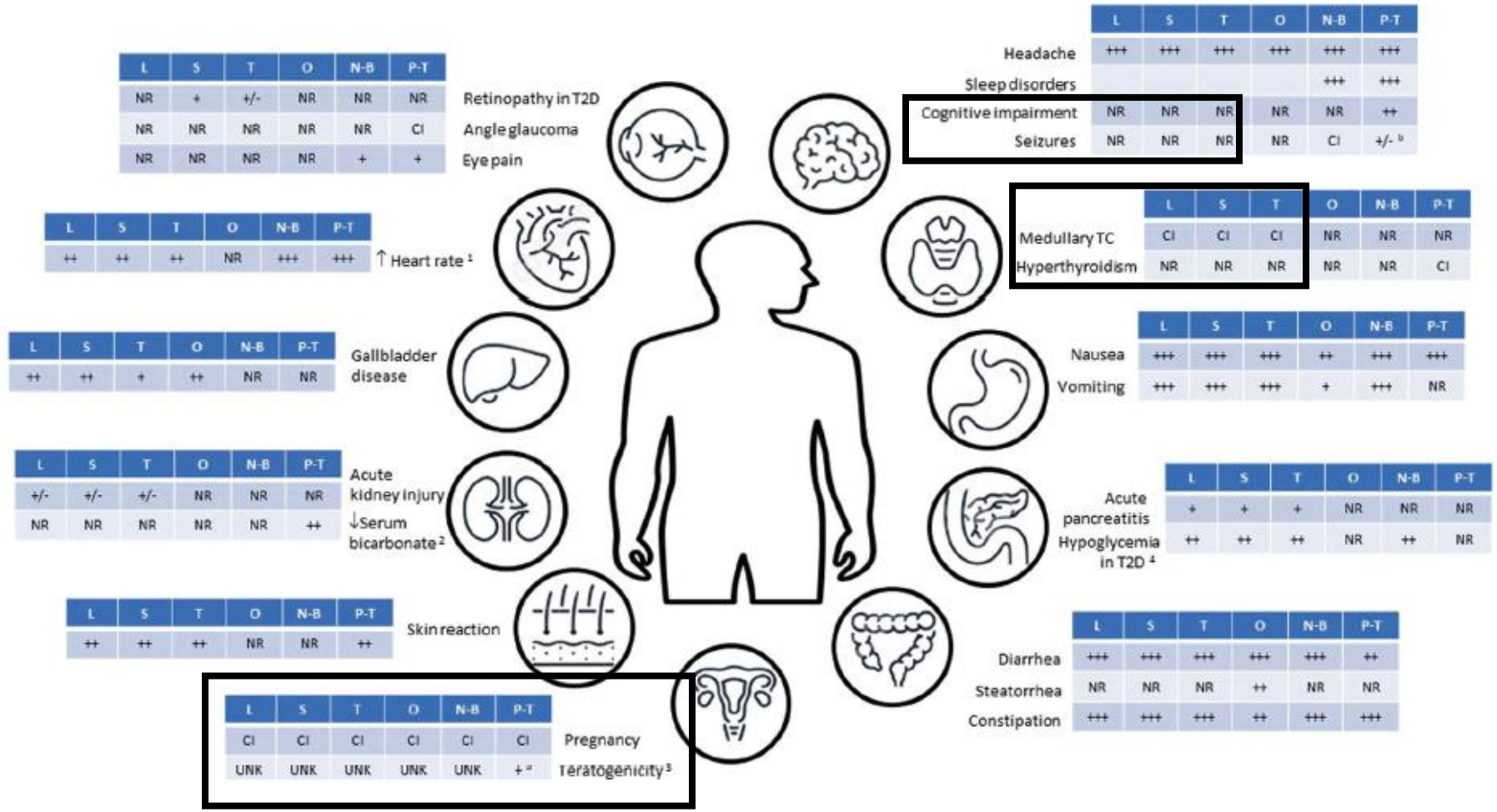
www.nature.com/ijo International Journal of Obesity

REVIEW ARTICLE

Clinical Research

What is the evidence regarding the safety of new obesity pharmacotherapies

Josep Vidal[1,2,3], Lílliam Flores[1,2,3], Amanda Jiménez[1,3,4], Adriana Pané[1,3,4] and Ana de Hollanda[1,4]



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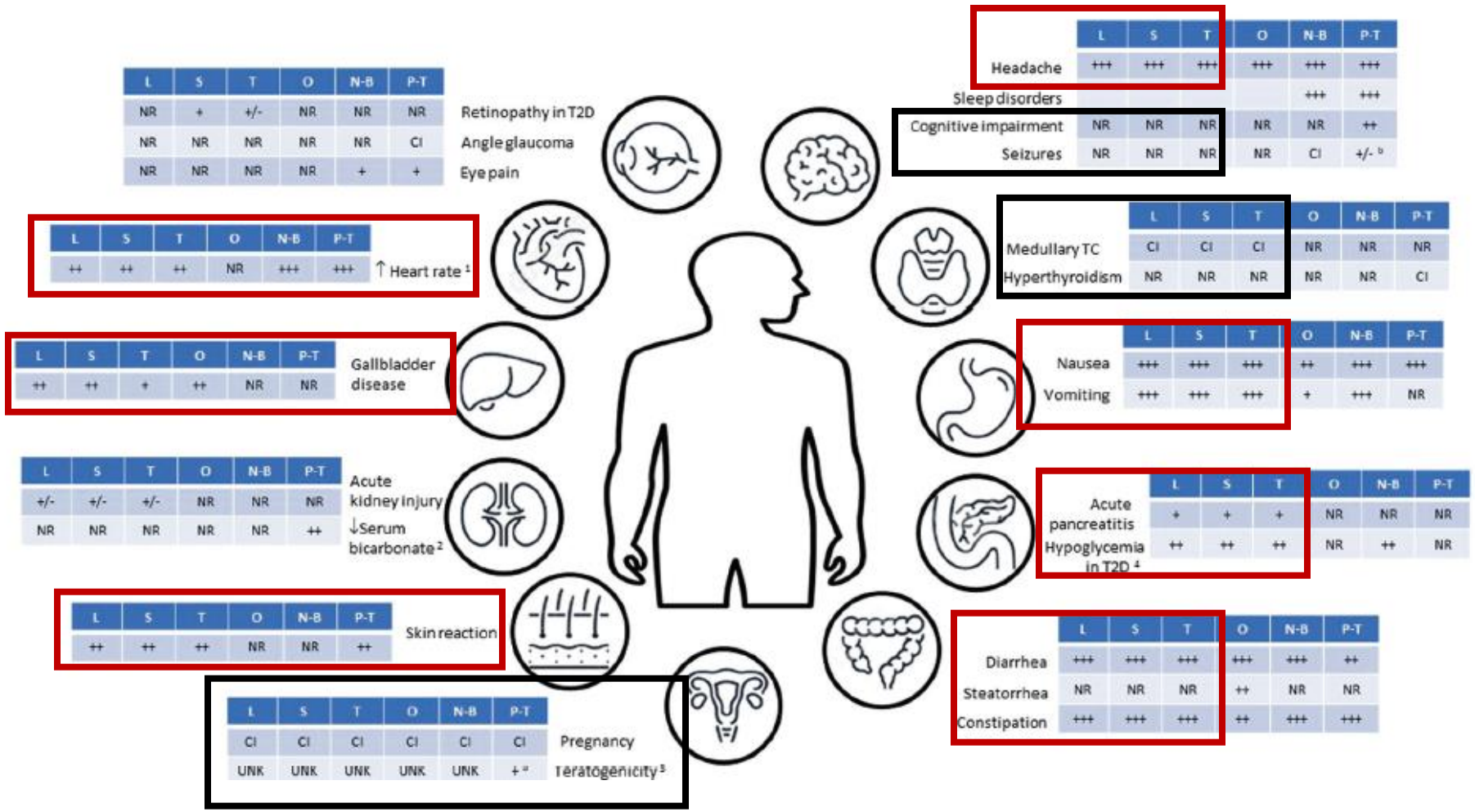

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Clinical Research

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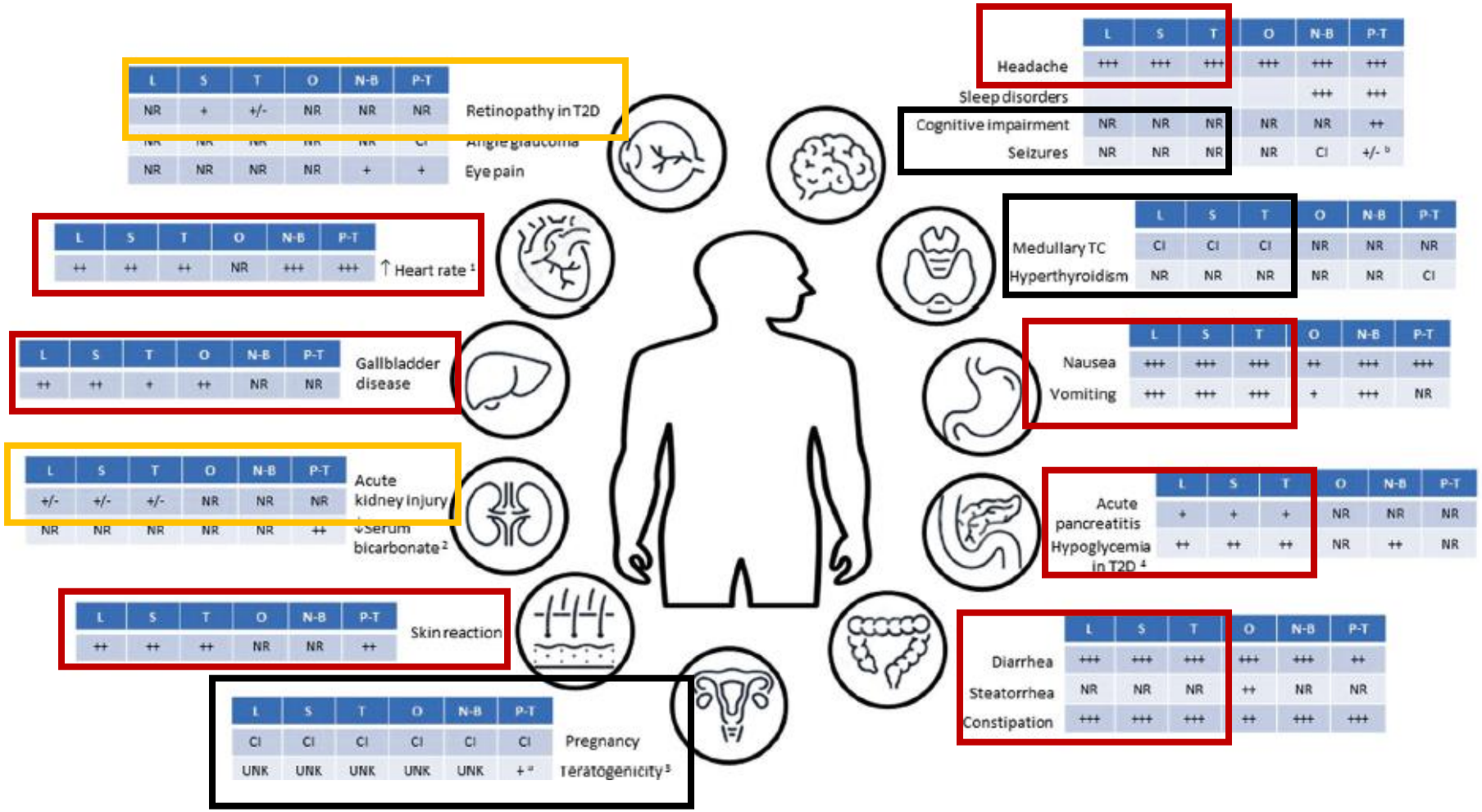

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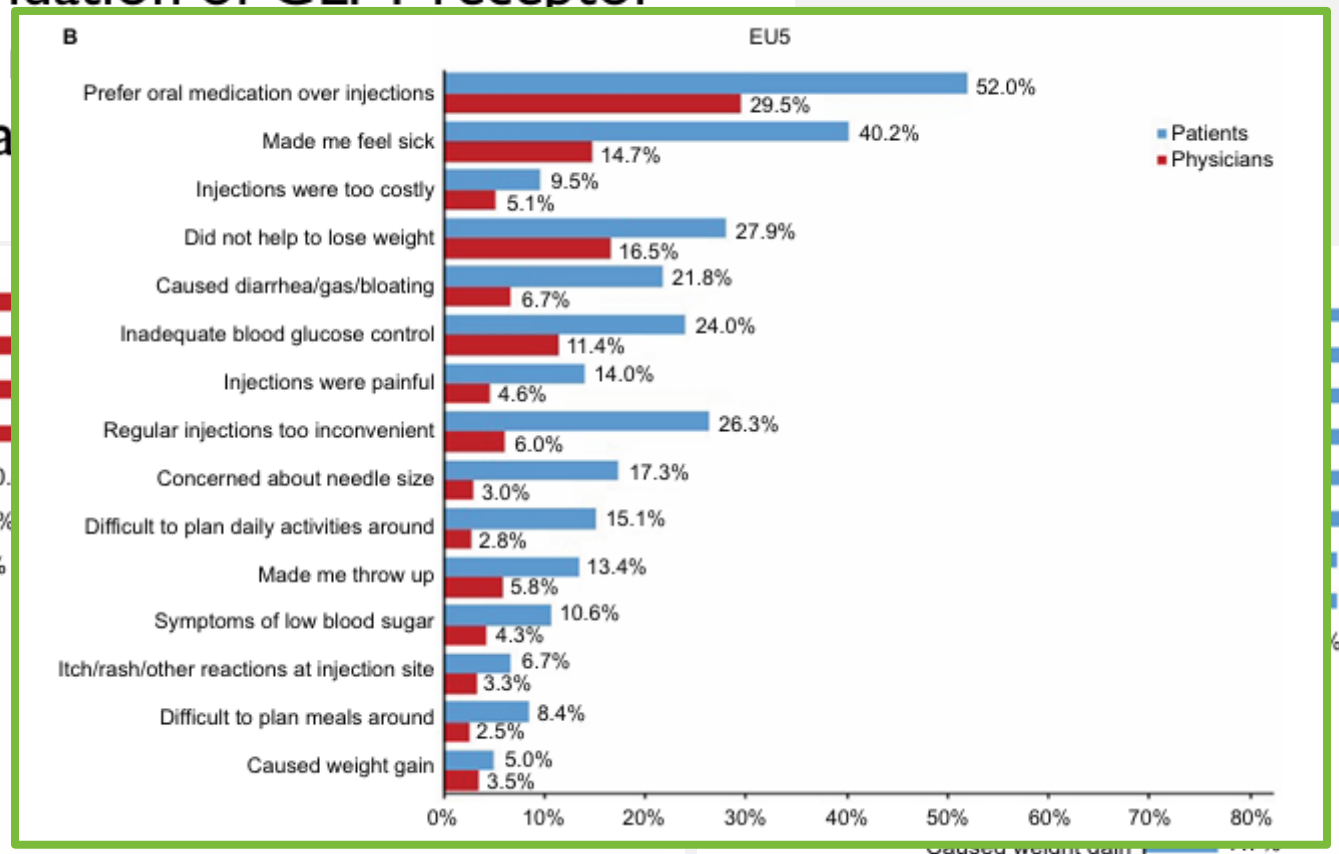
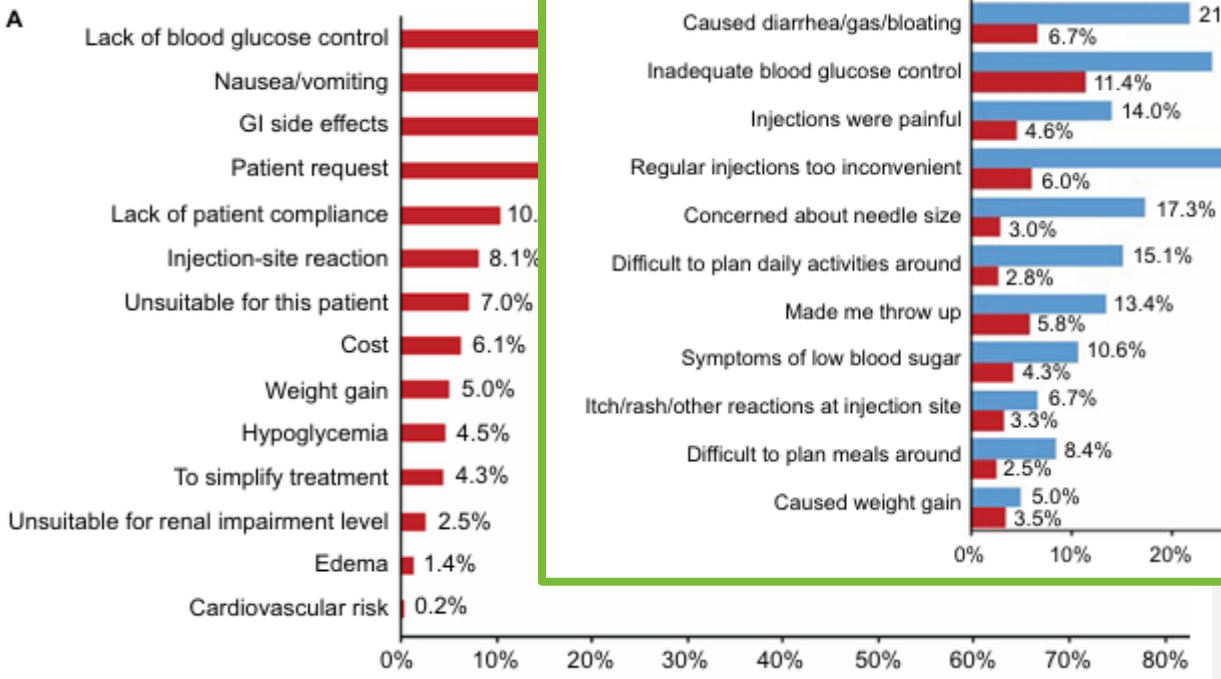
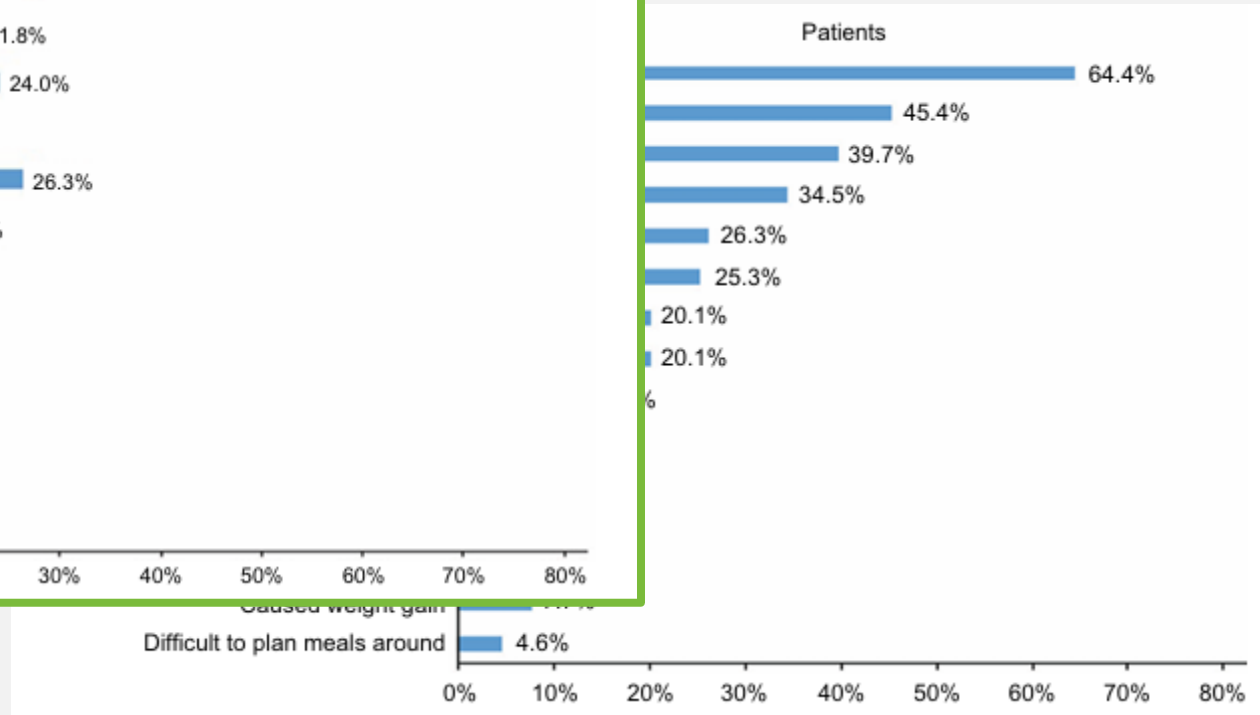






Mirko V Sikirica et al. Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy, , 403-412

Retinopatia Diabètica (freqüent 0’1-1%)

Retinopaia Diabètica

Received: 22 August 2017 | Revised: 2 November 2017 | Accepted: 21 November 2017

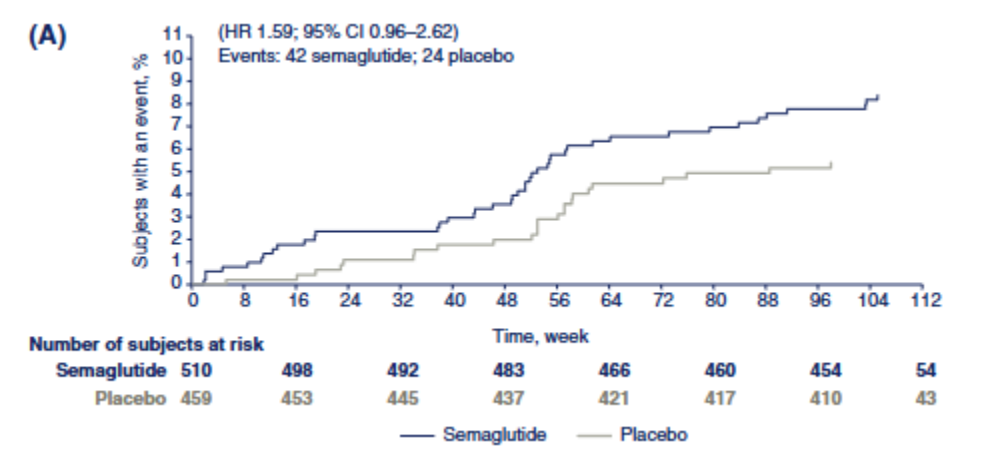
DOI: 10.1111/dom.13172

WILEY

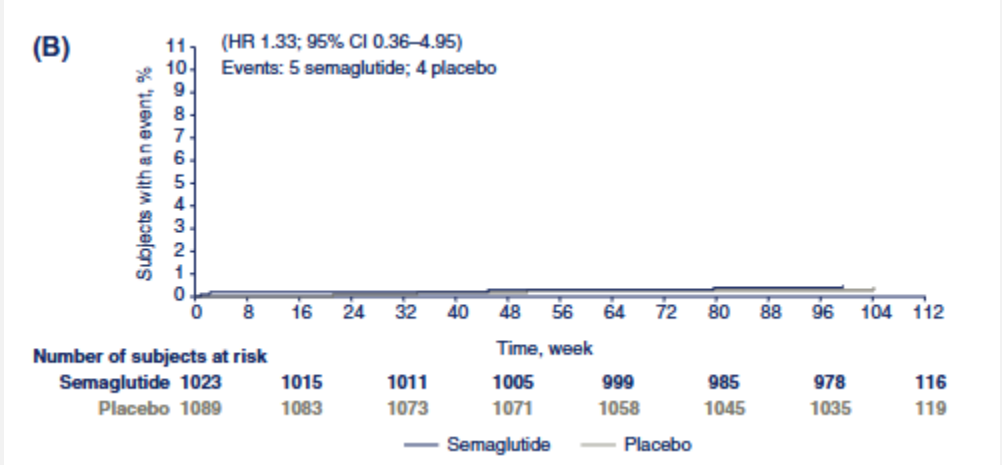
ORIGINAL ARTICLE

Semaglutide, reduction in glycated haemoglobin and the risk of diabetic retinopathy

Tina Vilsbøll MD[1] | Stephen C. Bain FRCP[2] | Lawrence A. Leiter MD[3] | Ildiko Lingvay MD[4] | David Matthews DPhil[5] | Rafael Simó MD[6] | Ida Carøe Helmark MD[7] | Nelun Wijayasinghe MD[7] | Michael Larsen MD[8]



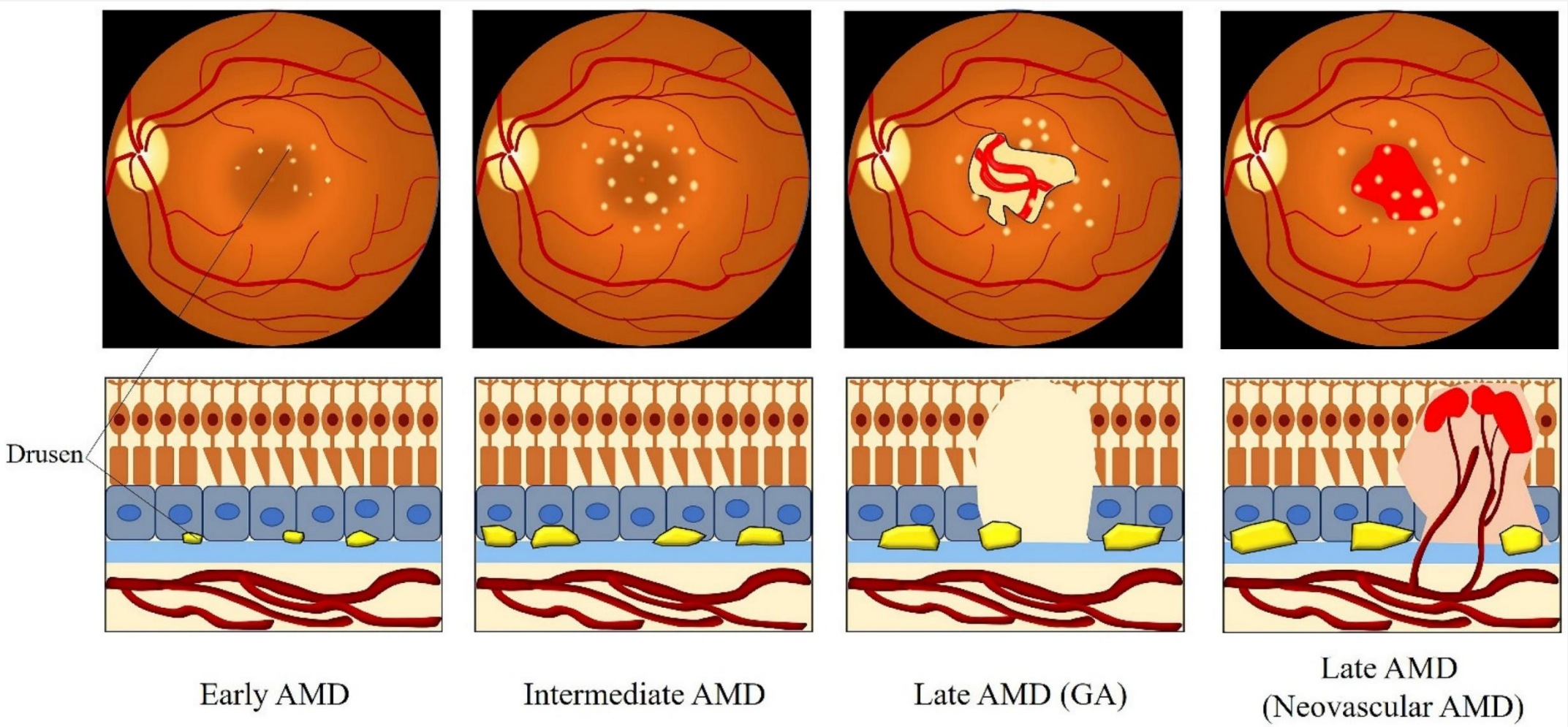
DM amb RD +



DM amb RD -

Age-related Macular Degeneration

Age-related Macular Degeneration

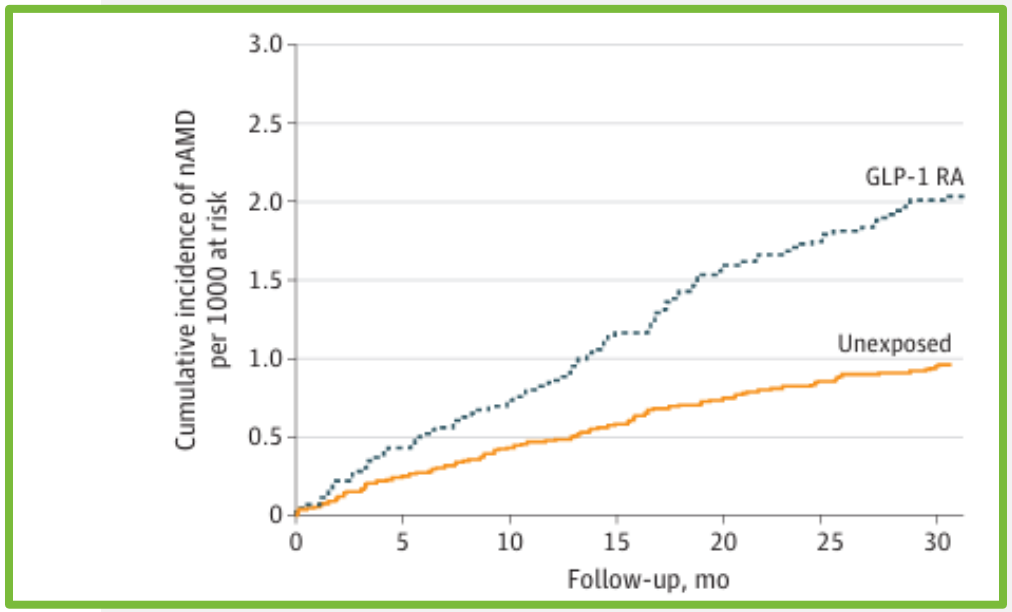


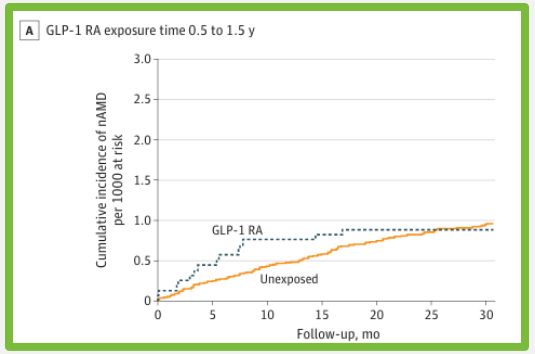
Research

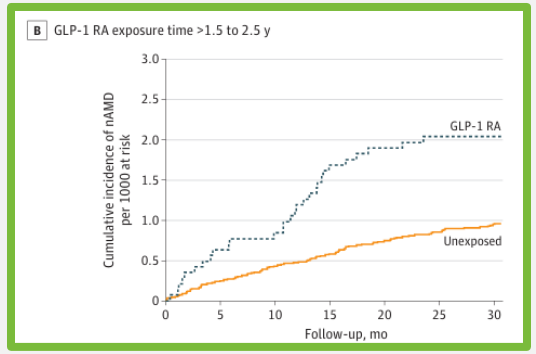
JAMA Ophthalmology | Original Investigation

Glucagon-Like Peptide-1 Receptor Agonists and Risk of Neovascular Age-Related Macular Degeneration

Reut Shor, MD; Andrew Mihalache, MD(C); Atefeh Noori, PhD; Renana Shor, MD; Radha P. Kohly, MD, PhD; Marko M. Popovic, MD, MPH; Rajeev H. Muni, MD, MSc







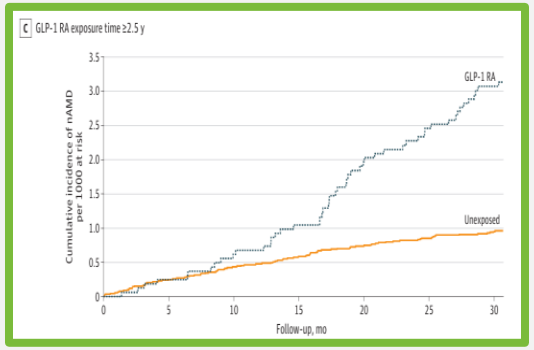


Table 2. Risk of Neovascular Age-Related Macular Degeneration in Matched Patients With Diabetes

	Exposed to GLP-1 RAs (n = 46 334)				
		By length of exposure, mo			
	Total, >6 mo	6-18	18-30	>30	Unexposed (n = 92 668)
Events, No.	93	14	29	50	88
Person-years, No.	115 518	39 439	35 490	40 589	231 035
Crude HR (95% CI)	2.11 (1.58-2.82)	0.92 (0.52-1.62)	2.12 (1.40-3.23)	3.26 (2.31-4.60)	1 [Reference]
Adjusted HR (95% CI)[a]	2.21 (1.65-2.96)	0.94 (0.53-1.65)	2.26 (1.49-3.45)	3.62 (2.56-5.13)	1 [Reference]

Nonarteritic Anterior Ischemic Optic Neuropathy (NAION)

Nonarteritic Anterior Ischemic Optic Neuropathy (NAION)

Research

JAMA Ophthalmology | Original Investigation

Risk of Nonarteritic Anterior Ischemic Optic Neuropathy in Patients Prescribed Semaglutide

Jimena Tatiana Hathaway, MD, MPH; Madhura P. Shah, BS; David B. Hathaway, MD; Seyedeh Maryam Zekavat, MD, PhD; Drenushe Krasniqi, BA; John W. Gittinger Jr, MD; Dean Cestari, MD; Robert Mallery, MD; Bardia Abbasi, MD; Marc Bouffard, MD; Bart K. Chwalisz, MD; Tais Estrela, MD; Joseph F. Rizzo III, MD

Research

JAMA Ophthalmology | Original Investigation

Semaglutide and Nonarteritic Anterior Ischemic Optic Neuropathy

Cindy X. Cai, MD, MS; Michelle Hribar, PhD; Sally Baxter, MD, MSc; Kerry Goetz, MS; Swarup S. Swaminathan, MD;

PRAC concludes eye condition NAION is a very rare side effect of semaglutide medicines Ozempic, Rybelsus and Wegovy

6 June 2025

Results from several large epidemiological studies suggest that exposure to semaglutide in adults with type 2 diabetes is associated with an approximately two-fold increase in the risk of developing NAION compared with people not taking the medicine. This corresponds to approximately one additional case of NAION per 10,000 person-years of treatment; one person-year corresponds to one person taking semaglutide for one year. Data from clinical trials also point to a slightly higher risk of developing the condition in people taking semaglutide, compared with people taking placebo (a dummy treatment).

Nonarteritic Anterior Ischemic Optic Neuropathy (NAION) (molt rara 1/10000)

Enfermedad	Tipo	Prevalencia aproximada
Síndrome de Marfan	Genética (tejido conectivo)	1/5.000 – 1/10.000
Fenilcetonuria (PKU)	Metabólica	1/10.000
Neurofibromatosis tipo 2	Genética (tumores nerviosos)	1/10.000
Síndrome de Rett	Neurológica	1/10.000 – 1/15.000
Adrenoleucodistrofia	Metabólica	1/10.000
Ataxia espinocerebelosa	Neurológica	1/10.000
Síndrome de Prader-Willi	Genética	1/10.000 – 1/30.000
Síndrome de Angelman	Genética	1/10.000 – 1/20.000
Esclerosis lateral primaria	Neurológica	1/10.000
Síndrome de Bardet-Biedl	Genética	1/10.000

1-. OJO amb els pacients DM que se'ls inicia tractament mèdic. Valorar estat de fons d'ull. Sobretot si reduccions brusques de la HbA1.

2-. OJO si pèrdua progressiva i/o sobtada de la visió

Alopècia & Telogen Effluvium

Alopècia & Telogen Effluvium

Received: 29 March 2024 | Accepted: 4 June 2024
DOI: 10.1111/jdv.20197

JEADV

LETTER TO THE EDITOR

Alopecia associated with the use of semaglutide and tirzepatide: A disproportionality analysis using the FDA adverse event reporting system (FAERS) from 2022 to 2023

TABLE 1 Disproportionality analysis of cases of alopecia reported for the currently FDA approved GLP-1 agonists and GLP-1/GIP receptor agonist in FAERS from 2022 to 2023 reporting ROR values and 95% CIs.

Medications class	Medication	Number of cases, *n*	ROR	95% CI
GLP-1 agonist	Semaglutide	199	**2.46**	2.14–2.83
	Liraglutide	20	1.53	0.77–3.02
	Dulaglutide	65	0.67	0.44–1.02
	Exenatide	6	0.31	0.07–1.44
	Lixisenatide	0	—	—
GIP/GLP-1 receptor agonist	Tirzepatide	179	**1.73**	1.42–2.09

ELSEVIER
Journal of the American Academy of Dermatology
Volume 93, Issue 6, December 2025, Pages 1612-1614
JAAD

Brief report

Increased risk of telogen effluvium with tirzepatide compared to other weight loss medications: A retrospective cohort TriNetX database study

Zachary Neubauer BS [a], Michael M. Ong BS [b], Amit Singal BA [c], Shari R. Lipner MD, PhD [d]

Table II. Cox proportional hazard analysis of TE risk between GLP-1RA and controls with subanalysis of specific GLP-1RA medications and controls

Treatment group	Controls* HR (95% CI)	Bariatric surgery HR (95% CI)	Other weight loss medications† HR (95% CI)
All GLP-1RA	1.39 (1.12-1.72)‡	1.40 (0.79-2.48)	1.39 (1.01-1.91)
Liraglutide	1.56 (0.83-2.91)	1.47 (0.66-3.27)	1.54 (0.82-2.89)
Semaglutide	1.33 (0.87-2.02)	0.97 (0.50-1.89)	1.35 (0.87-2.08)
Tirzepatide	2.53 (1.28-5.01)	1.61 (0.65-3.99)	2.65 (1.32-5.32)

ALO-SEMA

TE-TIRZE

OJO Pacients amb alopècia o en tractaments per a la pèrdua de cabell.

Fins aquí.....NEMOTECNIA...

“**OJO** que no et prenguin el **PEL**”

Colelitiasis i Patologia de la Via Biliar (1-5%S i <0’1-1L)

Colelitiasis i Patologia de la Via Biliar (1-5%S i <0'1-1L)

JAMA Internal Medicine | Original Investigation

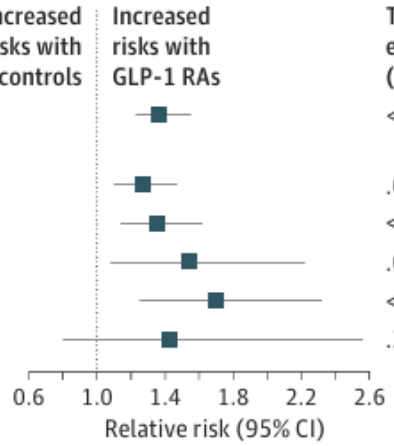
Association of Glucagon-Like Peptide-1 Receptor Agonist Use With Risk of Gallbladder and Biliary Diseases

A Systematic Review and Meta-analysis of Randomized Clinical Trials

Liyun He, MM; Jialu Wang, MM; Fan Ping, MD; Na Yang, MM; Jingyue Huang, MM; Yuxiu Li, MD; Lingling Xu, MD; Wei Li, MD; Huabing Zhang, MD

Figure 2. Risks of Cholelithiasis, Cholecystitis, and Biliary Diseases in Patients Randomized to GLP-1 RA Treatment Compared With Controls in All Trials

Outcomes	No. of studies	No. of events/total: GLP-1 RAs groups	No. of events/total: Control groups	ARD (95% CI) per 10 000 persons/year	I^2, % (95% CI)	Relative risk (95% CI)	Test of effect (*P* value)	Q test (*P* value)
Gallbladder or biliary disease	76	916/57 856	544/45 515	27(17 to 38)	0 (0-27)	1.37 (1.23-1.55)	<.001	.86
Cholelithiasis	61	454/53 674	287/42 212	14 (5 to 24)	0 (0 to 30)	1.27 (1.10 to 1.47)	.001	.99
Cholecystitis	53	302/49 491	187/40 574	10 (4 to 18)	0 (0 to 32)	1.36 (1.14 to 1.62)	<.001	.99
Biliary disease	21	77/36 225	41/32 741	2 (0 to 5)	0 (0 to 48)	1.55 (1.08 to 2.22)	.02	.99
Cholecystectomy	7	125/13 690	61/11 479	9 (3 to 17)	0 (0 to 71)	1.70 (1.25 to 2.32)	<.001	.49
Biliary cancer	12	25/31 010	15/30 026	5 (-3 to 20)	0 (0 to 58)	1.43 (0.80 to 2.56)	.22	.86



ARD denotes the absolute risk difference and GLP-1 RA, glucagon-like peptide-1 receptor agonist.

1-. OJO Pacients amb patologia biliar prèvia.
2-. Mantenir dosis efectives més baixes possibles i evitar llarga durada.
3-. Vigilar greixos i assegurar hidratació.

Risc d’idees suicides

Risc d'idees suicides

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Home > News > EMA statement on ongoing review of GLP-1 receptor agonists

EMA statement on ongoing review of GLP-1 receptor agonists

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11 July 2023

News | Human

EMA's safety committee, the PRAC, is reviewing data on the risk of suicidal thoughts and thoughts of self-harm with medicines known as GLP-1 receptor agonists,[1] including Ozempic (semaglutide), Saxenda (liraglutide) and Wegovy (semaglutide). These medicines are used for weight loss and for treating type 2 diabetes.

The review was triggered by the Icelandic medicines agency following reports of suicidal thoughts and self-injury in people using liraglutide and semaglutide medicines. So far authorities have retrieved and are analysing about 150 reports of possible cases of self-injury and suicidal thoughts.

Glucagon-like peptide-1 receptor agonists and risk of suicidality among patients with type 2 diabetes: active comparator, new user cohort study

Samantha B Shapiro,[1 2] Hui Yin,[1] Oriana Hoi Yun Yu,[2,3,4] Soham Rej,[5,6] Samy Suissa,[1,2,7] Laurent Azoulay[1,2,8]

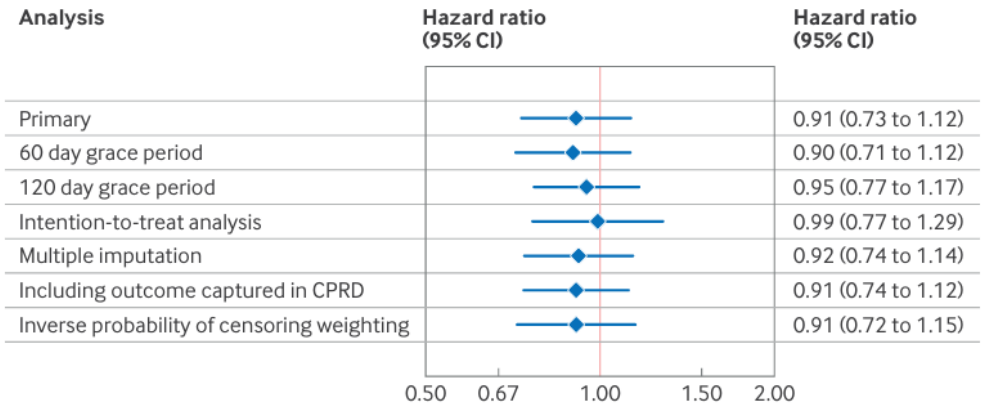


Fig 6 | Hazard ratios and 95% confidence intervals (CIs) from sensitivity analyses for composite outcome of suicidal ideation, self-harm, or completed suicide among patients taking glucagon-like peptide-1 receptor agonist (GLP-1 RA) versus patients taking sodium-glucose cotransporter-2 (SGLT-2) inhibitor. CPRD=Clinical Practice Research Datalink

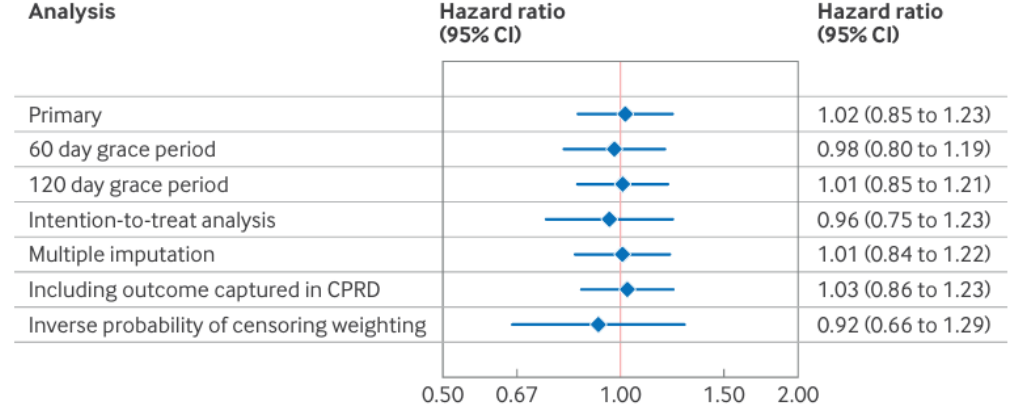
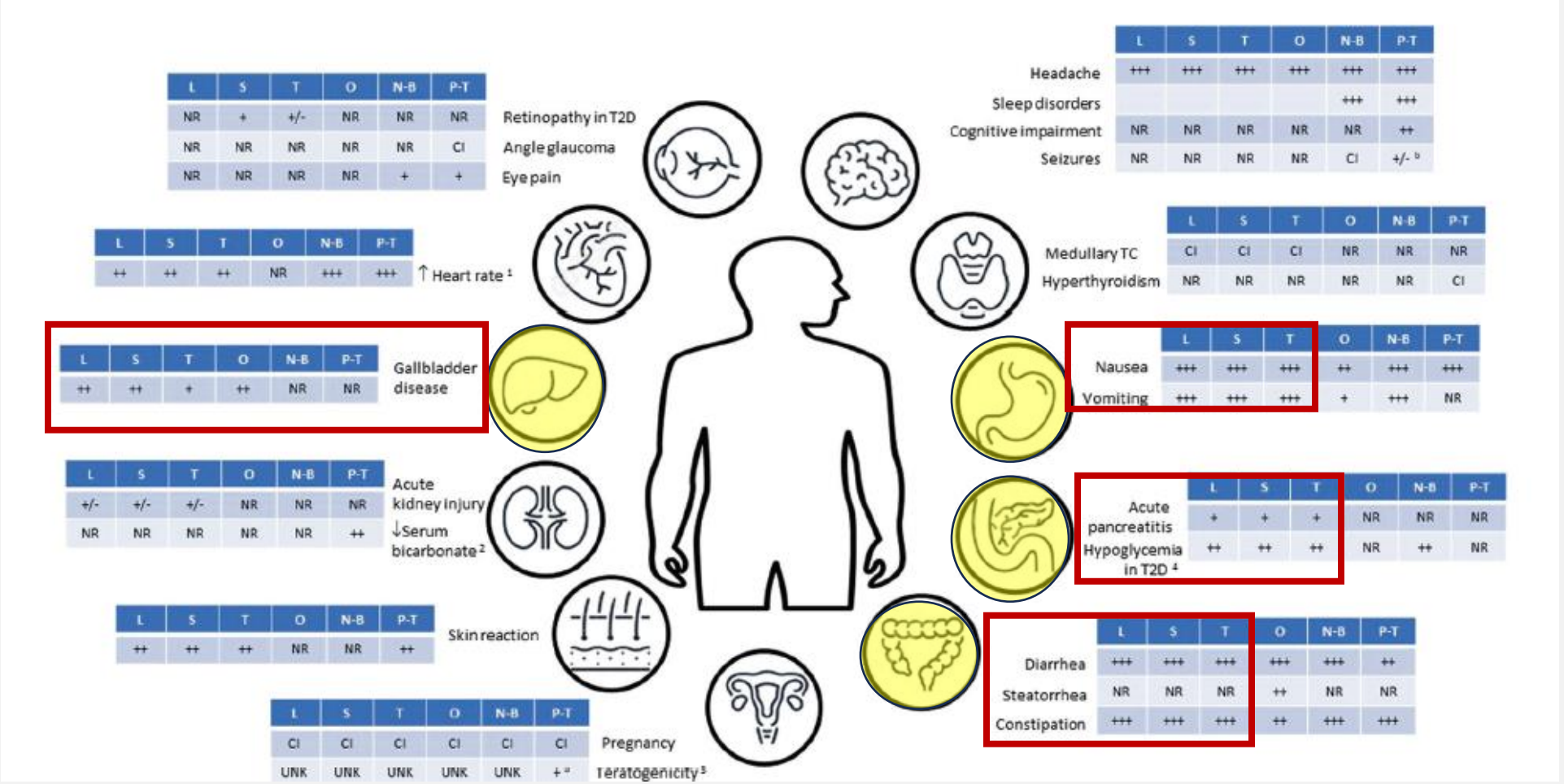


Fig 3 | Hazard ratios and 95% confidence intervals (CIs) from sensitivity analyses for composite outcome of suicidal ideation, self-harm, or completed suicide among patients taking glucagon-like peptide-1 receptor agonist (GLP-1 RA) versus patients taking dipeptidyl peptidase-4 (DPP-4) inhibitor. CPRD=Clinical Practice Research Datalink

Efectes 2º GastroIntestinals (molt freqüents 5%)



obesities

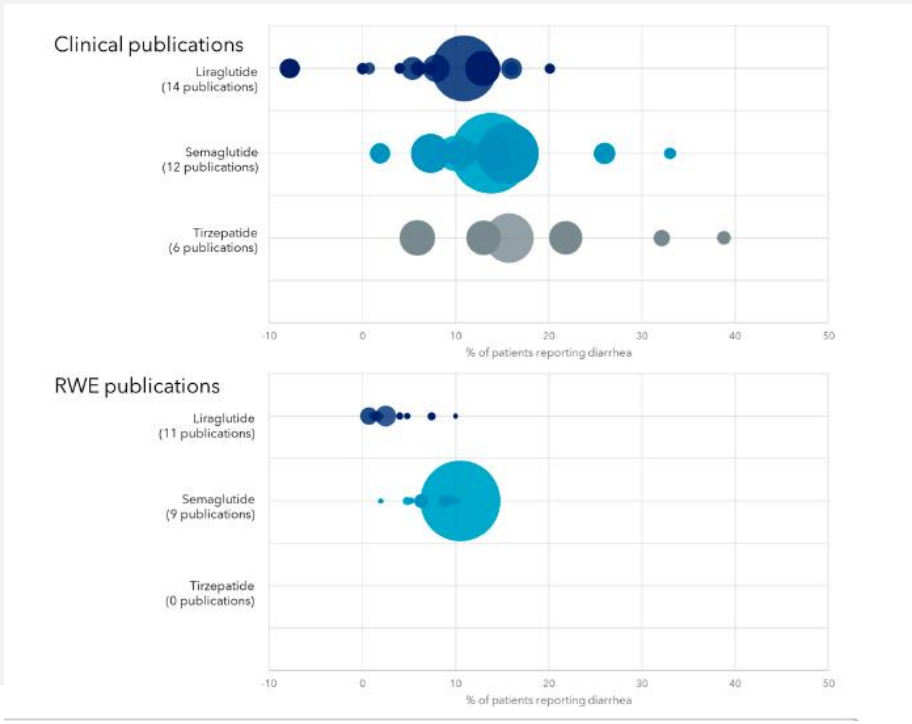
MDPI

Systematic Review

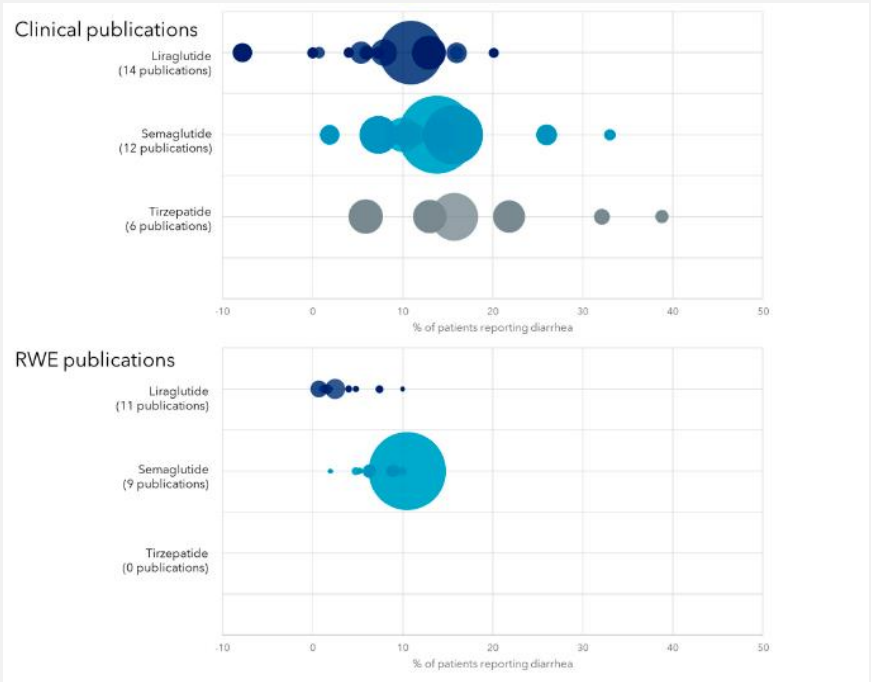
Symptomatic Adverse Events and Quality of Life Related to Incretin-Based Medicines for Obesity: A Systematic Review Involving >400,000 Subjects

Robert F. Kushner [1], Odd Erik Johansen [2], Krysmaru Araujo Torres [3], Trà-Mi Phan [2] and Agnieszka Marczewska [2,*]

Nauseas



Diarrea



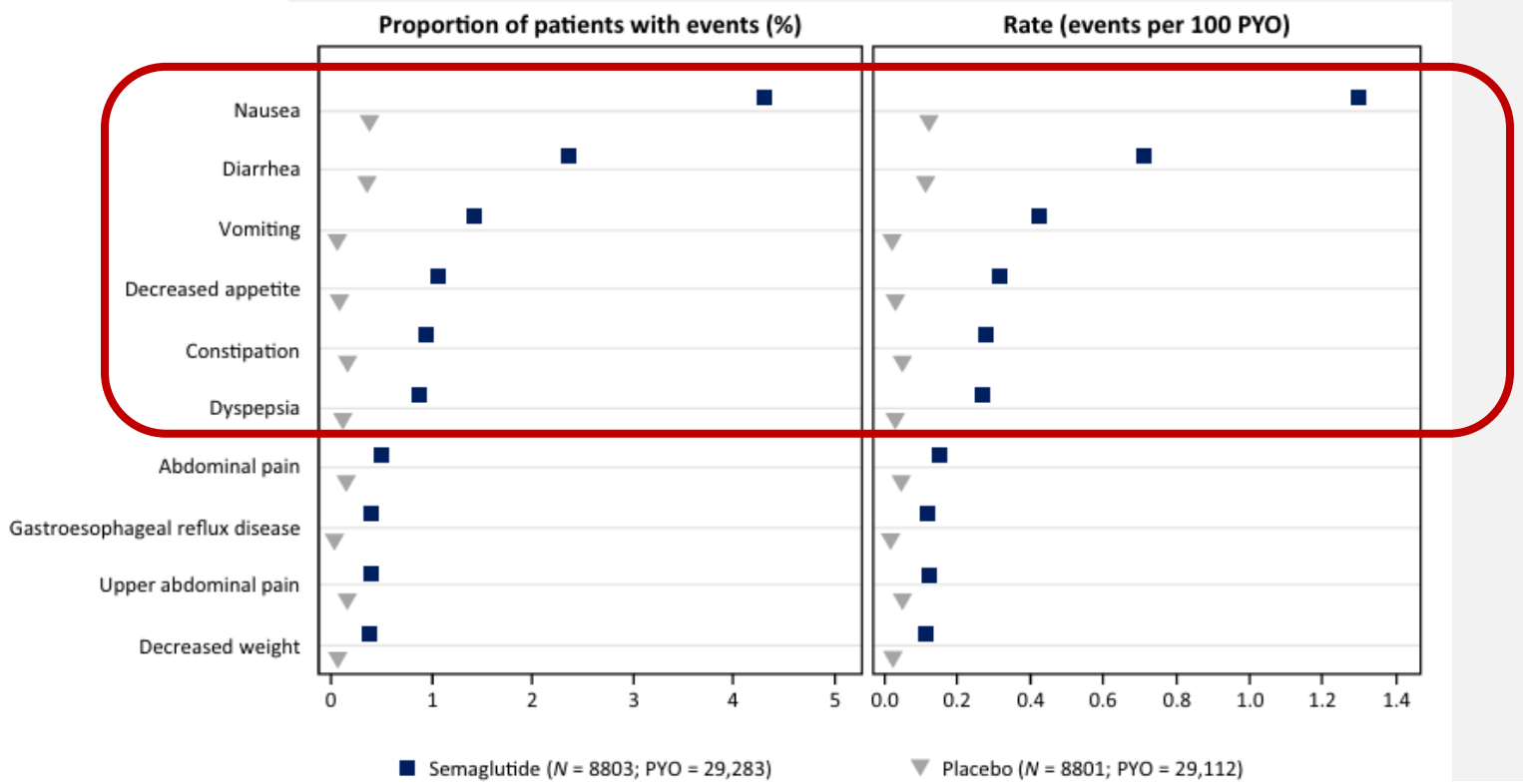
Received: 13 August 2024 | Revised: 25 October 2024 | Accepted: 16 November 2024
DOI: 10.1002/oby.24222

Obesity THE OBESITY SOCIETY WILEY

ORIGINAL ARTICLE
Clinical Trials and Investigations

Safety profile of semaglutide versus placebo in the SELECT study: a randomized controlled trial

Robert F. Kushner[1] | Donna H. Ryan[2] | John Deanfield[3] | Alexander Kokkinos[4] | Cintia Cercato[5] | John Wilding[6] | Bartolome Burguera[7] | Chau-Chung Wu[8] | Anca-Elena Craciun[9,10] | Denes Pall[11] | Irene Hramiak[12] | Jøran Hjelmesæth[13,14] | Nina M. Harder-Lauridsen[15] | Petra Weimers[15] | Ole Kleist Jeppesen[15] | Klaus Kallenbach[15] | A. Michael Lincoff[16] | Ildiko Lingvay[17]



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Tirzepatide as Compared with Semaglutide for the Treatment of Obesity

Louis J. Aronne, M.D.,[1] Deborah Bade Horn, D.O.,[2]
Carel W. le Roux, M.D., Ph.D.,[3,4] Wayne Ho, M.D.,[5,6] Beverly L. Falcon, Ph.D.,[7]
Elisa Gomez Valderas, M.Sc.,[7] Sagar Das, M.Sc.,[7] Clare J. Lee, M.D., M.H.S.,[7]
Leonard C. Glass, M.D.,[7] Cagri Senyucel, M.D., Ph.D.,[7] and Julia P. Dunn, M.D.,[7]
for the SURMOUNT-5 Trial Investigators*

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

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Table 3. Adverse Events and Safety.*

Variable	Tirzepatide (N=374)	Semaglutide (N=376)	Total (N=750)
	number of participants (percent)		
Adverse events that occurred or worsened during the treatment period	287 (76.7)	297 (79.0)	584 (77.9)
Serious adverse events	18 (4.8)	13 (3.5)	31 (4.1)
Adverse events leading to death	0	0	0
Discontinuation from the trial because of adverse events	6 (1.6)	6 (1.6)	12 (1.6)
Discontinuation of the trial treatment because of adverse events	23 (6.1)	30 (8.0)	53 (7.1)
Discontinuation of the trial treatment because of gastrointestinal adverse events	10 (2.7)	21 (5.6)	31 (4.1)
Adverse events occurring in ≥5% of participants in either group†			
Nausea	163 (43.6)	167 (44.4)	330 (44.0)
Constipation	101 (27.0)	107 (28.5)	208 (27.7)
Diarrhea	88 (23.5)	88 (23.4)	176 (23.5)
Vomiting	56 (15.0)	80 (21.3)	136 (18.1)
Coronavirus disease 2019	51 (13.6)	47 (12.5)	98 (13.1)
Fatigue	39 (10.4)	46 (12.2)	85 (11.3)
Eructation	37 (9.9)	29 (7.7)	66 (8.8)
Injection-site reaction	32 (8.6)	1 (0.3)	33 (4.4)
Upper respiratory tract infection	32 (8.6)	43 (11.4)	75 (10.0)
Alopecia	31 (8.3)	23 (6.1)	54 (7.2)
Abdominal distention	27 (7.2)	24 (6.4)	51 (6.8)
Headache	27 (7.2)	27 (7.2)	54 (7.2)
Abdominal pain	24 (6.4)	26 (6.9)	50 (6.7)
Dizziness	24 (6.4)	18 (4.8)	42 (5.6)
Gastroesophageal reflux disease	23 (6.1)	40 (10.6)	63 (8.4)
Dyspepsia	22 (5.9)	28 (7.4)	50 (6.7)
Decreased appetite	17 (4.5)	19 (5.1)	36 (4.8)
Nasopharyngitis	17 (4.5)	23 (6.1)	40 (5.3)
Sinusitis	11 (2.9)	21 (5.6)	32 (4.3)
Adverse events leading to discontinuation of the trial treatment‡			
Nausea	5 (1.3)	7 (1.9)	12 (1.6)
Vomiting	3 (0.8)	4 (1.1)	7 (0.9)
Constipation	1 (0.3)	2 (0.5)	3 (0.4)
Diarrhea	1 (0.3)	2 (0.5)	3 (0.4)
Fatigue	1 (0.3)	1 (0.3)	2 (0.3)
Cholelithiasis	0	2 (0.5)	2 (0.3)

Journal of
Clinical Medicine

MDPI

Perspective

Clinical Recommendations to Manage Gastrointestinal Adverse Events in Patients Treated with Glp-1 Receptor Agonists: A Multidisciplinary Expert Consensus

Juan J. Gorgojo-Martínez [1,†], Pedro Mezquita-Raya [2,†], Juana Carretero-Gómez [3], Almudena Castro [4], Ana Cebrián-Cuenca [5], Alejandra de Torres-Sánchez [2], María Dolores García-de-Lucas [6], Julio Núñez [7], Juan Carlos Obaya [8], María José Soler [9], José Luis Górriz [10,*] and Miguel Ángel Rubio-Herrera [11]

Journal of Clinical Medicine

MDPI

Perspective

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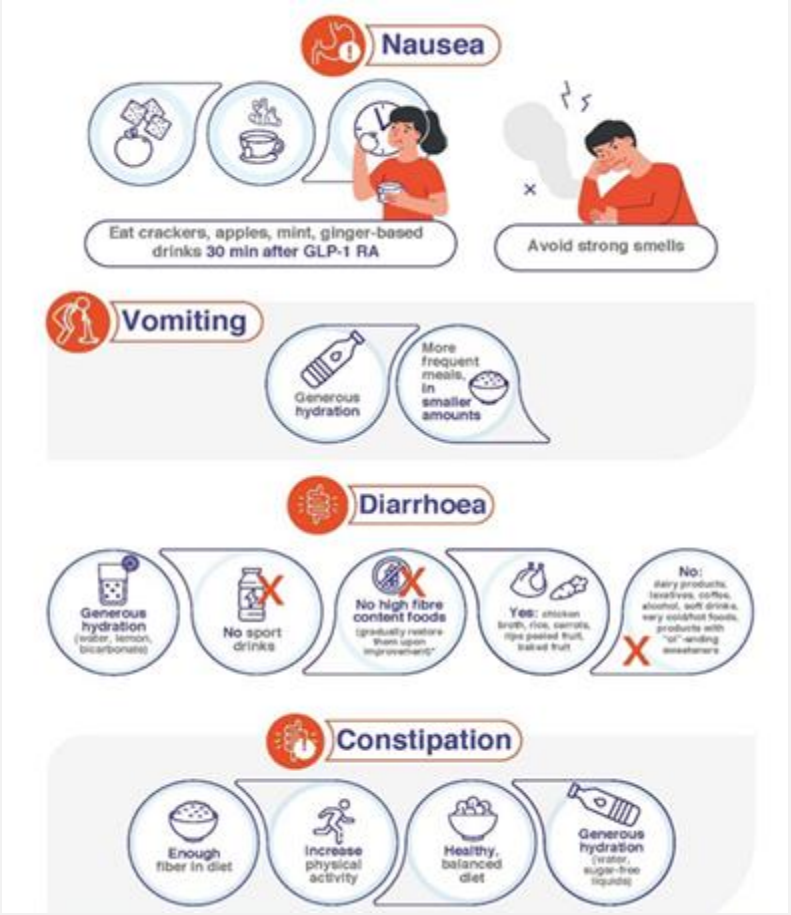

Pancreatitis (> 0.1–1%)

Pancreatitis (> 0.1–1%)

Obesity Science & Practice

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Obesity Science and Practice
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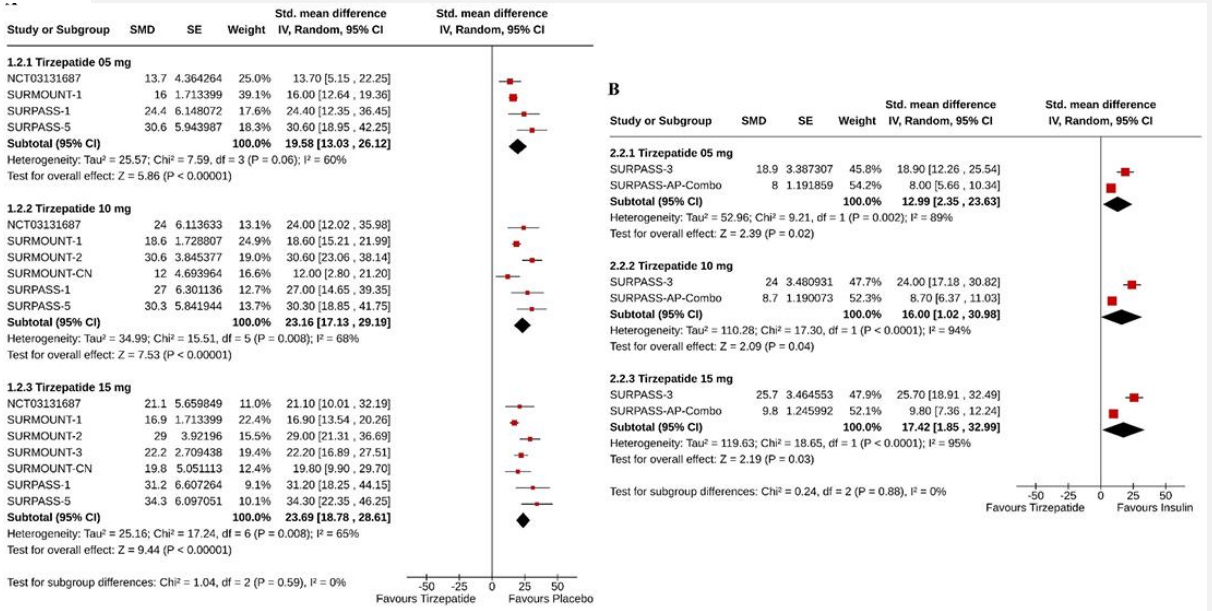
REVIEW OPEN ACCESS

Pancreatic Safety of Tirzepatide and Its Effects on Islet Cell Function: A Systematic Review and Meta-Analysis

A. B. M. Kamrul-Hasan[1] | Sunetra Mondal[2] | Deep Dutta[3] | Lakshmi Nagendra[4] | Mohammed Ruhul Kabir[5] | Joseph M. Pappachan[6]



Lipasa

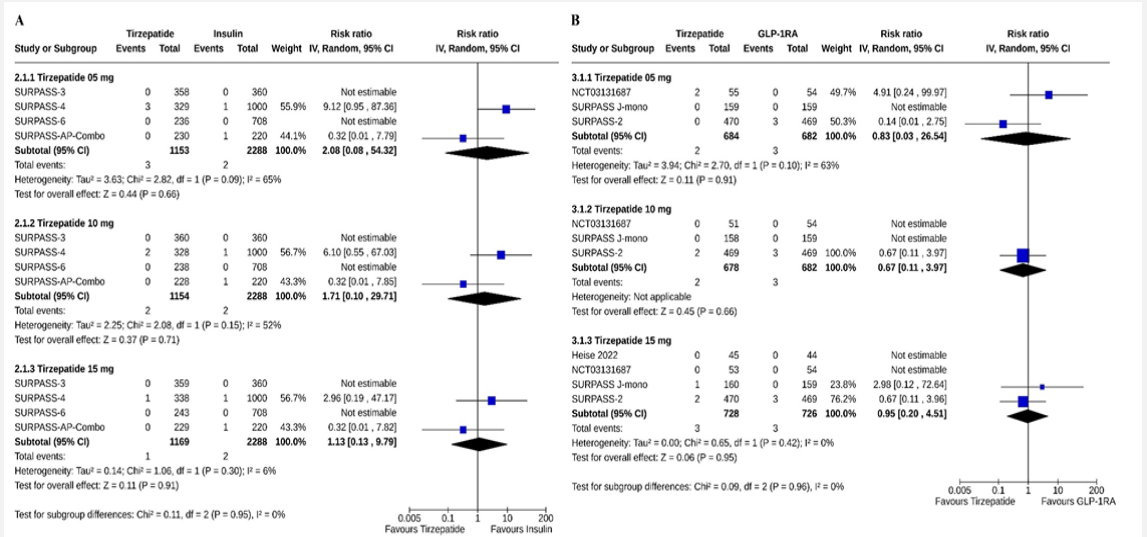
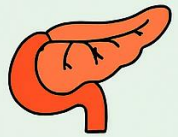


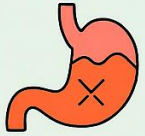
FIGURE 2 | Forest plot highlighting the proportions of study subjects with pancreatitis (A) tirzepatide versus insulin, (B) tirzepatide versus GLP-1RA.

Quan s'ha d'interrompre el tractament amb GLP-1 RA?

Situacions critiques (STOP immediat)



Pancreatitisi sospitàta o confirmada
Dolor abdominal intens + vòmits
→ Suspendre i no reiniciar.



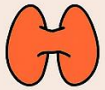
Reaccions d'hipersensibilitat greus
Anafilaxi / angioedema
→ STOP immediat.

Situacions que requereixen valoració

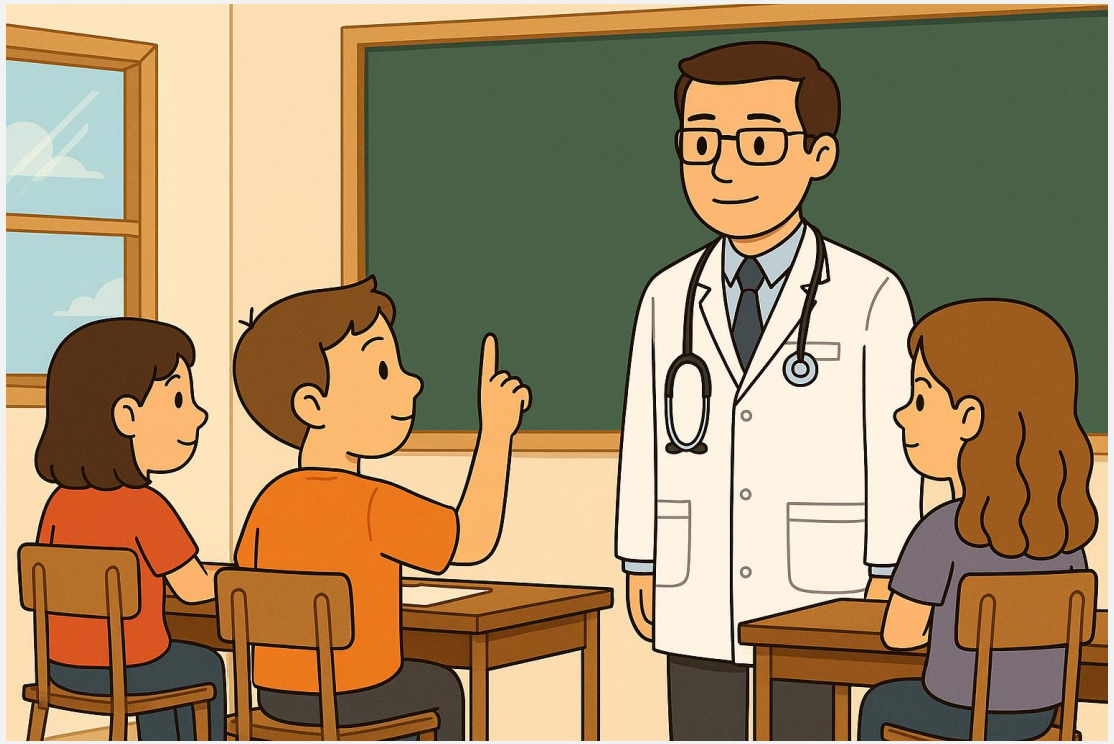
Efectes gastrointestinais greus
Vòmits persistents, deshidratació
→ Si no millora amb reducció de dosi, interrompre.

Complicacions biliars greus
Colelitiasi simptomatica
o colecistitis recurrent.

Contraindicacions absolutes



Carcinoma medul·llar de tiroide o MEN2
Embaràs o planificació d'embaràs
Avaluar interrupció.

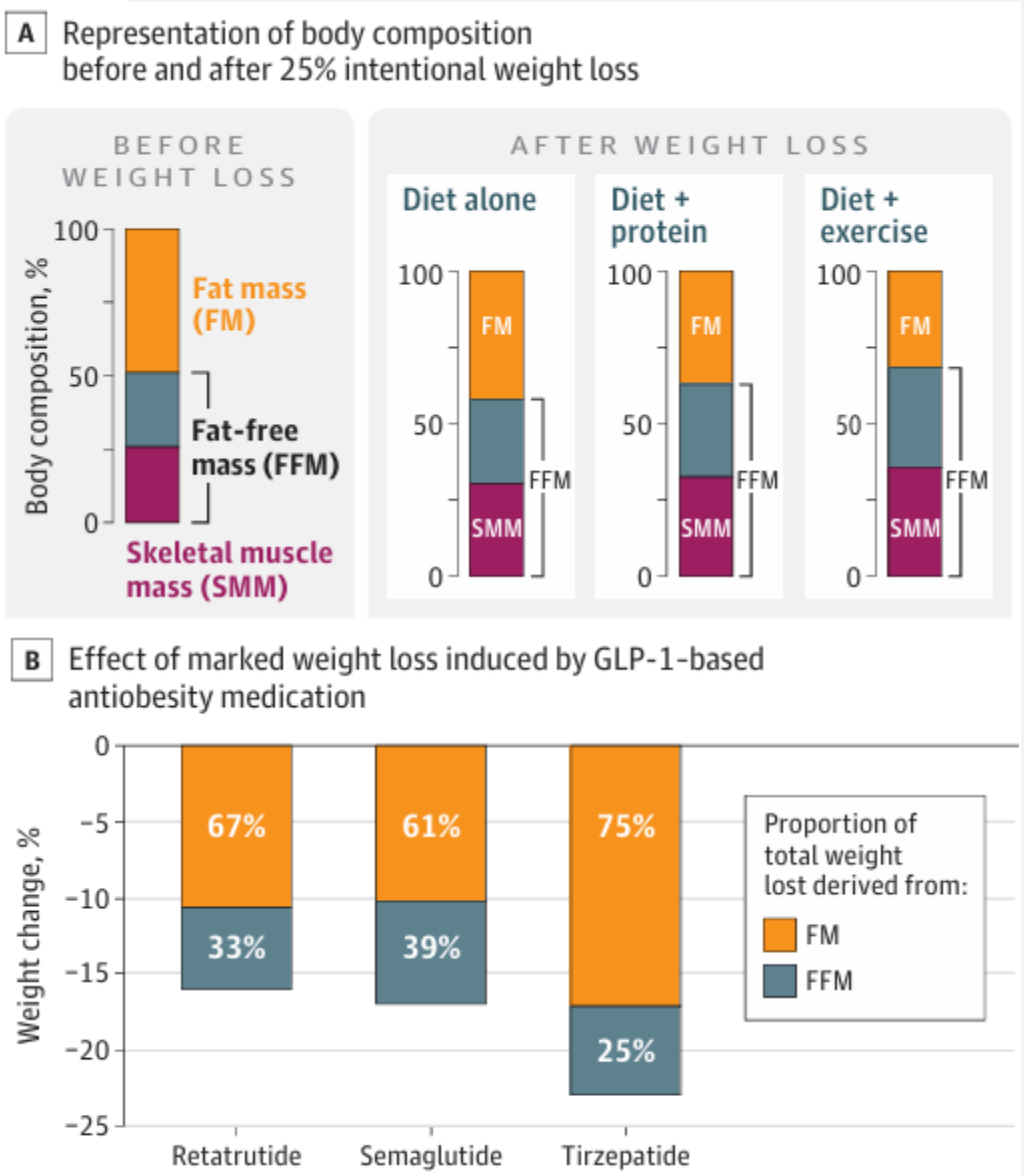


Dubtes freqüents?

Greix OK, però què passa amb el Múscul?

JAMA 2024-07, Vol.332 (1), p.9

Muscle matters: the effects of medically induced weight loss on skeletal muscle



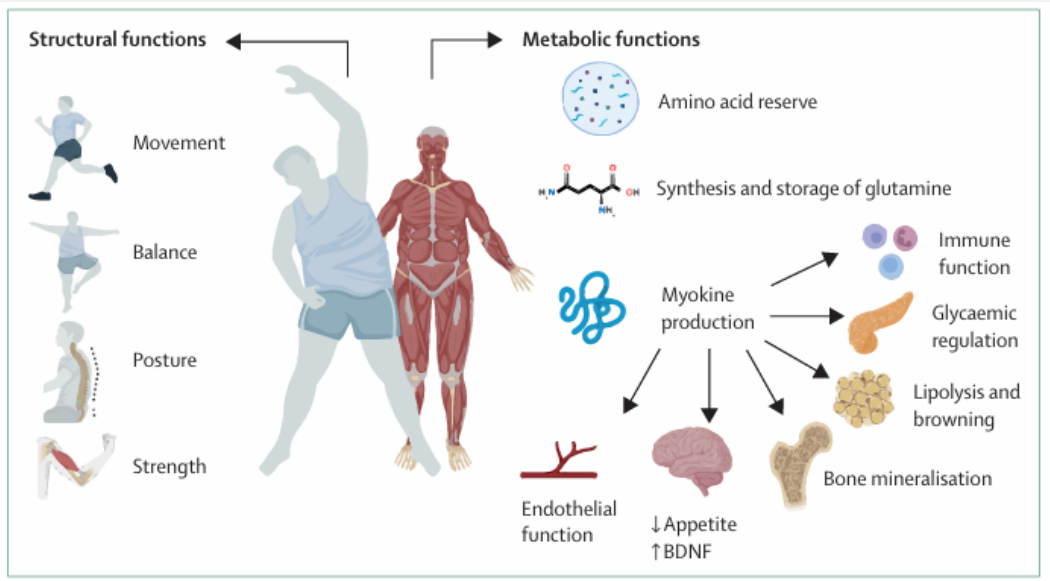


Figure: Selected key roles of skeletal muscle as a structural versus metabolic organ

The recent concern that marked weight loss induced by GLP-1-based antiobesity medications can cause physical frailty or sarcopenia is not supported by data.

1-.Assegurar una ingesta proteica adequada.
2-.Exercici físic eminentment combinació de força i resistència.
3-.Monitoritzar en cas que sigui possible la composició corporal.

Maneig preIQ o previ a Endoscòpies....

Maneig preIQ o previ a Endoscòpies....

American Society of Anesthesiologists®

Revista Española de Anestesiología y Reanimación 72 (2025) 501859

Revista Española de Anestesiología y Reanimación

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CARTA AL DIRECTOR

Manejo perioperatorio de los pacientes en tratamiento con agonistas del receptor GLP-1: riesgos y recomendaciones

para vaciamiento gástrico retardado, se recomienda realizar una ecografía gástrica preoperatoria para evaluar la presencia de contenido gástrico. Si se evidencia retención gástrica, puede ser necesario posponer el procedimiento electivo hasta la resolución de los síntomas, o si se decide continuar, planificar una inducción de secuencia rápida para

ELSEVIER

SURGERY FOR OBESITY AND RELATED DISEASES

Surgery for Obesity and Related Diseases 20 (2024) 1183–1186

ASMBS guidelines/statements

Multisociety clinical practice guidance for the safe use of glucagon-like peptide-1 receptor agonists in the perioperative period

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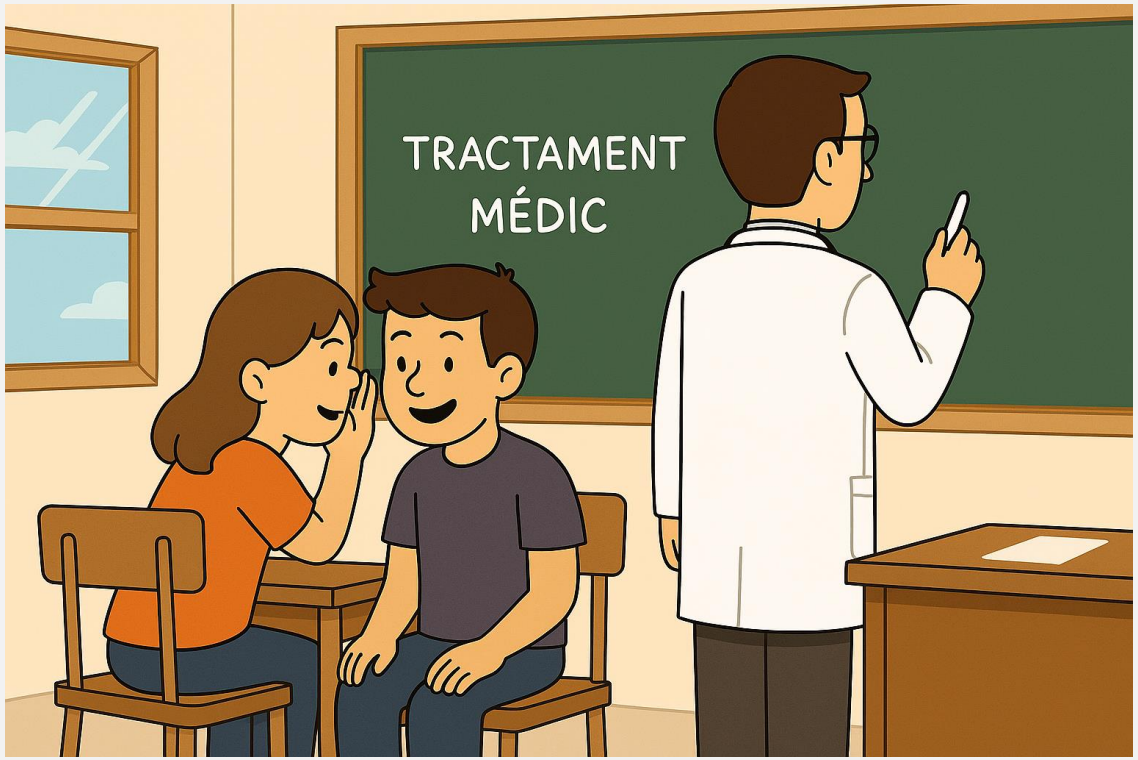
Received 30 August 2024; accepted 31 August 2024

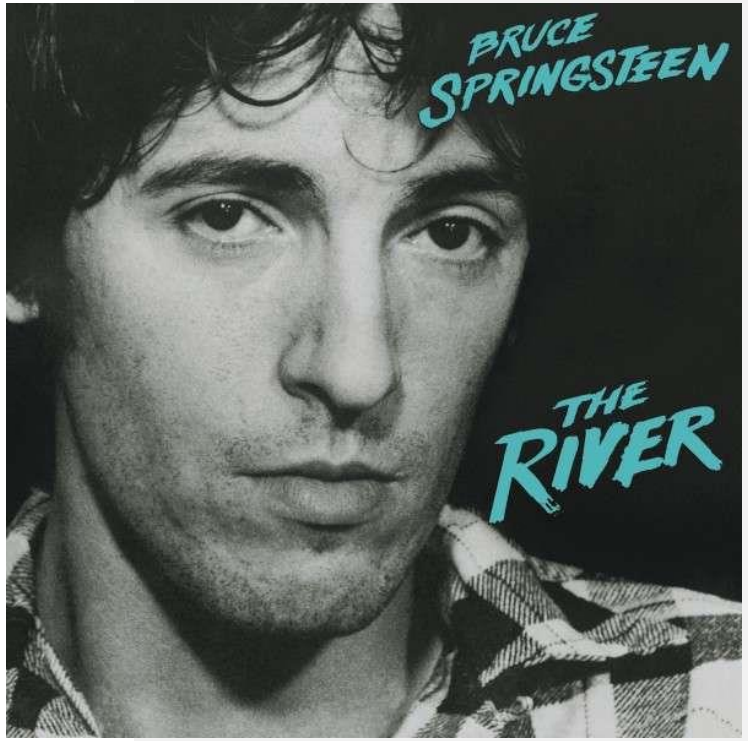
1-. Aturar 7 dies previs a la IQ si setmanal o 24h prèvies si oral/sc diari.
2-. Es recomana dieta liquida les darreres 24h.
3-. Si simptomàtic, ecografia, i si contingut diferir IQ.



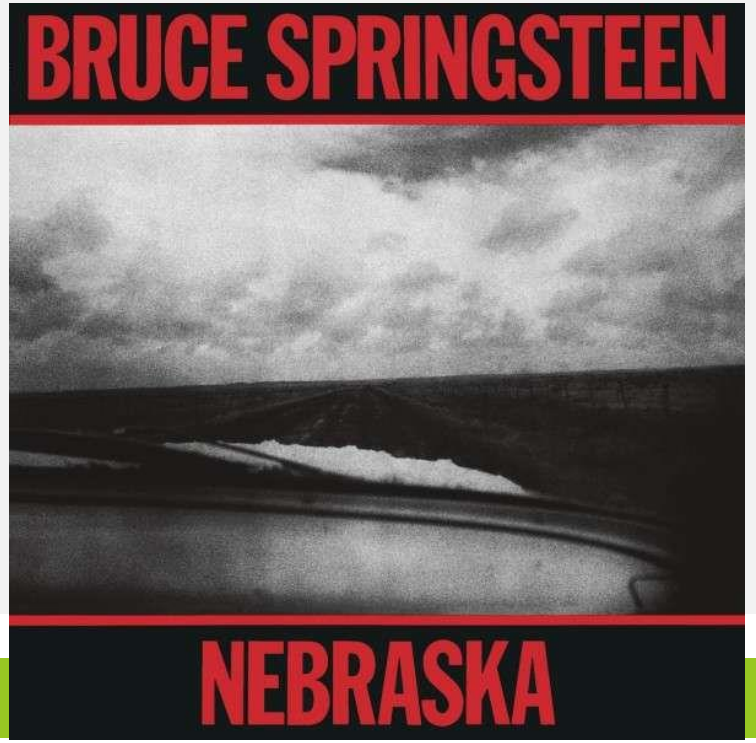
“Bulos” o “ Bramas”.....

MISCONCEPTTIONS
ABOUT OBESITY MEDICATIONS

 They're a magic pill or quick fix	They work best with lifestyle changes
 You can stop after a few monhs	They usually need to be taken long term
 Medications alone are enough	Lifestyle changes are still important
 Everyone is taking them	Use is lower than you maythink
 Using medication is cheating or shows lack of willpower	Obesity is a disease, not a failure
 All weight-loss drugs are the same	There are different options


BRUCE
SPRINGSTEEN
THE
RIVER


BORN IN THE U.S.A./BRUCE SPRINGSTEEN


BRUCE SPRINGSTEEN
NEBRASKA

Moltíssimes gràcies CAMFICers

CAMFiC
societat catalana de medicina familiar i comunitària