

Using a GLP-1 or GIP/GLP-1 Receptor Agonist with Type 1 Diabetes?

Here's what experts recommend discussing with your doctor to keep you safe and feeling your best.

Even with new insulins and technologies, managing type 1 diabetes (T1D) is still difficult and demands constant time and energy. Perhaps you have heard about GLP-1 and GLP-1/GIP receptor agonists (GLP-1s and GIP/GLP-1s)—known by brand names like Ozempic, Mounjaro, Wegovy, and Zepbound—and wondered if they could help you. These medications have proven benefits for type 2 diabetes and obesity but aren't yet FDA-approved for T1D. Many people with T1D are already leveraging these tools, but clear guidance on how to use them safely has been scarce.

diaTribe gathered a group of experts to review the research on how GLP-1s and GIP/GLP-1s work in people with T1D and publish a new consensus statement with recommendations to guide safe use. Below, we answer some of the most common questions from people with T1D who are considering trying a GLP-1 or GIP/GLP-1, and give you a checklist of things to discuss with your healthcare provider.

What are the potential benefits of GLP-1s or GIP/GLP-1s for people with T1D?

Large clinical trials are still ongoing, and their findings will be important to confirming how these medications work specifically for T1D. Researchers have begun looking at this in smaller studies, though, and **so far, results show many possible benefits for people with T1D, including improvements in:**

- **Glucose levels** (lower A1C and higher time in range).¹⁻⁵
- **Weight loss**^{1-4,6-15}
- **Blood pressure**^{3,6,13}
- **Lipid profiles**^{1,3-6,13,16}
- **Insulin requirements** (Tirzepatide treatment is associated with decreases in daily insulin dose of up to 30%.^{13,15} Although treatment with semaglutide has also been associated with decreases in daily insulin dose,^{3,7,9,16} significant changes in insulin doses have not been consistently seen in all studies.^{2,8,12})
- **Cardiac event risk**¹⁷



Keep in mind that different kinds of GLP-1s and GIP/GLP-1s have different effects, and not everyone experiences the same response. Talk with your healthcare team about the benefits that are most important to you.

Current research does not suggest that there are significant safety concerns unique to people with T1D when these medications are used with support from a healthcare team. Still, there are potential risks and side effects to consider.

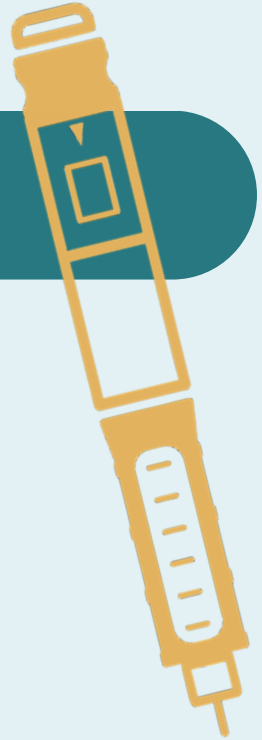


Am I a good candidate for a GLP-1 or GIP/GLP-1?

Experts recommend considering these medications for adults who:

1. Have overweight/obesity;
2. Have a normal BMI but are not reaching glycemic targets with insulin alone, or;
3. Who may benefit from cardiovascular or renal protections.

GLP-1s or GIP/GLP-1s may also make sense for younger people with diabetes who have overweight or obesity, regardless of whether they are meeting glycemic targets.



What should I consider before starting a GLP-1 or GIP/GLP-1?

Before starting a GLP-1 or GIP/GLP-1, tell your doctor if you have gastrointestinal symptoms such as reflux, ongoing feelings of uncomfortable fullness, bloating, constipation, and diarrhea. Your healthcare team will want to diagnose and treat these symptoms first.

Additionally, **make sure you've had a diabetes-specific eye exam within the last year to protect your eye health.** Your healthcare team may want you to get another exam closer to when you start one of these medications, to double check for any retinopathy that could be worsened by rapid changes in your glucose patterns after you start the medication. If you have any retinopathy, you may need to have this treated first before you start taking a GLP-1 or GIP/GLP-1.



What do I need to know before starting a GLP-1 or GIP/GLP-1?

Your healthcare team will want to discuss the potential risks and benefits of taking this medication. In addition, you should discuss the following:

- Impact on insulin dosing:** GLP-1 and GIP/GLP-1 will impact how much insulin your body needs. You'll want to know how to adjust your insulin dosing as needed and know how to recognize the signs that you're getting too much or too little insulin. **NEVER fully discontinue insulin if you have T1D.**
- Keeping an eye out for DKA:** Make sure you know the signs and symptoms of diabetic ketoacidosis, have supplies to [monitor your ketones](#) (like blood and urine testing kits that are available over-the-counter, or a [continuous ketone monitor](#)), and know how and when to test. Examples of when you'll want to test for ketones include:
 - When your glucose levels are ≥ 200 mg/dL (≥ 11.1 mmol/L) for 2 hours or more.
 - During illness, persistent GI symptoms, reduced food/drink intake, or significant insulin dose reduction, even if glucose values are < 250 mg/dL (13.9 mmol/L) (it is possible for your body to experience something called '[euglycemic DKA](#),' even when your glucose is in range).
- Sick day plans:** Ask your provider what to do if you aren't feeling well—especially in cases where you're struggling to keep food down, and therefore aren't taking insulin for meals.
- Technology use:** experts recommend using a CGM, and prefer an automated insulin delivery system when using a GLP-1 or GIP/GLP-1, as this can help with keeping your glucose levels in a healthy range as your insulin needs change.
- Birth control & family planning:** If you are taking oral contraceptive pills, taking a GLP-1 or GIP/GLP-1 can affect how they work. Be sure to discuss the best contraceptive option for you to use alongside these medications. Additionally, if you are actively trying to conceive or find out you are pregnant, your healthcare team will likely advise you to stop taking the GLP-1 or GIP/GLP-1 during pregnancy.
- Staying strong:** When taking a GLP-1 or GIP/GLP-1, it's important to talk to your healthcare provider about protecting your strength. Discuss signs and symptoms to keep an eye on, and how resistance training and eating adequate protein are important to keeping you ready for your daily activities while using these medications.
- Potential adverse reactions:** Before starting a GLP-1 or GIP/GLP-1, it's important to tell your healthcare provider about any other medications you are taking (including any not related to diabetes), as some medications react with one another and can't be safely taken at the same time.

What is the process for starting a GLP-1 or GIP/GLP-1 and finding the right dose for me?

To find the right dose for you and reduce the chances of experiencing significant side effects, you'll want to work closely with your healthcare team, checking in frequently. You can expect the process to look something like this:

1. Start at a low dose and discuss increasing the dose slowly every 1–3 months based on your healthcare team's recommendations. Be sure to reach out to your team about any side effects or concerns.
2. Every time your dose is changed, you and your team will review and adjust your insulin doses—but **it is important to never fully stop taking insulin.**
3. Once your treatment goals are met (such as a glycemic target, weight loss goal, or something else), your provider may consider reducing your dose.
4. After you and your healthcare provider feel you've reached a stable dose to continue longer-term, check in remotely or in-person every 3 months or as your individual team recommends.

What will we talk about at my follow-up appointments?

When you check in with your provider after starting a GLP-1 or GIP/GLP-1, you can expect to review and discuss the following:

- Insulin doses
- Possible adverse reactions with other medications
- Monitor and treat gastrointestinal side effects
- Nutritional deficiencies
- Eating habits
- Any symptoms of sarcopenia and increased fall or fracture risk (such as decreased muscle mass, changes in ability to maintain your usual activity)
- Eye health
- Other labs as usual

After I start a GLP-1 or GIP/GLP-1, is there anything I should tell my doctor?


In addition to reaching out about any new symptoms or concerns, be sure to reach out ahead of any scheduled surgeries or procedures. Your team will work together to give you the best guidance about whether you need to pause taking the medication, what kind of diet might be necessary, and how to manage your glucose levels when planning to go under anesthesia.

Will I be able to access a GLP-1 or GIP/GLP-1?

The answer to this question is complicated, unfortunately. Because these medications are not yet FDA-approved to treat T1D yet, many insurance plans do not currently cover it for T1D. More work needs to be done to ensure that all people with T1D who are good candidates and want to use a GLP-1 or GIP/GLP-1 can access one without significant barriers, experiencing gaps in coverage, or being forced to switch between medications. The consensus provides standards that should guide improvements in access and will support ongoing advocacy.

In the meantime, talk to your healthcare team, as they may be able to help you get access even if your insurance doesn't cover it right away. **Experts strongly recommend only taking approved medicines and avoiding unregulated, compounded versions of these medications for your safety.**

Key Takeaways




Discuss potential **heart, kidney, and weight loss benefits** with your provider

Start low and go slow: never take more than prescribed—this will help you feel better!




Never stop taking insulin, and ask your doctor about how to spot signs of DKA

Check in with your healthcare team regularly to **monitor for side effects**



If you are struggling to meet your diabetes management goals, you are not alone. While research is ongoing to work towards approval of GLP-1s and GIP/GLP-1s for T1D, we know that for many people, the need for additional management tools cannot wait. The new expert consensus statement recognizes this need for options—and provides guidance based on available data and clinician experience to guide the safest possible off-label use of GLP-1s and GIP/GLP-1s until more research and regulatory approvals are available.

This guide reflects the information and recommendations of the new consensus statement, which was endorsed by the American Association of Clinical Endocrinology, Association of Diabetes Care and Education Specialists, Breakthrough T1D, Advanced Technologies & Treatments for Diabetes, International Diabetes Federation Europe, and the International Society for Pediatric and Adolescent Diabetes.

For more information, see the full consensus statement published in *Diabetes Technology & Therapeutics*: <https://journals.sagepub.com/doi/10.1177/15209156261449879>

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