BDA The Association of UK Dietitians
Obesity Specialist Group

Medications for obesity

A guide to eating and living well for people with mental health challenges

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What's in this guide

Mental and physical health

Mental and physical health are connected. People with mental health problems might find aspects of eating hard. Some people may experience changes in their weight. They could become underweight or overweight.

This can happen due to mood changes, worries or stress, medicines, or not feeling well. Mental health medicines can make people hungry, tired, sick, or cause gut troubles. Sometimes, people find it hard to look after themselves, go to the doctor, buy food, cook, or sleep.

Because of these things, people with mental health problems often need extra support if they want to use medicine to lose weight. Some medicines for serious mental health problems, like psychosis, depression, or anxiety, can make you put on weight. Examples are olanzapine, quetiapine and clozapine.

If you want to lose weight with the help of a medication and have a mental health issue, please talk to your doctor or healthcare team.

Mental health medicines and medications for obesity

Medications for obesity* are a tool that help people manage their weight. They can also help people with diabetes to manage their blood sugars.

Some people say medications for obesity can help with mental health problems. But there is not enough proof for this yet.

Do not use medications for obesity instead of your mental health medicines or treatments.

*These medications have different names like GLP-1s, GLP-1 receptor agonists, or incretin therapy. For obesity management they include Mounjaro, Saxenda, and Wegovy. In this leaflet, we call them **medications for obesity**.

Talk to your GP, psychiatrist, nurse, dietitian, or pharmacist if:

- You are taking mental health medicines and are worried about gaining weight
- You are thinking about taking medications for obesity. These medications can change how your mental health medicines work. Your doctor or care team needs to check all your medicines work well together

Do not stop or change your mental health medicines by yourself. Always talk to your GP, psychiatrist, nurse, pharmacist, or care team first.

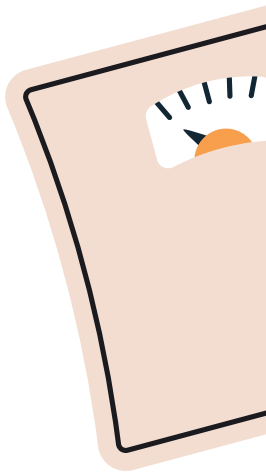
Worried about weight gain

If you are worried about your weight, see your GP for referral for supported advice. They can help you with ideas on meals and make helpful suggestions such as attending local cooking classes or joining a walking group.

Talk to your family and carers too. Their support can help you make changes. Mental health medicines may affect your food and drink intake, or even your ability to do your usual activities if they:

- Make you feel more hungry
- Make you feel sleepy
- Make you more thirsty
- Give you extra saliva

If you are in a hospital or setting other than home, it can affect when, what and how much you eat and drink, your physical activity, and sleep. Wellbeing can be more difficult to manage. If you are taking medications for obesity and go to a mental health hospital, talk with the ward doctor, and ask for a referral to the dietitian, if available.



Constipation

Some mental health medicines and medications for obesity can cause constipation (difficulty going to the toilet). To help with this:

Drink enough fluids – try for 2-3 litres each day. This can be water, or drinks like low sugar juices, coffee, or fruit tea

Eat more fibre. Choose brown or wholemeal bread, pasta, rice, and breakfast cereals

Add lentils, beans, or peas to your meals

Have vegetables or fruit at each meal

Include movement or activity every day

Talk to a pharmacist or doctor if you get constipation. This is especially important if using a few medicines that can each cause constipation.

Meal planning

When some people have a low or high mood or are feeling anxious it can be hard to shop, plan, and prepare food and meals. The following can help:

- **Keep store cupboard essentials** that can be used for an easy meal, tinned foods can be good
- **Bulk or 'batch' cook** and put away in the freezer for another time
- **Ask relatives/carers to help with shopping or cooking**. Sometimes eating with others can also help
- **Try and stick to a routine with sleeping** as well as mealtimes

Eating difficulties

People can struggle with the way they think and feel about food and the way they eat. It can include many different difficulties. Some people have an eating disorder (such as anorexia, bulimia, binge eating disorder), and others have difficulties that don't fit a diagnosis. Some people get help for these problems but not everyone does.

Eating difficulties can include things like:

- Skipping meals
- Eating very different amounts each day e.g. eating large amounts of snacks, missing out meals
- Feeling stressed or worried about food
- Not knowing whether you are hungry or full
- Eating much less or much more than your body needs
- Eating a lot of food very quickly and feeling unable to stop
- Feeling upset, sad, or guilty after eating
- Worrying a lot about weight or shape

All eating difficulties can affect physical and mental health. They can also affect people of any size and shape. You do not need an eating disorder diagnosis for eating to feel difficult or for it to affect your health. What matters is how eating is going for you right now. Some people who do not meet the criteria for an eating disorder can still have the same physical or emotional risks, including the body not getting enough nutrition or getting unbalanced nutrition. Taking medications for obesity can increase the risk of these issues.

For more information on eating disorders please see:

https://www.beateatingdisorders.org.uk/

Eating difficulties and medications for obesity

We currently do not know a lot about how medicines for obesity work for people with eating difficulties. Some people say they think about food less when taking these medications. When the medication stops, the worries can come back. Getting help from a professional to find better ways to think about food and feel better is important.

If your body is already not getting enough food, or you have a diagnosed restrictive eating disorder (for example, an illness where you often eat much less than your body needs), you should not use medications for obesity. These medicines can be unsafe for people with this type of illness. Always speak to your doctor or healthcare team first.

Some people may eat much less than their body needs without meaning to while taking medications for obesity. Sometimes, eating less and losing weight can start off well, but it can turn into a problem if you cannot stop. Over time if the body does not get enough food this can affect energy levels, mood, and physical health. If you notice you are eating very little or struggling to stop losing weight, it's important to speak to your healthcare team.

What to watch for:

- Eating very little or skipping meals regularly
- Feeling unable to stop losing weight
- Low energy or feeling weak
- Changes in mood, like feeling irritable or low

It is important to talk to your healthcare team if you notice these signs.

If you have eating difficulties of any kind, or think you may have an eating disorder, talk to your doctor or healthcare team before starting any medications for obesity. This is to help keep you safe.

If you need to see a dietitian

Visit your GP for a referral or find a private dietitian. To check if your dietitian is registered visit:

hcpc-uk.org

About this publication

This leaflet was produced by specialist obesity dietitians from the British Dietetic Association (BDA) Obesity Specialist Group, with help from health professionals and people with their own experience. Created in partnership with specialist mental health dietitians from the BDA Mental Health Specialist Group.

This leaflet does not replace advice from a dietitian or doctor; it is for information only. You can get this leaflet and others like it from the BDA website for free.

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