

# Metabolism and Mood: Are GLP-1 Receptor Agonists Capable of Preventing and Treating Psychiatric Disorders

X: @rogersmcintyre

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# Learning Objectives

- To review preclinical, translational, observational and clinical data suggesting that IRAs target substrates subserving the pathophysiology of depressive and disorders (e.g., cognitive function, reward)
- To discuss the rationale for evaluating incretin receptor agonists (IRAs) as therapeutics
- To review safety concerns in the psychiatric population

# Should Depressive Syndromes Be Reclassified as Metabolic Syndrome Type II?

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informa  
healthcare

## Should Depressive Syndromes Be Reclassified as “Metabolic Syndrome Type II”?

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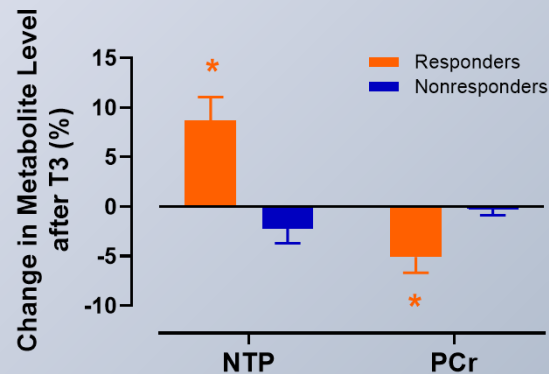
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# Bipolar depression study data may provide highly valuable scientific and clinical evidence of elunetirom's biologic effects in the depressed brain

Autobahn BP study inspired by precedent human clinical data using  $^{31}\text{P}$ -MRS with TH

Potential thyroid hormone effects on brain bioenergetics and cellular energy metabolism

↑ ATP in T3 Responders (MDD)<sup>1</sup>



## • Key Insights & Conclusions

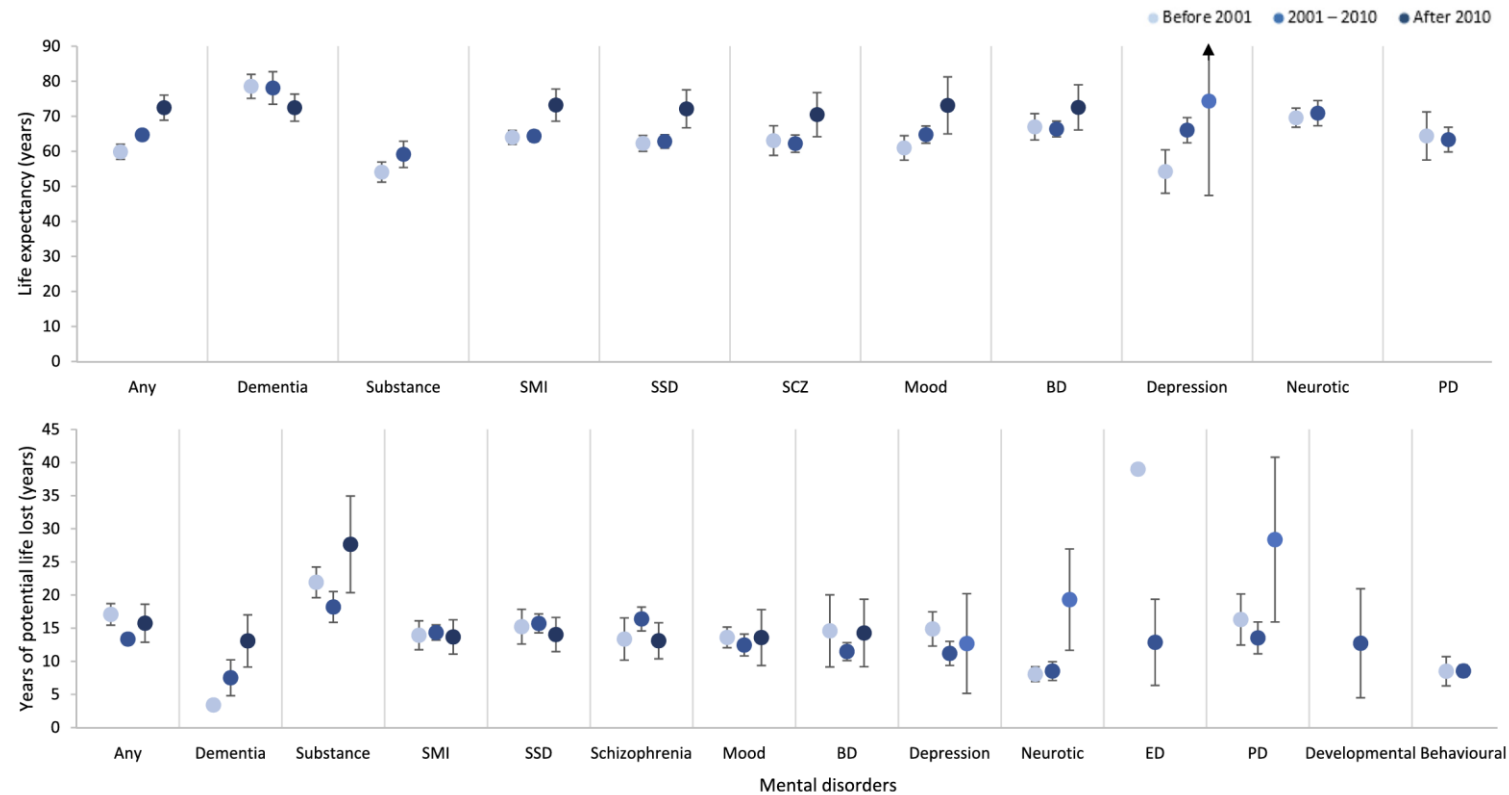
- Neurobiology of depression: bioenergetic deficits and mitochondrial dysfunction (↓ beta-ATP in MDD subjects vs. healthy volunteers<sup>2</sup>)
- Thyroid hormone corrects abnormal brain bioenergetic metabolism in depression (↑ cellular ATP and compensatory ↓ PCr)
- Effect is related to treatment response

## • Key Study Outputs

- Enhancement of precedent data with elunetirom
- Safety and tolerability of elunetirom over 6-weeks of dosing in depressed subjects
- Potential mechanistic validation on brain bioenergetics, correlated to response
- Open-label efficacy in bipolar depression, may de-risk readthrough to MDD

# Life Expectancy and Years of Potential Life Lost in People with Mental Disorders: A Systematic Review and Meta-Analysis

Life expectancy and years of potential life lost (YPLL) of people with mental disorders before 2001, in 2001–2010, and after 2010



Abbreviations: Any = any mental disorders; BD = bipolar disorder; ED = eating disorders = PD = personality disorders; SCZ = schizophrenia; SMI = severe mental illness; SSD = schizophrenia-spectrum disorders

# Transformation 2.0 - GLP-1 RAs as Psychiatric Medications?

CME MOOD DISORDERS MAOIs for Depression | NEUROPSYCHIATRY Borderline Personality Disorder | JPER

# Psychiatric Times

Peer-Reviewed Practice-Oriented July 2025

## TRANSFORMATION 2.0

### The GLP-1 RAs as Psychiatric Medications?

Roger S. McIntyre, MD, FRCP

It is often stated that the modern psychopharmacologic revolution began in the 1950s. During that time, health care practitioners and individuals with mental disorders were introduced to conventional antipsychotics, monoaminergic antidepressants, benzodiazepines, and lithium. This truly remarkable decade was a prelude to 7 subsequent decades that ushered in an expansion of treatment options, with newer-generation agents generally being safer, better tolerated, and easier to administer.

Continued on page 6



#### CLINICAL REFLECTIONS

### What Long COVID Can Teach Psychiatry—and Its Critics

Ronald W. Pies, MD

Let's say you have been coping with a multiform and mysterious set of physical, emotional, and cognitive symptoms for the past 6 months. You feel miserable and can barely carry out the activities of daily living. You have seen several medical specialists, but none is able to give you a definitive diagnosis. Laboratory and imaging studies have been normal

Continued on page 8

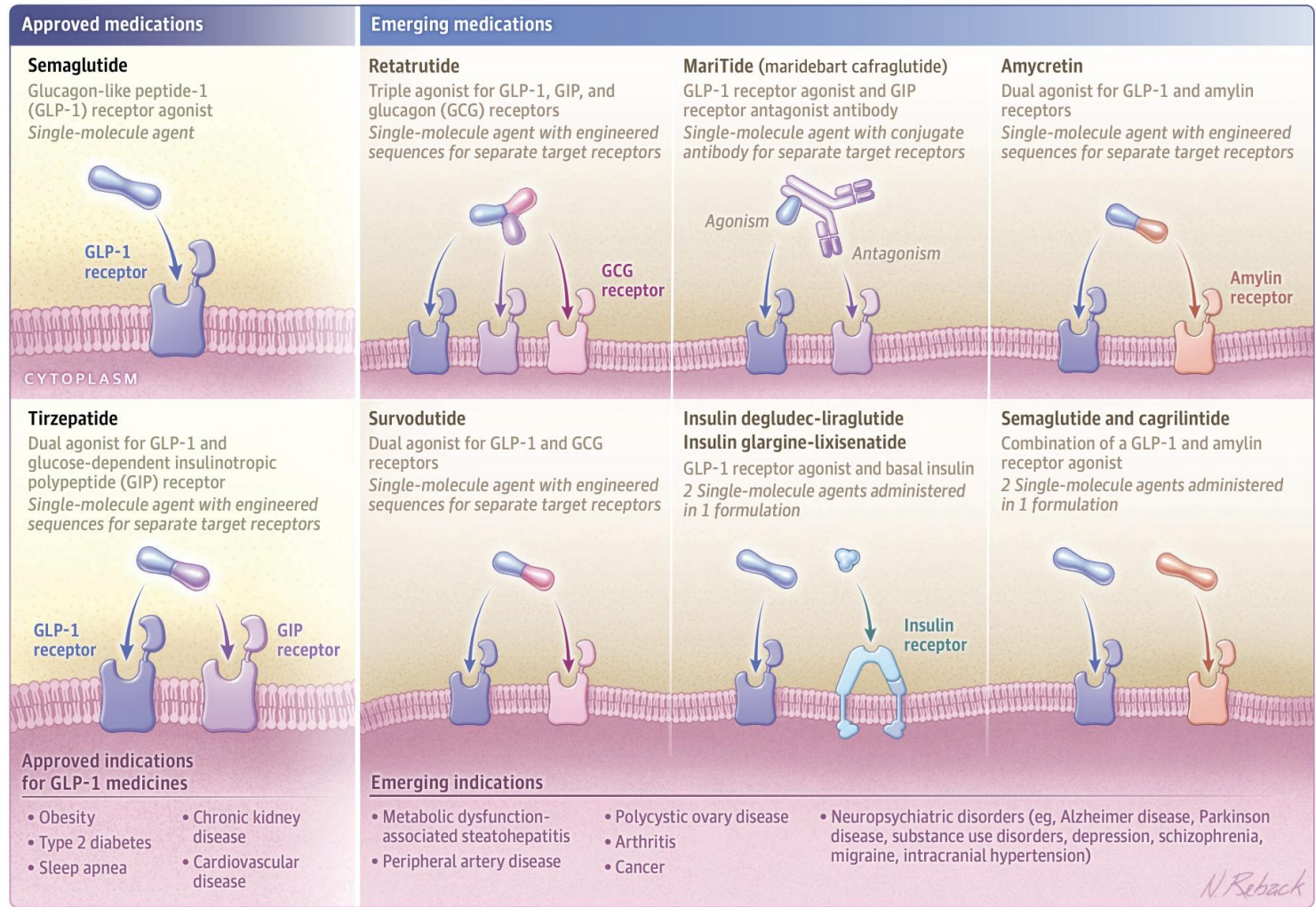
# Incretins and Incretin Pharmacology: A History

- 1897: Pavlov pancreatic secretions neurally mediated
- 1902: Secretin coined by Baylis and Starling
- 1921, 1923, 1928: Insulin, Glucagon and Cholecystokinin (CCK) respectively
- 1932: Incretin coined by Jean La Barre
- 1966: DPP-IV discovered by Hopsu-Havu and Glenner
- 1970: Glucose insulinotropic polypeptide (GIP) coined by Pederson and Brown
- 1986: Glucagon-like peptide-1 (GLP-1) discovered by Holst, Habenaar, Mojsov, Drucker
- 1992: Exendin-4 (Gila Monster) discovered by Eng
- 2005: FDA approves first GLP-1 receptor agonist Exenatide
- 2025 Incretin receptor agonists in Phase 3 in MDD and BD

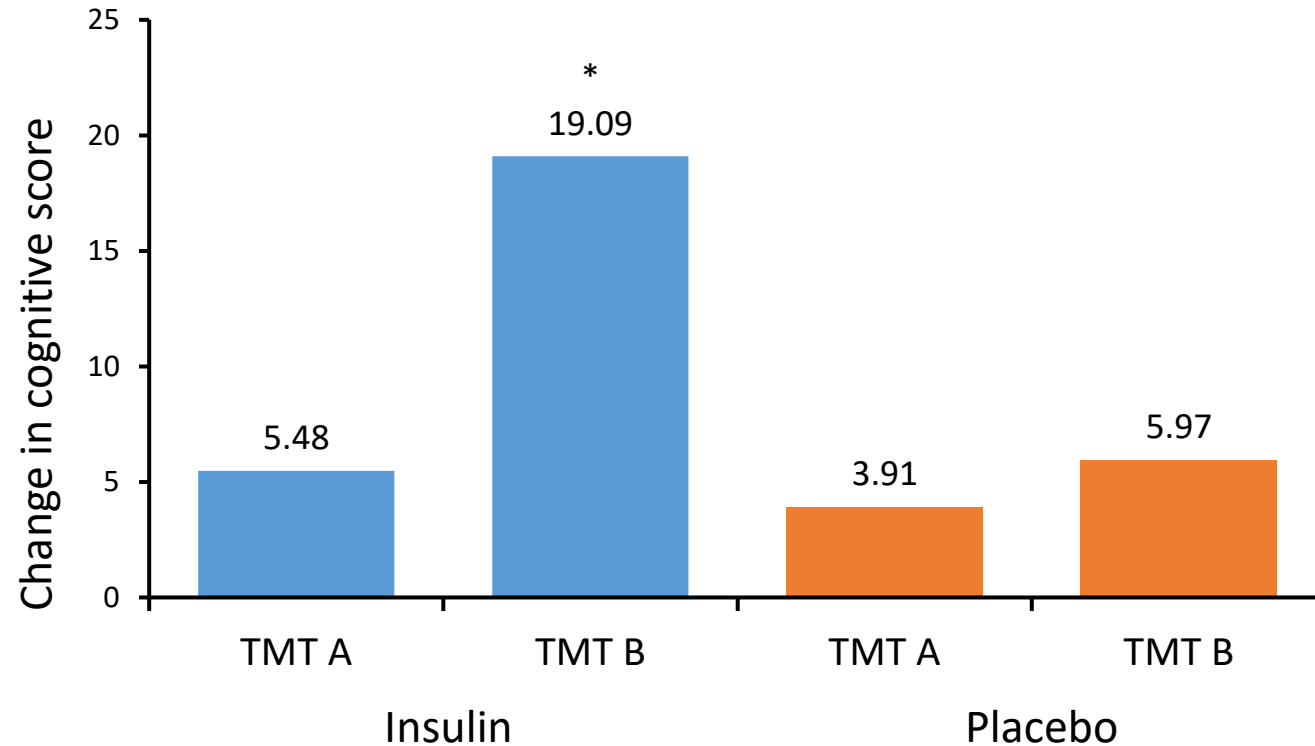
McIntyre RS Psych Times, July 2025

# New Molecules and Indications for GLP-1 Medicines

## New Molecules and Emerging Indications for GLP-1 Medicines



# Intranasal Insulin Improves Cognitive Function in Persons Living With Bipolar Disorder



62 adults with bipolar disorder I / II received intranasal insulin (40 IU QID, n=34) or placebo (n=28) for 8 weeks

TMT A: time × treatment interaction,  $p=0.70$

TMT B: time × treatment interaction,  $*p<0.05$

# Pharmacologic Modulation of Orexin Signaling: Impact on Glucose-Insulin Homeostasis and Potential Mechanism of Antidepressant Action

## Evidence Implicating Orexins on Metabolism

The endocrine pancreas produces orexins and expresses orexin receptors

Orexins govern energy expenditure

Orexins influence gluconeogenic activity

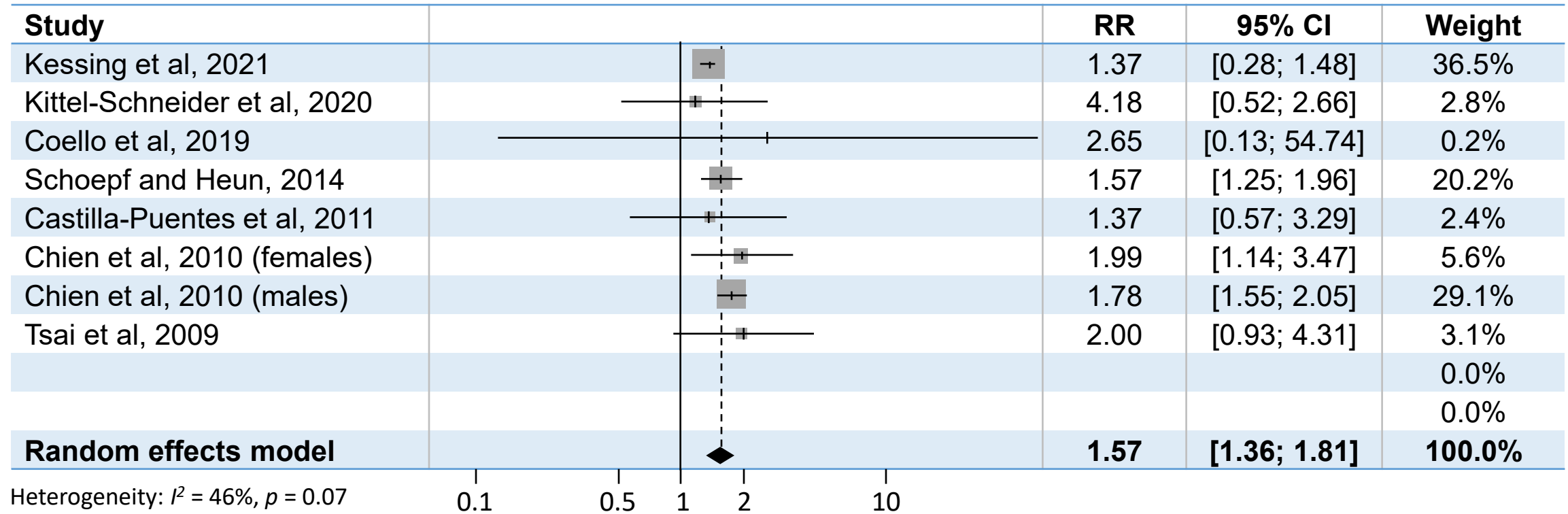
Orexins modulate sleep architecture (i.e. REM and non-REM sleep)

# Multiple Therapeutic Applications for GLP-1 RAs in Persons with Mental Disorders

- If patient has condition wherein GLP-1 is approved (e.g. T2DM, obesity)
- Off-label use for conditions currently under study and/or conditions where preliminary evidence currently exists (e.g. polycystic ovarian syndrome, binge eating disorder)
- To ameliorate psychotropic drug-related weight gain
- Treatment/prevention for lithium-induced nephrotoxicity?

# Prevalence of Type 2 Diabetes and Impaired Fasting Glucose Significantly Increased in Persons with Bipolar Disorder

## Relative Risk of Developing Type 2 Diabetes in Bipolar Patients and Age- and Gender-Matched Non-Bipolar Populations



# The Bidirectional Association of Nonalcoholic Fatty Liver Disease with Depression, Bipolar Disorder and Schizophrenia

*CNS Spectrums*

[www.cambridge.org/cns](http://www.cambridge.org/cns)

## Review

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### Key words:

Depression; Bipolar disorder; Mood Disorders; Schizophrenia; NAFLD; NASH; Fatty Liver;

## The bidirectional association of nonalcoholic fatty liver disease with depression, bipolar disorder, and schizophrenia

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# Screening for Metabolic Dysfunction Associated Steatotic Liver Disease Should be Considered in All Persons Living With SMI With the Fibrosis 4 Index (Fib-4)

- Prevalence of MASLD in the general population: 25%
- OR in MDD = 1.65, BD = 1.76 and SCZ = 2.01
- Risk factors: e.g., obesity, diabetes mellitus, PCOS
- Associated with fibrosis, cirrhosis, hepatocellular and extrahepatic carcinoma
- mRNA levels decreased CYP1A2, CYP2D6 and CYP2E1 mRNA and decreased protein expression of CYP1A2, CYP2C19, CYP2D6, CYP2E1, and CYP3A4
- **Fib-4 Index: age (years) AST (U/L)/[PLT (109/L) ALT ½ (U/L)]**

# Psychotropic Drug-Related Weight Gain

Risk of Weight Gain*	Antidepressants	Antipsychotics	Lithium and Anticonvulsants
High	Amitriptyline, citalopram, clomipramine, fluvoxamine, mirtazapine, nortriptyline, paroxetine, phenelzine	Clozapine, olanzapine	Valproate (valproic acid)
Moderate	Desipramine, duloxetine, escitalopram, sertraline, venlafaxine	Chlorpromazine, olanzapine/ samidorphan, paliperidone, quetiapine, risperidone	Lithium
Low	Agomelatine, desvenlafaxine, gepirone, levomilnacipran, moclobemide, selegiline, tranylcypromine, vilazodone, vortioxetine	Amisulpride, aripiprazole, asenapine, brexpiprazole, cariprazine, haloperidol, iloperidone, ziprasidone	Carbamazepine, gabapentin, oxcarbazepine, pregabalin
Neutral or weight loss	Bupropion, dextromethorphan-bupropion, esketamine, fluoxetine, zuranolone	Lumateperone, lurasidone	Lamotrigine, topiramate

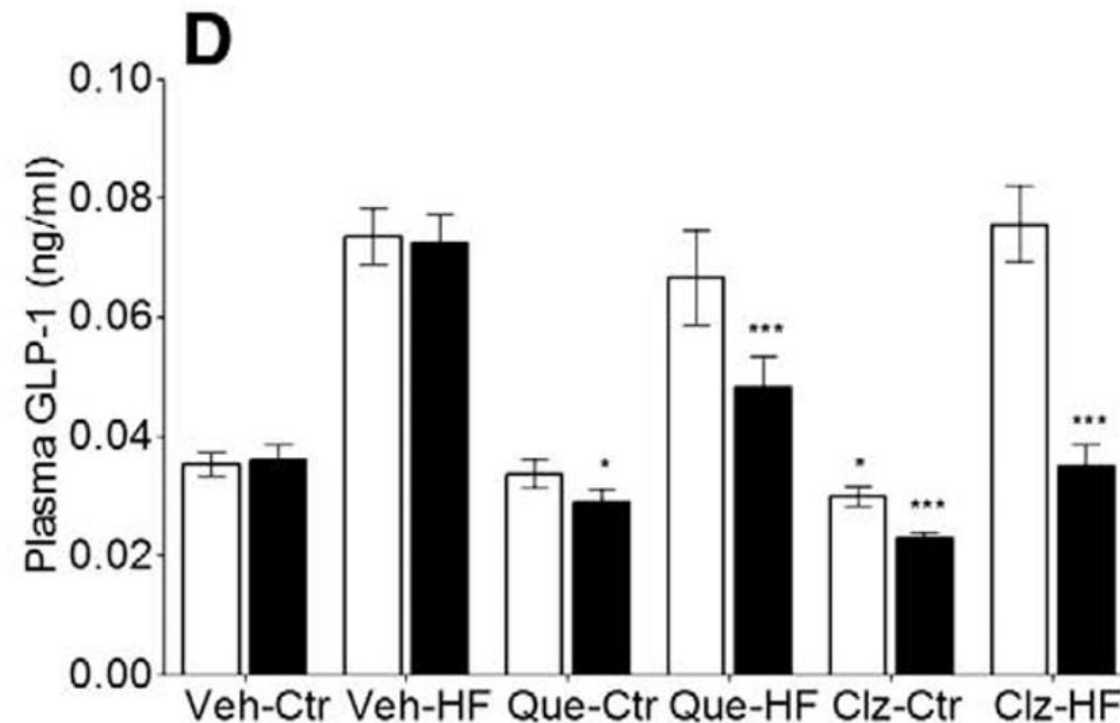
\*Risk categorization based on primary reports, meta-analytic evidence, product monographs, and expert opinion.

# Incretin Receptor Agonist Recommended for Psychotropic Drug-Related Weight Gain and Its Treatment

1. Measure patient's weight and BMI; consider waist circumference; use metabolic monitoring and Fibrosis-4 Index (FIB-4) where appropriate
2. Recommend lifestyle behavioral modification, improved diet, and eating pattern
3. Target psychiatric comorbidity associated with weight gain and/or metabolic abnormalities
4. Prioritize psychotropic drugs that are weight-neutral or have low weight gain liability
5. Follow metabolic monitoring guidelines to detect weight gain and allow for earlier intervention
6. When initiating weight-gain-promoting drugs, co-commence metformin if the index agent is an antipsychotic, as part of shared-decision making
7. For established PDWG, consider switching to an agent with lower weight gain liability or adjunctive metformin, and GLP-1 receptor agonists if clinical presentation warrants, as part of shared-decision making.

# Quetiapine and Clozapine Suppress the Release of GLP 1

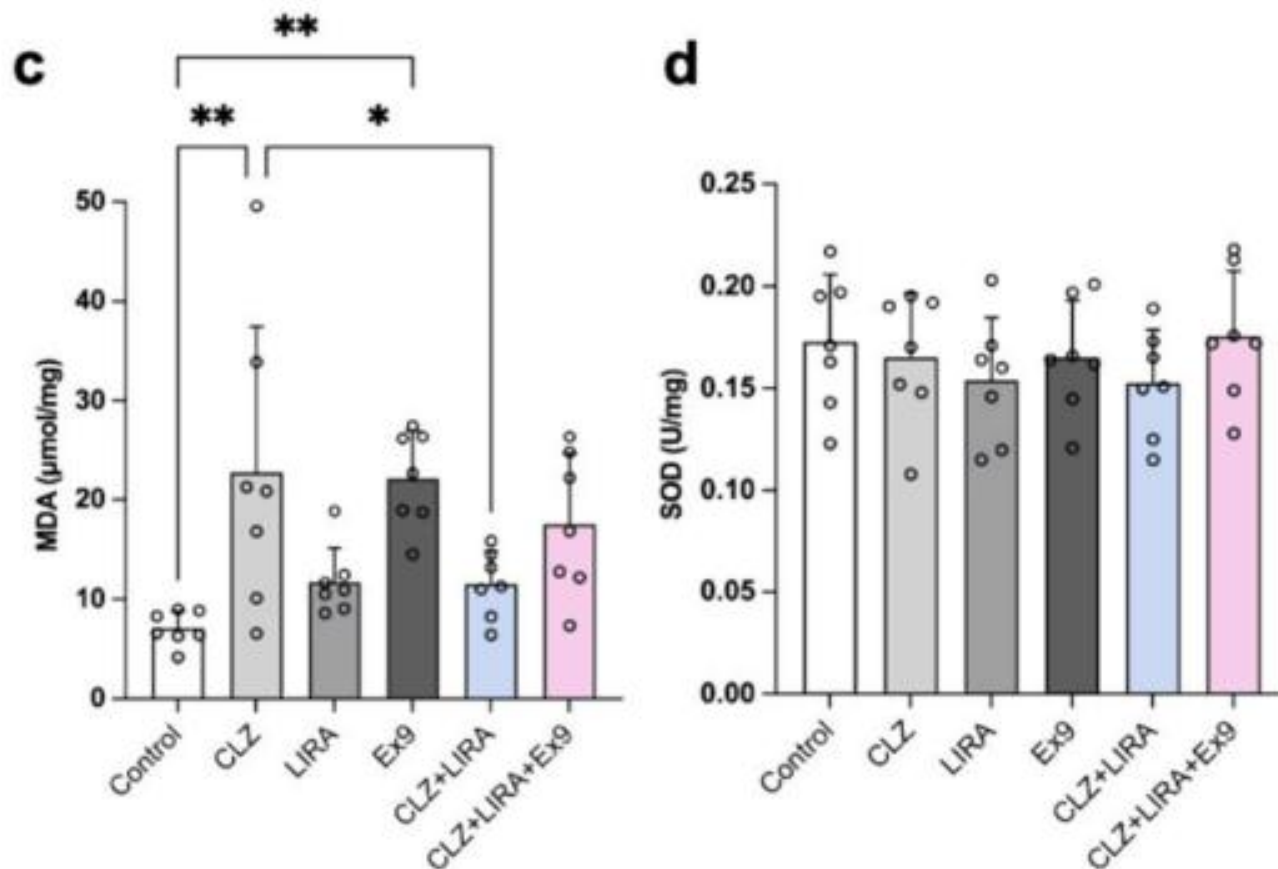
The effect of antipsychotic drugs on plasma endocrine measurements chronic (42 days) exposure on chow and high fat/high sugar diets



Plasma GLP-1 Active Before (0 h; white box) and After (1 h; black box) Drug Exposure  
Abbreviations: Ctr = Chow. HF = High fat/high sugar. Veh = Vehicle. Que = Quetiapine. Clz = Clozapine  
\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$  (determined by one-way ANOVA for each of the groups)

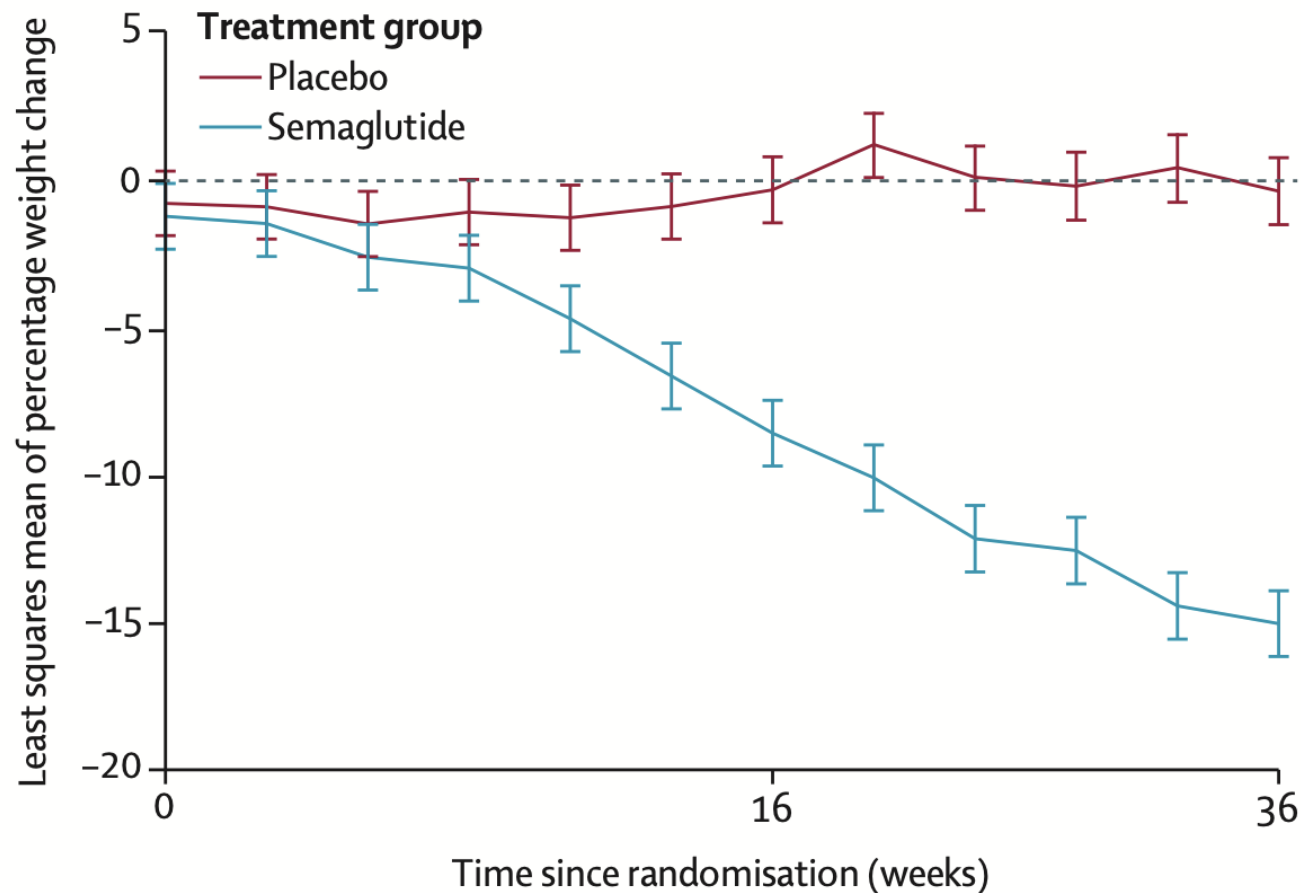
# Liraglutide Attenuates Clozapine-Induced Mitochondrial Dysfunction and Improves Energy Metabolism in the Brain of Rats

Assessment of mitochondrial morphology and oxidative stress - LIRA treatment improved the mitochondrial conditions



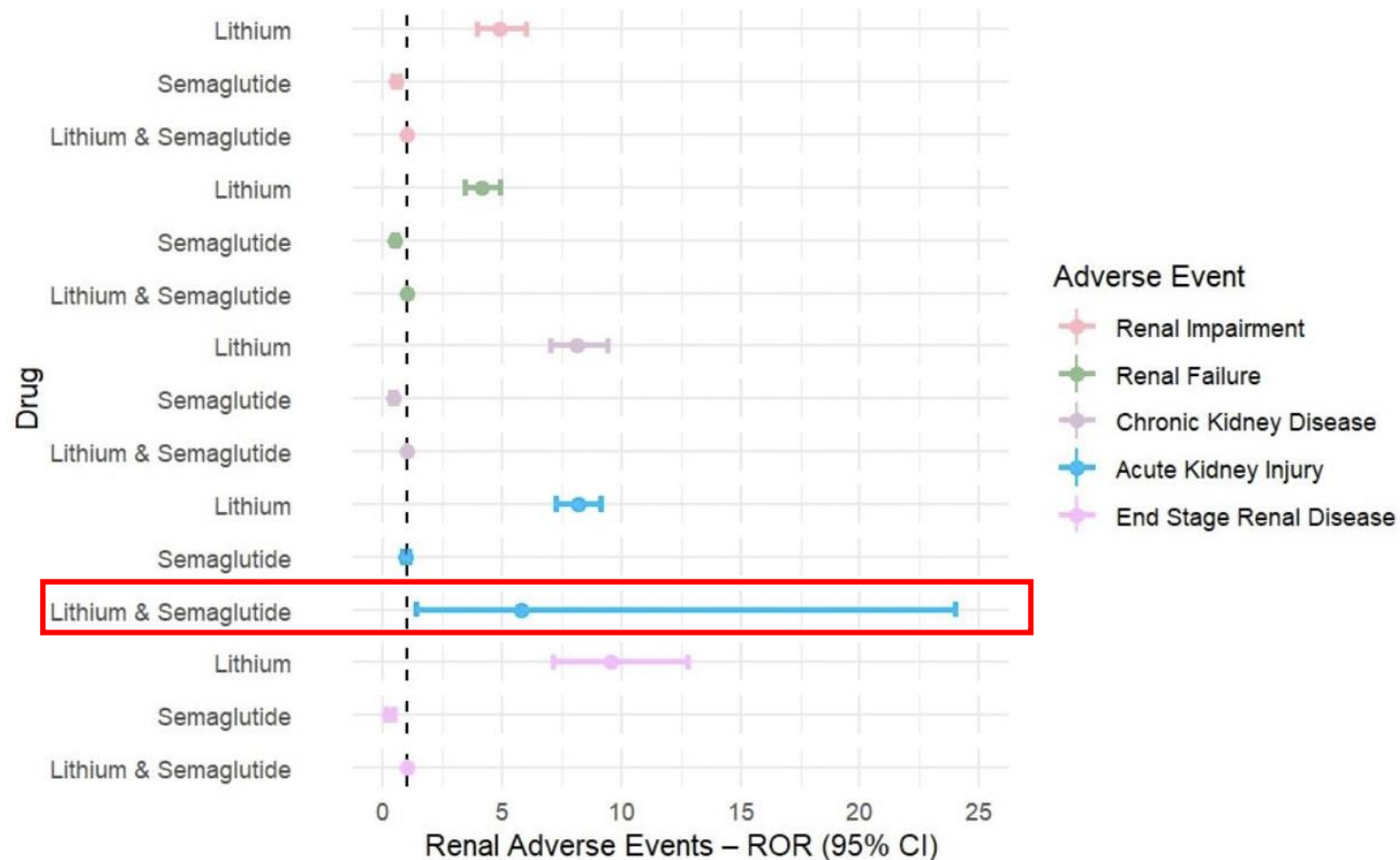
# Efficacy and Safety of Semaglutide Versus Placebo for People with Schizophrenia on Clozapine with Obesity (COaST): A Phase 2, Multi-Centre, Participant and Investigator-Blinded, Randomised Controlled Trial in Australia

## Percentage weight change in participants up to 36 weeks



# Potential Protective Role of GLP-1 Receptor Agonists in Lithium-Induced Nephrotoxicity?

Forest plots of RORs for lithium, semaglutide, and their combination across key renal adverse events.

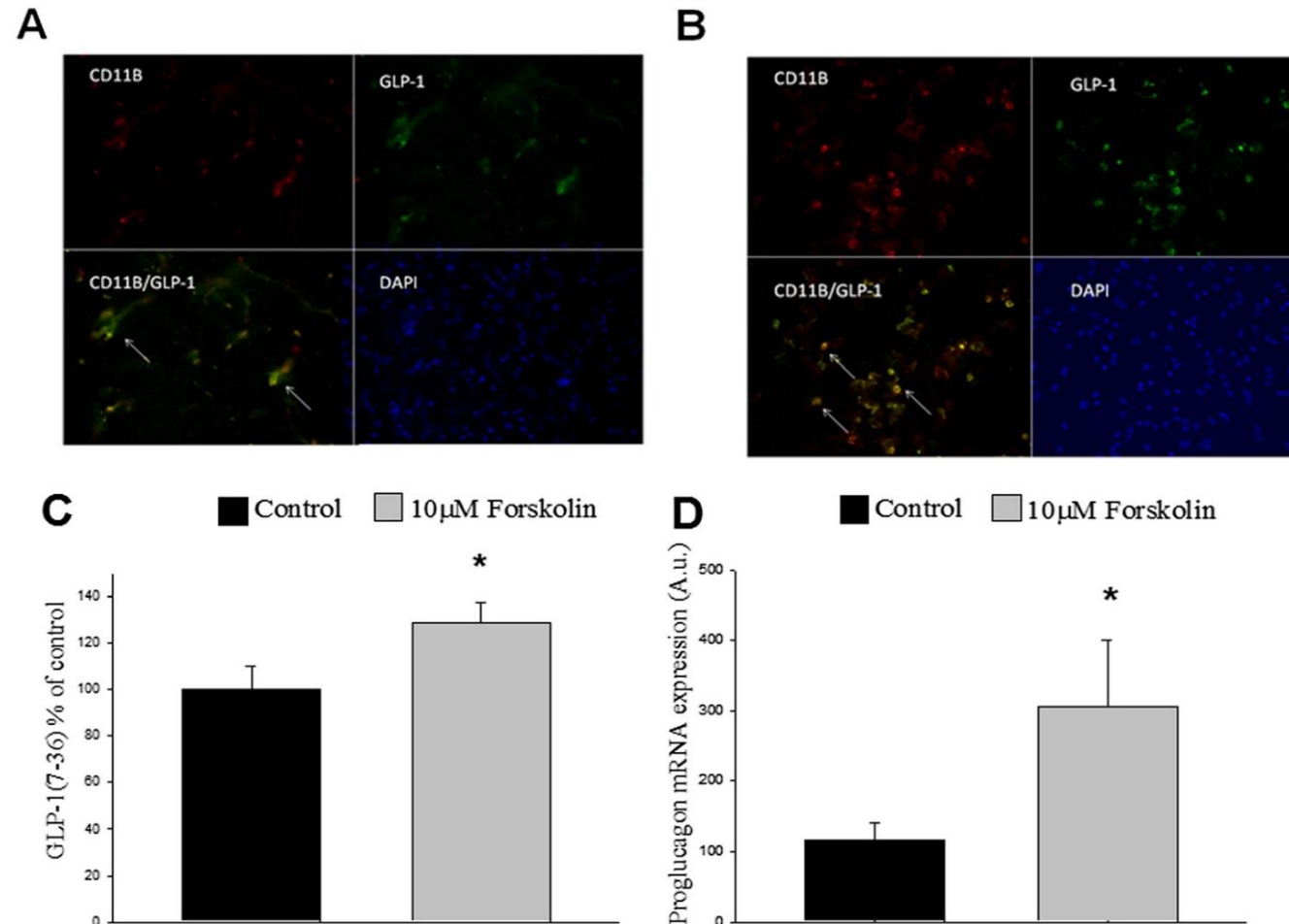


# Mental Disorders Wherein Incretin-Based Pharmacologic Agents are Under Investigation:

- Major Depressive Disorder, Bipolar Disorder , Schizophrenia: relapse prevention, negative symptoms, general cognitive impairment
- Parkinson's Disease
- Early-Stage Alzheimer's Disease
- Opioid Use Disorder/ Tobacco Use Disorder/Alcohol Use Disorder

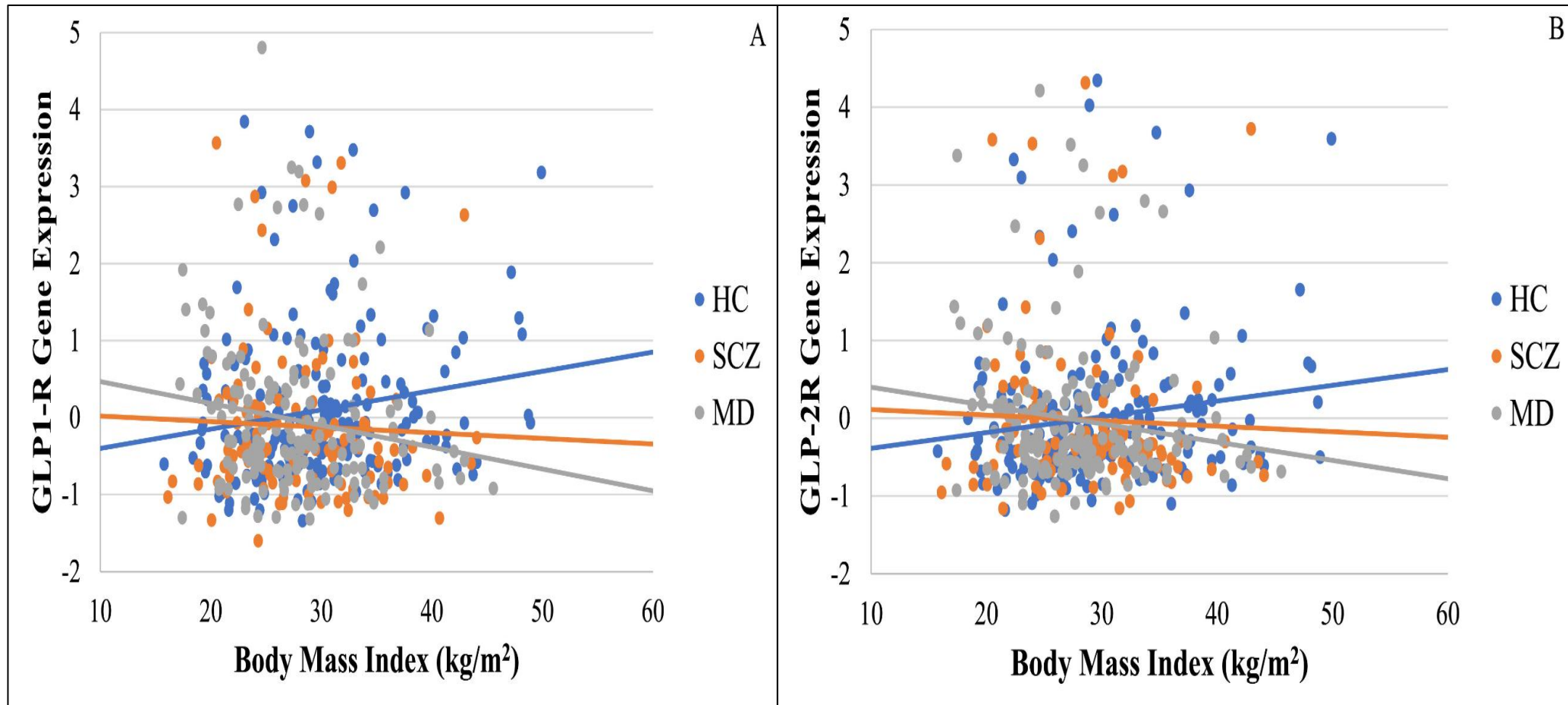
# GLP-1 Secretion By Microglial Cells and Decreased CNS Expression In Obesity

Microglia express proglucagon mRNA and express and secrete GLP-1



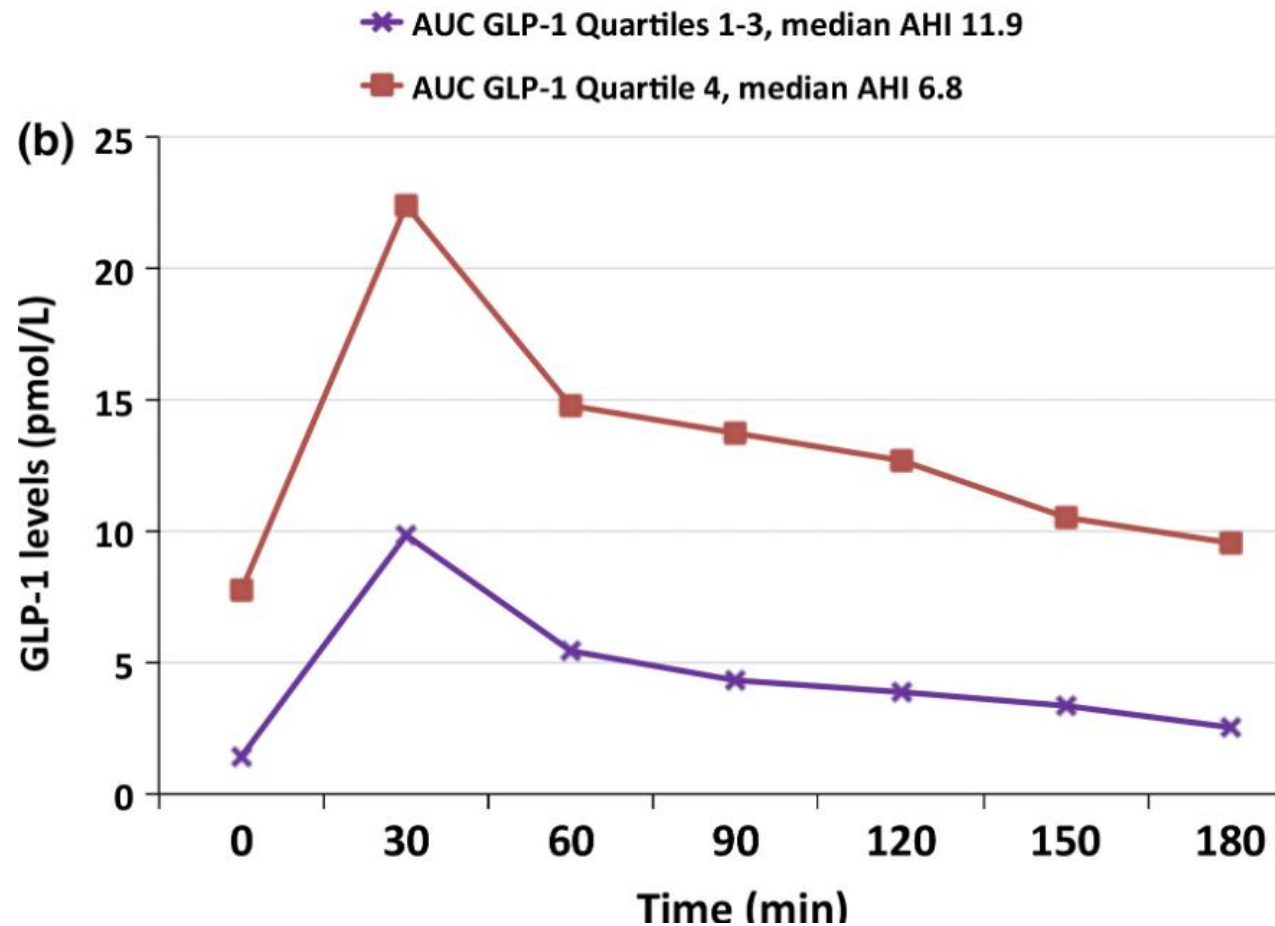
# Glucagon-Like Peptide Receptor Gene Expression is Reduced in Individuals with Mood and Psychotic Disorders

Associations between body mass index and (A) GLP-1R and (B) GLP-2R gene expression, according to diagnosis, in the dorsolateral prefrontal cortex

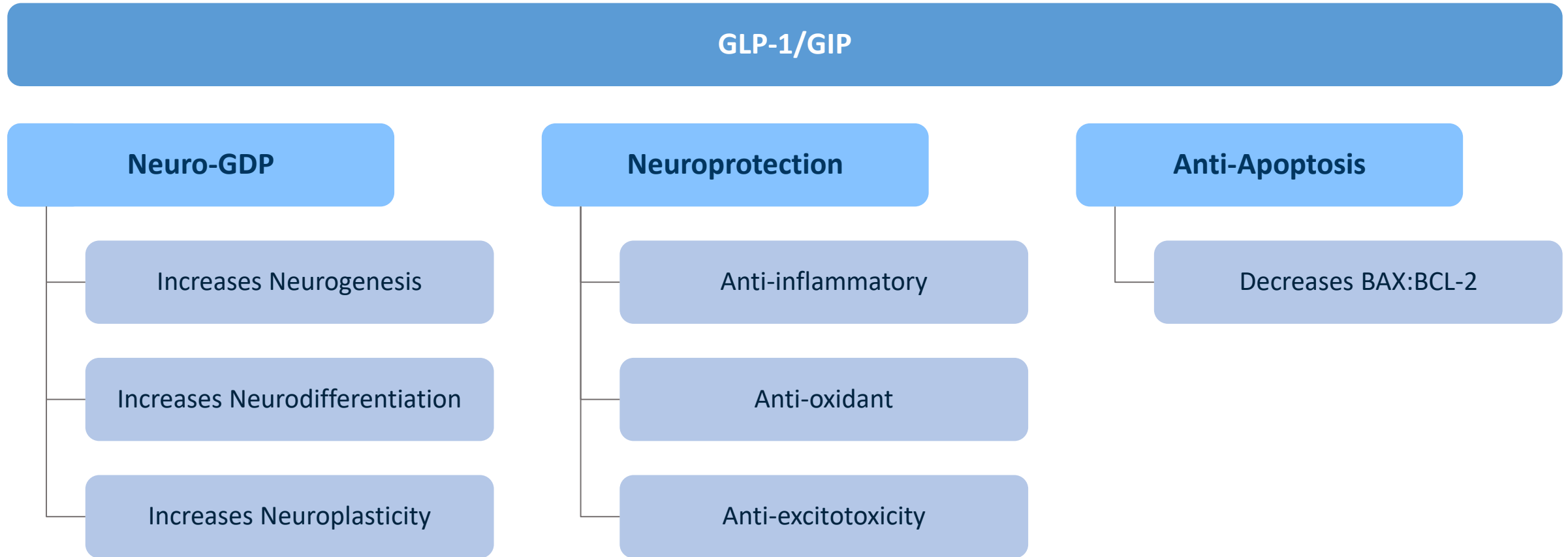


# The relationship between sleep and glucagon-like peptide 1 in patients with abnormal glucose tolerance

Median GLP-1 levels after 75-g glucose challenge tests per quartiles 1–3 and quartile 4 of area under the curve (AUC) GLP-1.



# GLP/GIP Targets Molecular and Cellular Systems Implicated in the Pathophysiology of Mental Disorders



BAX, BCL-2-associated X protein; BCL-2, B-cell lymphoma 2; GIP, glucose dependent insulinotropic polypeptide; GLP-1, glucagon-like peptide-1; Neuro-GDP, neuro-genesis, -differentiation, -plasticity

# Glucagon-like Peptide-1 (GLP-1) Increases Neurogenesis

## Effect of GLP-1 Agonists on Neurogenesis

GLP-1 Agonist	Effects on Neurogenesis	P-value	Regions of interest
Exenatide	<b>Increased:</b> <ul style="list-style-type: none"> <li>• DCX-positive neuroblasts</li> <li>• BrdU-positive mature neurons</li> </ul>	<p>&lt; 0.01</p> <p>&lt; 0.01</p>	<ul style="list-style-type: none"> <li>• Increased number of neuroblasts identified in the medial striatum.</li> <li>• Increased neuronal proliferation in the subventricular zone.</li> </ul>
Dulaglutide	N/A	N/A	N/A
Geniposide	<b>Increased:</b> <ul style="list-style-type: none"> <li>• DCX-positive neuroblasts</li> <li>• DCX-positive dendrites</li> </ul>	<p>&lt; 0.05</p> <p>&lt; 0.05</p>	N/A
Liraglutide	<b>Increased:</b> <ul style="list-style-type: none"> <li>• BrdU-positive mature neurons</li> <li>• DCX-positive neuroblasts</li> <li>• Ki67-positive immature neurons</li> </ul> <p>No statistically significant changes in gliogenesis or astrocyte proliferation were observed.</p>	<p>&lt; 0.05</p> <p>&lt; 0.05</p> <p>&lt; 0.05</p>	<ul style="list-style-type: none"> <li>• Increased number of mature neurons in the dentate gyrus.</li> <li>• Increased number of neuroblasts in the subventricular zone.</li> <li>• Increased number of immature neurons in the dentate gyrus.</li> </ul>
Lixisenatide	<b>Increased:</b> <ul style="list-style-type: none"> <li>• BrdU-positive mature neurons</li> <li>• DCX-positive immature neurons</li> </ul>	<p>&lt; 0.01</p> <p>&lt; 0.05</p>	<ul style="list-style-type: none"> <li>• Increased number of mature neurons in the olfactory bulb and the hippocampus.</li> <li>• Increased number of immature neurons in the olfactory bulb and the hippocampus.</li> </ul>
Semaglutide	<b>Increased:</b> <ul style="list-style-type: none"> <li>• DCX-positive immature neurons</li> </ul>	< 0.01	N/A

Abbreviations: DCX = Doublecortin, BrdU = Bromodeoxyuridine, Ki67 = Antigen Kiel67

# The Effect of GLP-1 Receptor Agonists on Autophagy: Implications for the Treatment of Neurodegenerative and Other Mental Disorders

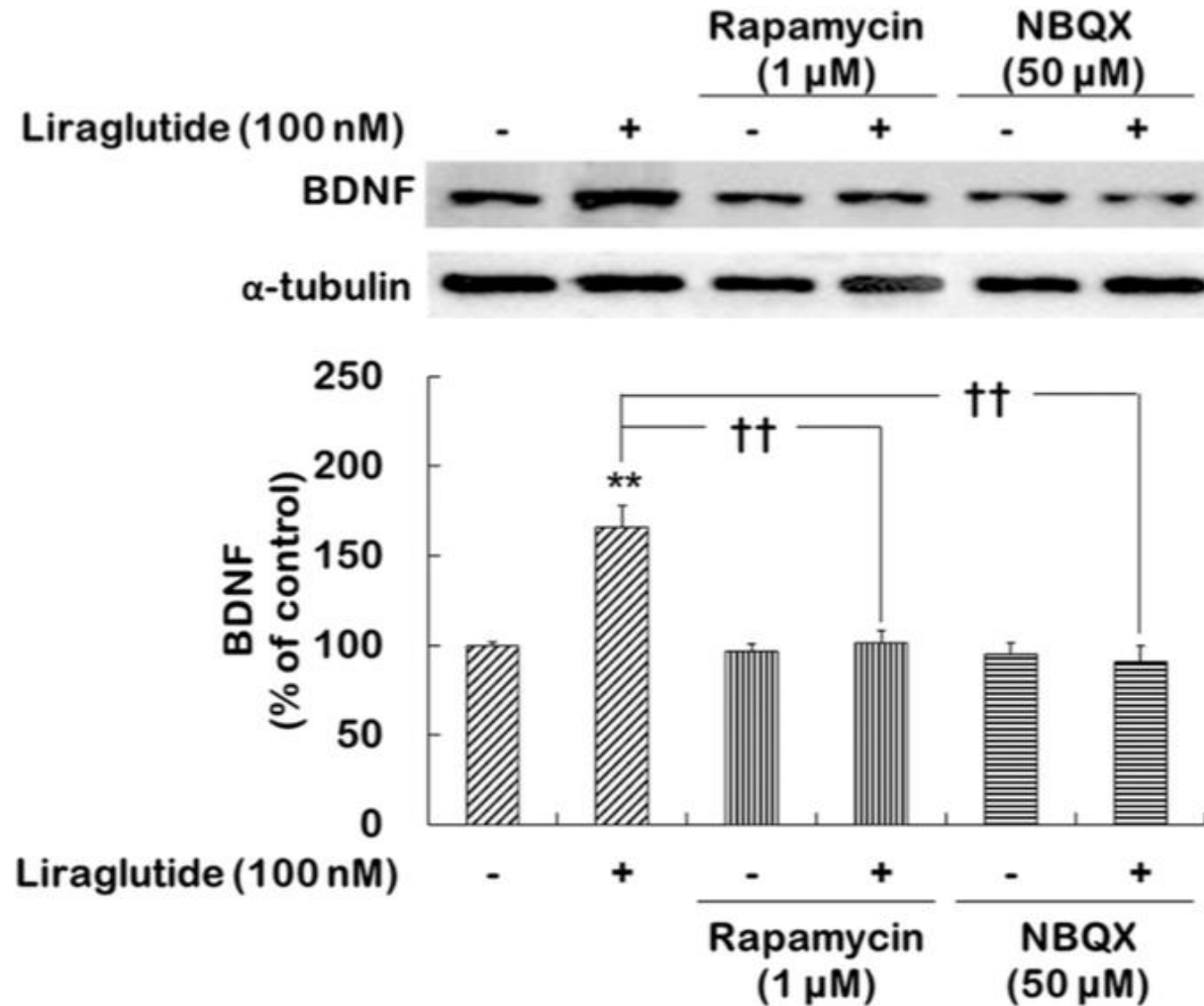
## *In Vivo* Studies

Study	Beclin-1	LC3-II/ LC3-I	p62 (SQSTM1)	ATG7	ATG3	LAMP1
Zhang et al. (2018)	↑	↑	↑	↑	NR	NR
Lin et al. (2021)	NR	↑	↓	NR	NR	NR
Zhang et al. (2020)	↑	↑	↑	NR	NR	NR
Zhang et al. (2023)	NR	↑	↓	NR	NR	NR
Bu et al. (2021)	NR	↑	NR	NR	NR	NR
Zhang et al. (2021)	↑	NR	No difference	NR	NR	NR
Wu et al. (2022)	↑	↑	↓	NR	NR	NR
Elbadawy et al. (2025)	↑	↑	NR	NR	NR	NR

*Assessment:*

- ↑ = reported increase in expression of autophagy-specific marker by GLP-1RA(s)
- ↓ = reported decrease in expression of autophagy-specific marker by GLP-1RA(s)
- NR = Not Reported

# Liraglutide-Induced BDNF Expression and Interactions With Glutamate Systems



# Effects of Glucagon-like Peptide-1 (GLP-1) Monoagonists Restore Functional Connectivity

## Effect of GLP-1 Agonists on Brain Functional Connectivity

GLP-1 Agonist	Effects on functional connectivity	P-value	Z-score	Regions of interest
Exenatide	<b>Increased:</b> <ul style="list-style-type: none"> <li>• Within the hypothalamus.</li> <li>• Between the left hypothalamus and left NTS.</li> <li>• Between the left NTS and left thalamus.</li> <li>• Between the right NTS and left thalamus.<sup>†</sup></li> <li>• Between the left NTS and right thalamus.<sup>†</sup></li> </ul>	<p>&lt; 0.0001</p> <p>0.026</p> <p>0.028</p> <p>0.054</p> <p>0.140</p>	<p>-</p> <p>3.38</p> <p>4.86</p> <p>3.79</p> <p>3.47</p>	<ul style="list-style-type: none"> <li>• Affected rsFC in the hypothalamus may affect integration of emotional and bodily sensations.</li> <li>• Dysconnectivity of thalamus attributed to emotional and cognitive impairments.</li> <li>• Affected rsFC of the NTS may be implicated in MDD.</li> </ul>
Liraglutide	<b>Increased:</b> <ul style="list-style-type: none"> <li>• Within the bilateral hippocampus.</li> </ul>	< 0.05	-	<ul style="list-style-type: none"> <li>• Reduced functional connectivity of bilateral hippocampus observed in persons with BD.</li> </ul>
Dulaglutide	No statistically significant changes in functional connectivity reported.	-	-	
Lixisenatide	N/A	N/A	N/A	N/A
Semaglutide	N/A	N/A	N/A	N/A
Tirzepatide	N/A	N/A	N/A	N/A

Abbreviations: rsFC = Resting-State Functional Connectivity, MDD = Major Depressive Disorder, BD = Bipolar Disorder, NTS = Nucleus tractus solitarius, N/A- not available

<sup>†</sup>Results not significant under the P < 0.05 threshold.

# Functional Connectivity Between Glutamate Receptor Antagonism and Insulin Pathways: Implications for Modeling Mechanism of Action of Ketamine/Esketamine and Dextromethorphan in Depression Treatment

## Commentary

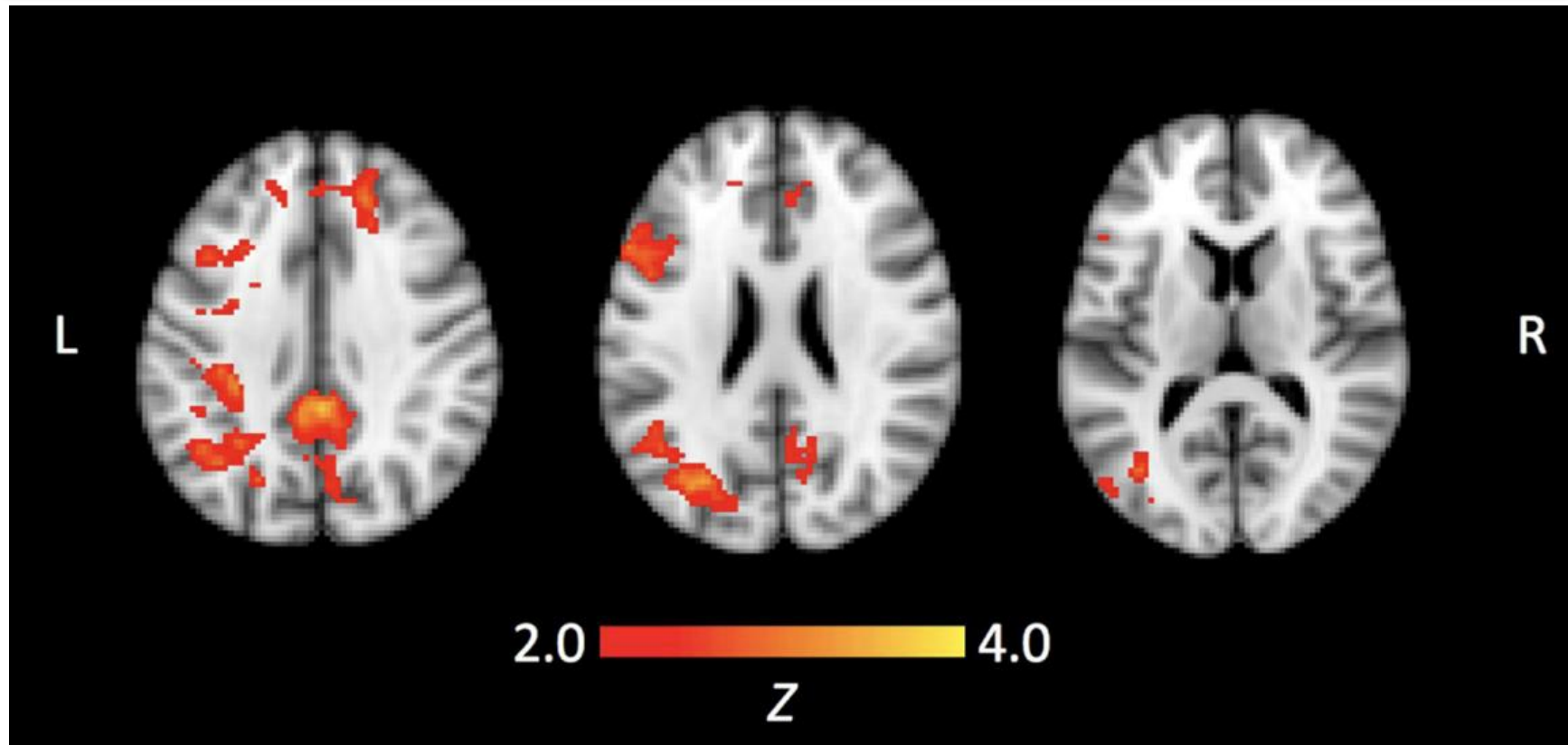
Biological  
Psychiatry:  
CNI

# Functional Connectivity Between Glutamate Receptor Antagonism and Insulin Pathways: Implications for Modeling Mechanism of Action of Ketamine/Esketamine and Dextromethorphan in Depression Treatment

Sabrina Wong, Gia Han Le, Rodrigo B. Mansur, Joshua D. Rosenblat, and Roger S. McIntyre

# Liraglutide Normalizes Circuit Connectivity in Persons at Risk for Alzheimer's Disease

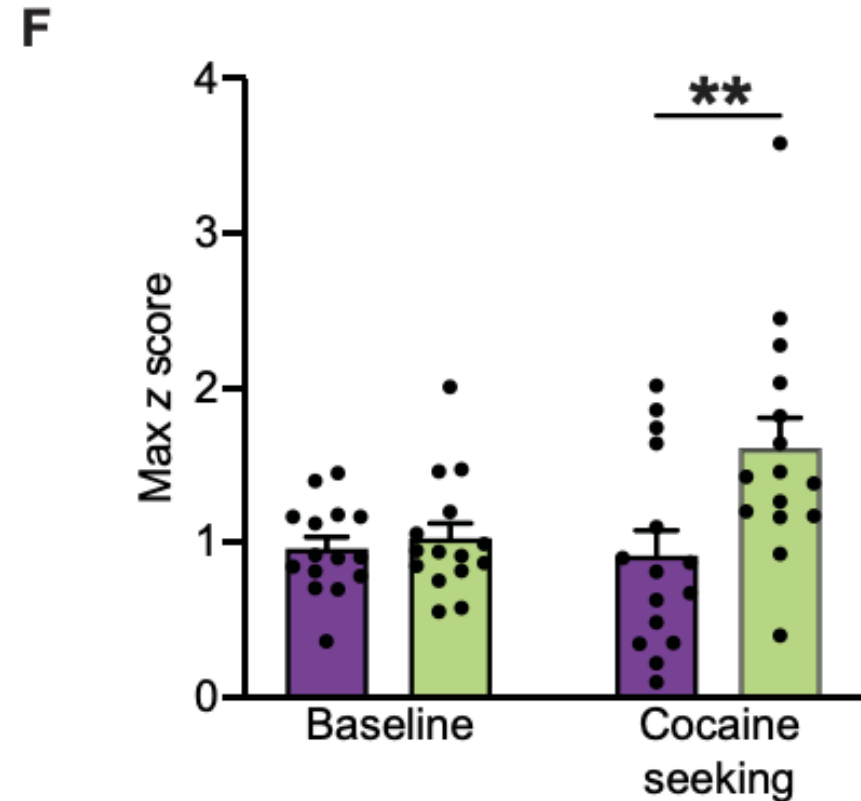
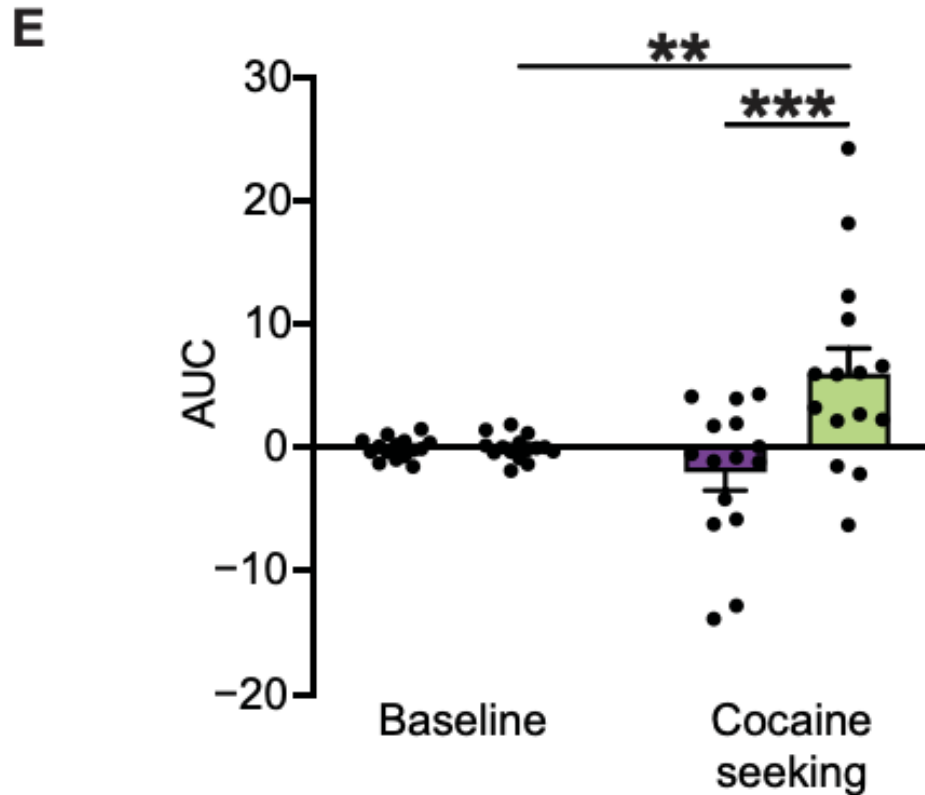
Brain regions showing increased connectivity with the bilateral hippocampus in the treatment group relative to the placebo group at Time Point 2



Statistical maps are thresholded using a cluster Z threshold  $> 2.0$  and  $p < 0.05$  (corrected). Slices taken from the following z coordinate locations: 36 (left), 24 (middle), 12 (right).

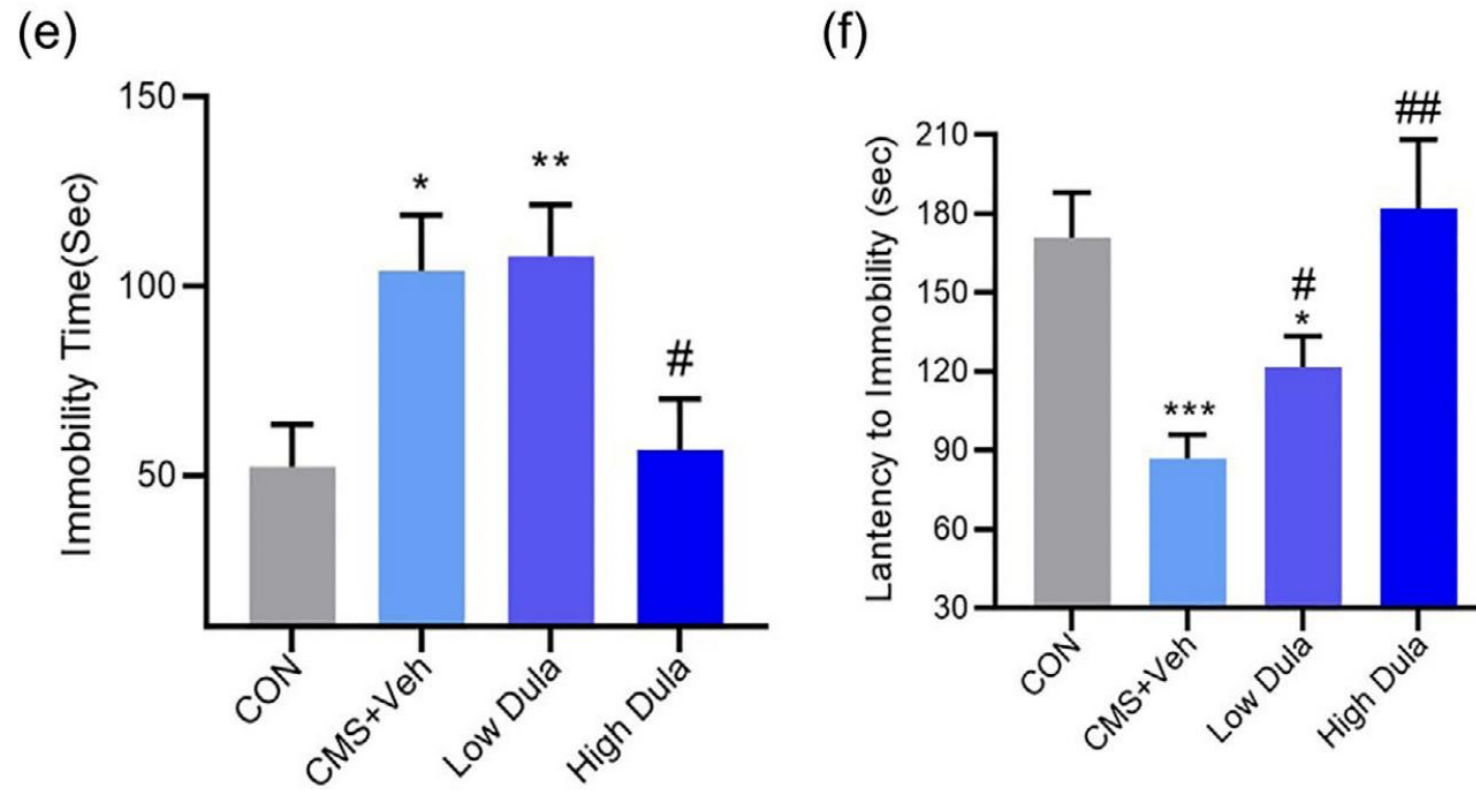
# An Endogenous GLP-1 Circuit Engages VTA GABA Neurons to Regulate Mesolimbic Dopamine Neurons and Attenuate Cocaine Seeking

Systemic GLP-1R agonist pharmacotherapy increases VTA GABA neuron activity and decreases cocaine seeking



# Dulaglutide treatment reverses depression-like behavior and hippocampal metabolomic homeostasis in mice exposed to chronic mild stress

Immobility time (e) and latency to immobility (f) in the tail suspension test (TST) after dulaglutide treatment (n = 13–15).



# Glucagon-like Peptide 1 (GLP-1) Receptor Agonists as a Protective Factor for Incident Depression in Patients with Diabetes Mellitus: A Systematic Review

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## Glucagon-like peptide 1 (GLP-1) receptor agonists as a protective factor for incident depression in patients with diabetes mellitus: A systematic review



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# Repurposing Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists for the Treatment of Depression: A Systematic Review of Preclinical, Observational and Clinical Investigations



Contents lists available at [ScienceDirect](#)

## European Neuropsychopharmacology

journal homepage: [www.sciencedirect.com/journal/european-neuropsychopharmacology](http://www.sciencedirect.com/journal/european-neuropsychopharmacology)



### Repurposing glucagon-like peptide-1 (GLP-1) receptor agonists for the treatment of depression: A systematic review of preclinical, observational and clinical investigations



Sophie Li<sup>a,1</sup>, Sami George Sabbah<sup>a,1</sup> , Angela T.H. Kwan<sup>a,b</sup>, Roger S. McIntyre<sup>c,d,\*</sup> 

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# Dulaglutide Slows the Progression of Cognitive Impairment in Type 2 Diabetes: An Exploratory Analysis of the REWIND Trial

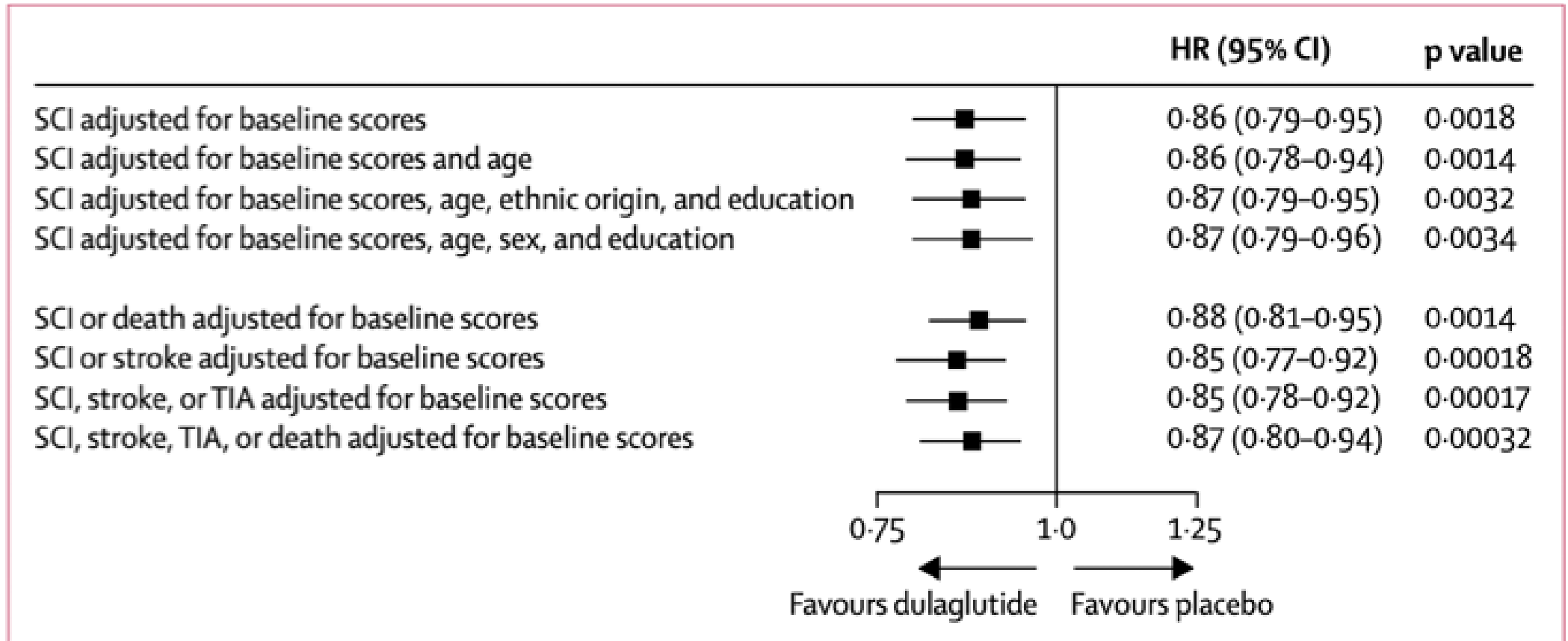
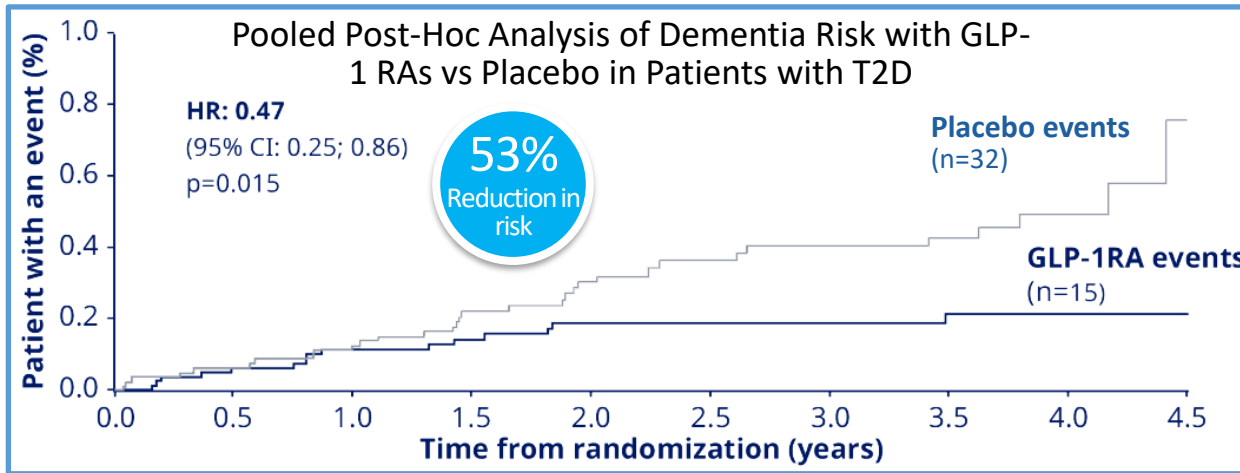
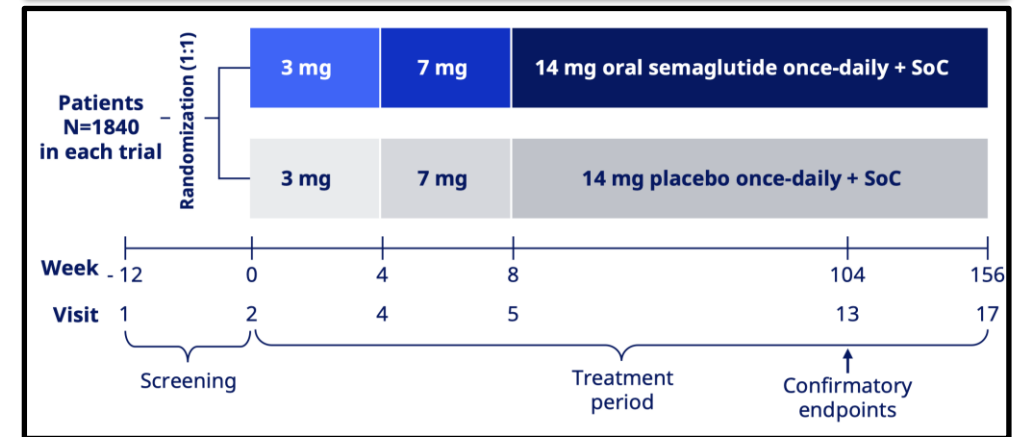


Figure 1: Risk of SCI, adjusted for baseline standardised MoCA and DSST scores

# Treatment with GLP-1 RAs Are Associated with Reduced Incidence of Dementia

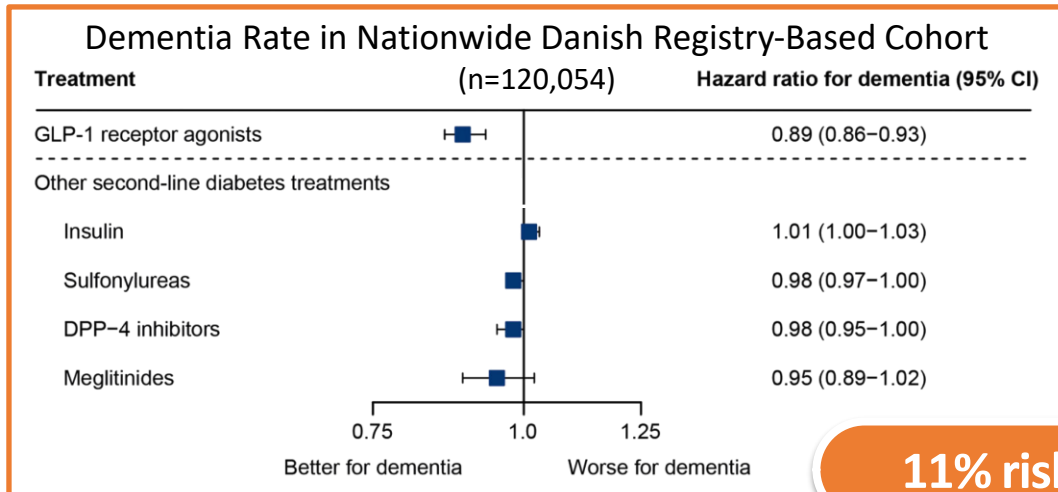


These potential signals for preventing progression in early Alzheimer's prompted initiation of two large clinical trials in a nondiabetic general population



Primary outcome is change in CDR-SB over 2 years (impact of cognitive decline on daily function)

The trials began in 2021, with likely results in 2026



**11% risk reduction**

RA = receptor agonist; CDR-SB = Clinical Dementia Rating-Sum of Boxes.

Nørgaard CH, et al. *Alzheimers Dement* (N Y). 2022;8(1):e12268. Atri, A, et al. *Alzheimer's & Dementia*. 2022;18(S10):e062415.



# Glucagon-like Peptide 1 Receptor Agonists (GLP-1 RAs) as Treatment for Nicotine Cessation in Psychiatric Populations: A Systematic Review

Lee et al. *Annals of General Psychiatry* (2024) 23:45  
<https://doi.org/10.1186/s12991-024-00527-9>


Annals of General Psychiatry

REVIEW

Open Access

## Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) as treatment for nicotine cessation in psychiatric populations: a systematic review

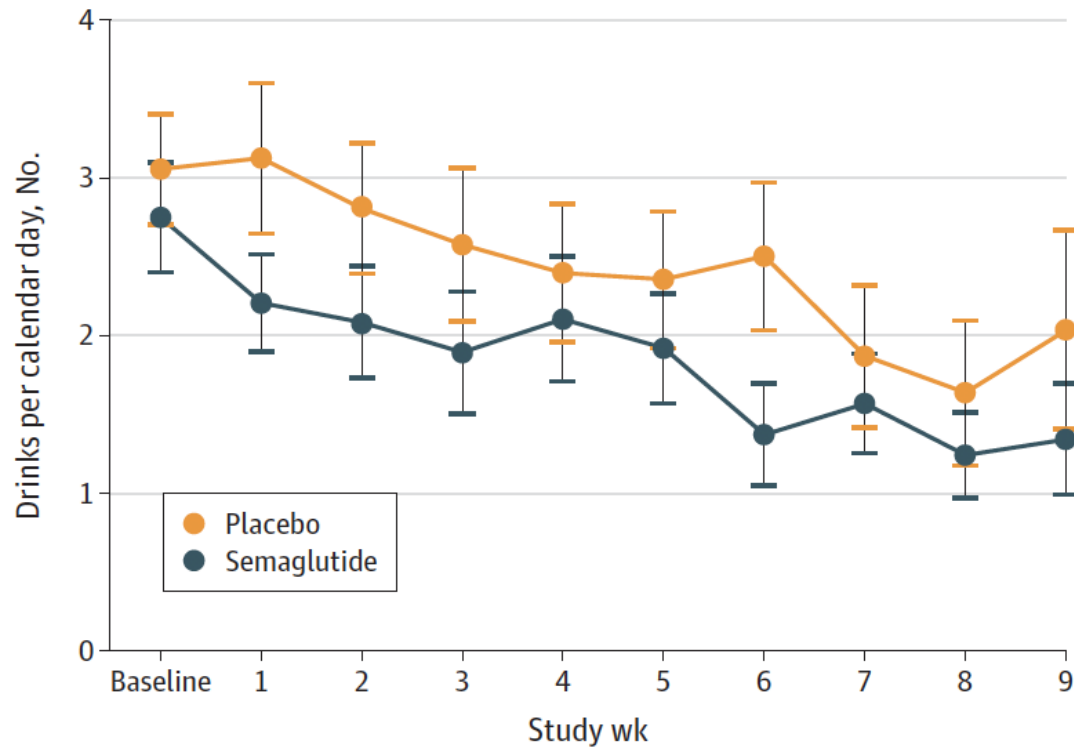


Serene Lee<sup>1,5†</sup>, Maggie Li<sup>1†</sup>, Gia Han Le<sup>1,2,3</sup>, Kayla M. Teopiz<sup>1</sup>, Maj Vinberg<sup>10,11</sup> , Roger Ho<sup>7,8,9</sup>, Hezekiah C. T. Au<sup>1</sup>, Sabrina Wong<sup>1,2,4</sup> , Kyle Valentino<sup>1,4</sup>, Angela T. H. Kwan<sup>1,6</sup> , Joshua D. Rosenblat<sup>2,3,4,12</sup>  and Roger S. McIntyre<sup>1,4,12\*</sup> 

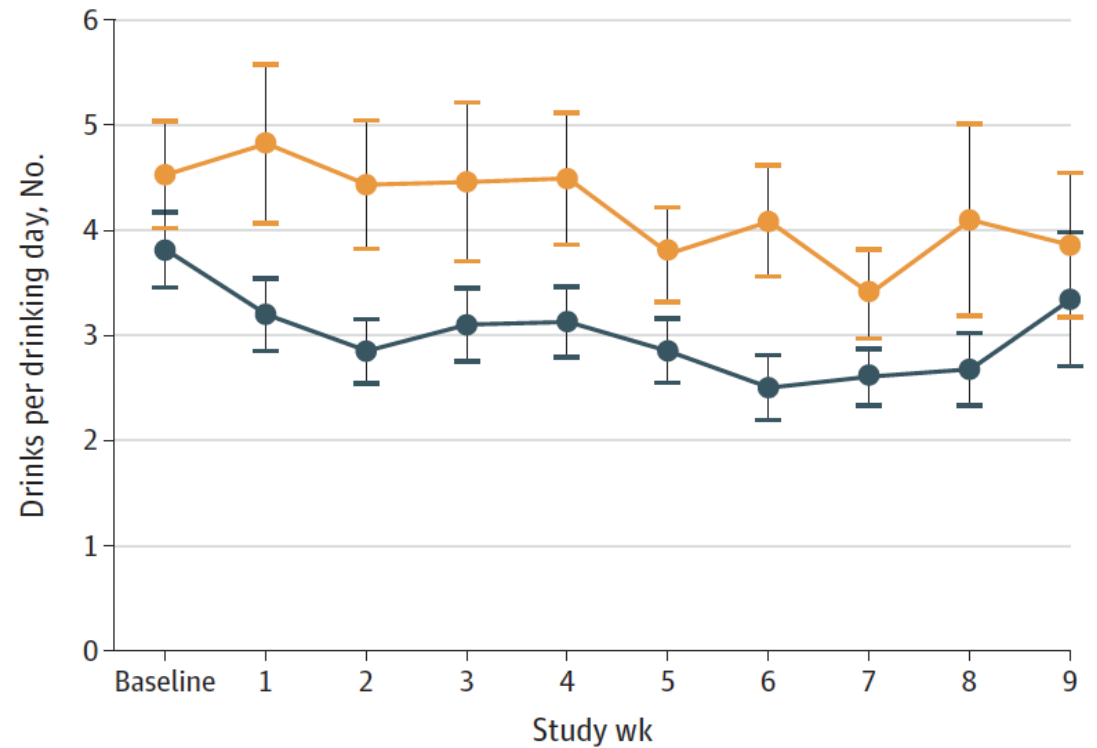
# Once-Weekly Semaglutide in Adults With Alcohol Use Disorder: A Randomized Clinical Trial

## Prospective Changes in Weekly Alcohol Outcomes

**A** Changes in drinks per calendar day



**B** Changes in drinks per drinking day



# Intersection of Cardiovascular Risk and Suicide Risk in Youth with Bipolar Disorder

## High Cardiovascular Risk Factors



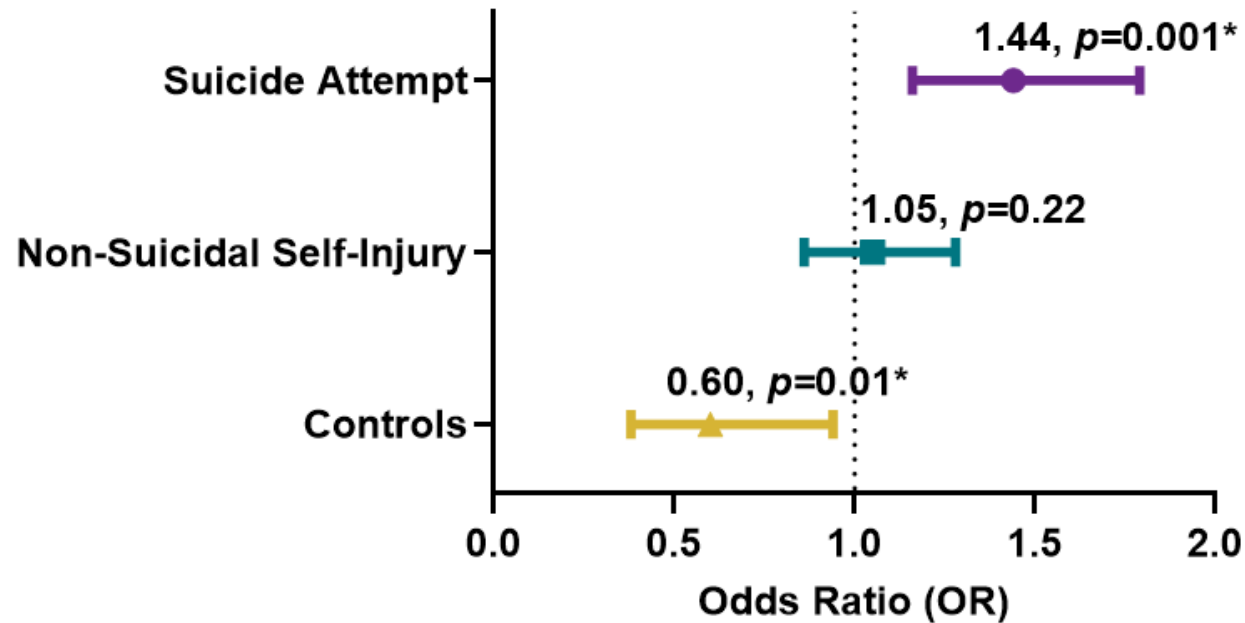
## High Prevalence of Suicide Risk

- Suicidal ideation: ~64%
- Non-suicidal self-injury: ~55%
- Suicide attempt: ~25%

Cardiovascular risk factors associated with non-suicidal self-injury and suicide attempt in young individuals with bipolar disorder

Esposito-Smythers *J Affect Disord* 2010; Goldstein *Am J Addict* 2010; García-Jiménez *Front Psychiatry* 2023; Goldstein *Bipolar Disord* 2020; Khoubaeva *Eur Child Adolesc Psychiatry* 2020; Naiberg *Acta Psychiatr Scand* 2016; Naiberg *J Psychiatr Res* 2016; Serra *J Affect Disord* 2022; Wu *Front Public Health* 2024; Zhong *Psychol Med* 2020

# Higher Cardiovascular Risk Score Associated with Suicide Attempt



**Cardiovascular risk score:** blood pressure, BMI, and cigarette smoking

**Covariates:** age, sex, race, SES, mood disorder subtype, anxiety, adversity, substance use disorder, medications

**Reference group:** mood disorder without self-injury/suicide attempt

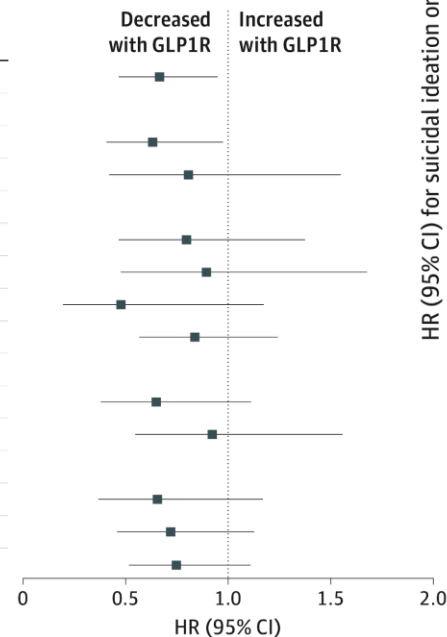
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# GLP-1 RAs are Associated with a Reduction in the Risk of Suicidality in Adolescents With Obesity

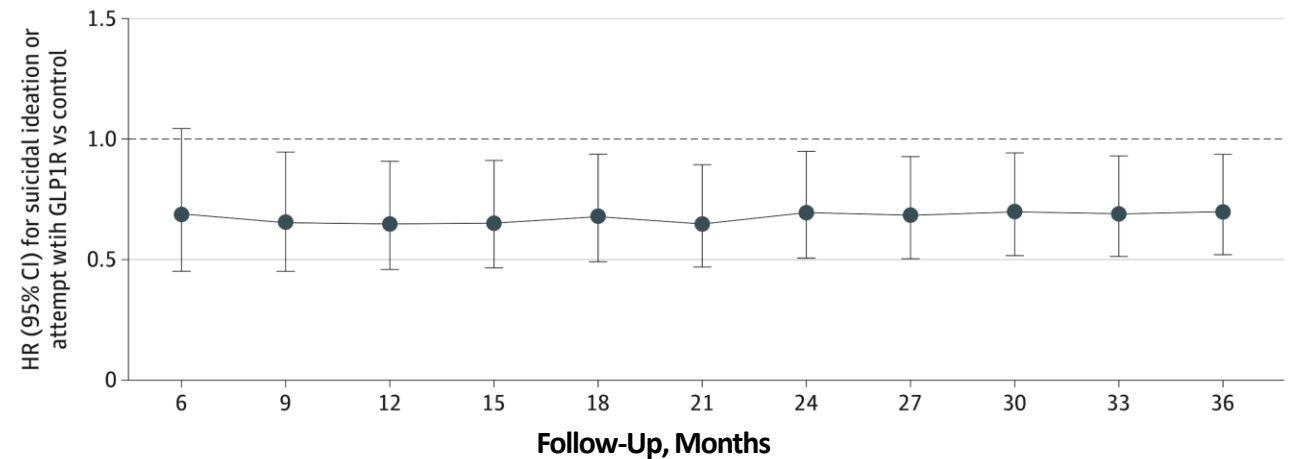
A retrospective cohort study of 4052 adolescents with obesity prescribed a GLP1-RA compared to a propensity score-matched cohort of 50,112 treated with lifestyle intervention.

Risk for Suicidal Ideation or Attempts in Adolescents With Obesity Prescribed GLP1-RA vs Propensity Score Matched Controls

Subgroup (No./cohort)	No. (%)		HR (95% CI)
	GLP1R	Control	
Overall (3456)	50 (1.5)	78 (2.3)	0.67 (0.47-0.95)
Sex			
Female (2064)	33 (1.6)	54 (2.6)	0.63 (0.41-0.98)
Male (1323)	16 (1.2)	21 (1.6)	0.81 (0.42-1.16)
Race and ethnicity			
White (1621)	23 (1.4)	30 (1.9)	0.80 (0.46-1.38)
Black (770)	18 (2.3)	21 (2.7)	0.89 (0.48-1.68)
Hispanic (764)	10 (1.3)	15 (2.0)	0.48 (0.20-1.18)
Non-Hispanic (2190)	45 (2.1)	56 (2.6)	0.84 (0.57-1.24)
GLP1R			
Liraglutide (1602)	22 (1.4)	34 (2.1)	0.65 (0.38-1.11)
Semaglutide (1553)	26 (1.7)	31 (2.0)	0.92 (0.55-1.56)
Diabetes status			
Diabetes (1191)	19 (1.6)	29 (2.4)	0.66 (0.37-1.17)
No diabetes (2215)	32 (1.4)	48 (2.2)	0.72 (0.46-1.13)
No bariatric surgery (3235)	49 (1.5)	68 (2.1)	0.75 (0.52-1.08)



Risk for Suicidal Ideation or Attempts by Follow-up Time



Prescription of GLP1-RA was associated with a **33% reduced risk** for suicidal ideation or attempts over 12 months of follow-up (1.45% vs 2.26%; hazard ratio [HR], 0.67; 95% CI, 0.47-0.95; P=.02)

GLP-1=Glucagon-Like Peptide; RA=Receptor Agonist

# GLP-1 Associated with Suicidality But No BHC Causality Established

EXPERT OPINION ON DRUG SAFETY  
2024, VOL. 23, NO. 1, 47-55  
<https://doi.org/10.1080/14740338.2023.2295397>



Taylor & Francis  
Taylor & Francis Group

ORIGINAL RESEARCH



## The association between glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and suicidality: reports to the Food and Drug Administration Adverse Event Reporting System (FAERS)

Roger S. McIntyre <sup>a,b,c</sup>, Rodrigo B. Mansur<sup>a,d</sup>, Joshua D. Rosenblat<sup>a,d</sup> and Angela T.H. Kwan <sup>c,e</sup>

<sup>a</sup>Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada; <sup>b</sup>Department of Pharmacology and Toxicology, University of Toronto, Toronto, Ontario, Canada; <sup>c</sup>Brain and Cognition Discovery Foundation, Toronto, Ontario, Canada; <sup>d</sup>Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, Ontario, Canada; <sup>e</sup>Faculty of Medicine, University of Ottawa, Ottawa, Ontario, Canada

# Glucagon-Like Peptide-1 Receptor Agonists and Suicidality: Association Versus Causation and the Need for Ongoing Surveillance

COMMENTARY

## Glucagon-Like Peptide-1 Receptor Agonists and Suicidality: Association Versus Causation and the Need for Ongoing Surveillance

Roger S. McIntyre, M.D.<sup>1</sup>

# Treatments Reported to Be Efficacious Across the Various Phases of Bipolar Disorder

## ACUTE BIPOLAR DEPRESSION

### Treatments APPROVED by the FDA

- Cariprazine
- Lumateperone
- Lurasidone
- Quetiapine
- Olanzapine/fluoxetine<sup>†</sup>

### Treatments not approved by the FDA

- Lithium
- Lamotrigine
- Antidepressants
- Electroconvulsive therapy
- Repetitive transcranial magnetic stimulation (rTMS)

## ACUTE MANIA

### Treatments APPROVED by the FDA

- Lithium
- Divalproex
- Carbamazepine
- Aripiprazole
- Asenapine
- Cariprazine
- Haloperidol
- Olanzapine
- Olanzapine-Samidorphan
- Quetiapine
- Risperidone
- Ziprasidone
- Combination of aripiprazole, asenapine, olanzapine, quetiapine,<sup>†</sup> or risperidone + lithium or divalproex
- Iloperidone

## MAINTENANCE

### Treatments APPROVED by the FDA

- Lithium
- Aripiprazole (oral and long-acting injectable)
- Asenapine
- Lamotrigine<sup>†</sup>
- Quetiapine (adjunctive)<sup>†</sup>
- Olanzapine
- Olanzapine-Samidorphan
- Risperidone (long-acting injectable)
- **Incretin Receptor Agonists???**

# Metabolism and Mood: Are GLP-1 Receptor Agonists Capable of Preventing and Treating Psychiatric Disorders

X: @rogersmcintyre

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