

GLP-1 agonists medications and endometriosis: what you need to know

You may have seen some discussions in the media and online about GLP-1 medications, sometimes called “weight loss injections” or “skinny jabs”, and comments that some have experienced reduction in their endometriosis symptoms as well as weight loss. Currently, there is no evidence to support the use of these medications for managing endometriosis pain or symptoms, and they should not be viewed as treatments for endometriosis.

What are GLP-1 medications?

GLP-1 agonists (GLP-1s) are medicines that mimic a natural hormone released after eating. They help people feel fuller for longer, slow stomach emptying, and can improve blood sugar control. Some newer medicines, such as tirzepatide (Mounjaro), also act on a second hormone involved in appetite and glucose regulation.

Examples of GLP-1 medicines available in the UK include:

Semaglutide (*Wegovy, Ozempic, Rybelsus*)

Tirzepatide (*Mounjaro*)

What are they licensed for?

In the UK, GLP-1 medications are licensed for specific medical conditions, including:

- Type 2 diabetes
- Obesity or being overweight with related health risks

“Licensed” means the medicines have been assessed by the UK medicines regulator, the Medicines and Healthcare products Regulatory Agency (MHRA), and approved as safe and effective for those specific uses.

These medications are not licensed for cosmetic weight loss.

How are medications licensed?

In the UK, the Medicines and Healthcare products Regulatory Agency (MHRA) checks and licenses medicines. Before a medicine can be licensed, the drugs company must first test it carefully in a lab and then in clinical trials with people. These trials will establish whether the medicine works and at what dose, whether it’s safe, and which patients may benefit most.

At present, there is insufficient clinical evidence showing that GLP-1 medications are safe or effective for treating endometriosis symptoms or pain. With no clinical trials looking into GLP-1 medications use and endometriosis symptom management.

While some people may share personal experiences online, this does not replace properly conducted medical research. More studies are needed to understand whether these medicines have any role in endometriosis care.

Their use should remain limited to clear medical indications such as diabetes, obesity, insulin resistance, or increased cardiometabolic risk, under the guidance of a healthcare practitioner.

Information about contraception and pregnancy

GLP-1 medications should not be taken during pregnancy or when trying to conceive, because there is not enough safety data to know whether they could harm a developing baby. Anyone who could become pregnant should use effective contraception while taking these medications.

GLP-1 medicines can also affect how some oral medications are absorbed because they slow stomach emptying. This may affect the effectiveness of the contraceptive pill. Those using Tirzepatide (*Mounjaro*) and oral contraception are advised to switch to a non-oral contraceptive method, or add a barrier method of contraception, for four weeks after initiation and for four weeks after each dose increase.

You may also wish to consider a non-oral contraceptive methods as these are not absorbed in the stomach, such as:

- The hormone releasing coil
- The implant
- The injection

Not all contraceptive methods become effective immediately, so it is important to discuss your options with a healthcare practitioner.

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