

AGA does not endorse all patients stopping popular diabetes and weight loss drugs prior to endoscopy

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The American Gastroenterological Association (AGA) has released a rapid clinical practice update addressing the management of patients

taking glucagon-like peptide 1 (GLP-1) receptor agonists (GLP-1 RAs) prior to endoscopy.

Published in [Clinical Gastroenterology and Hepatology](#), AGA finds no data to support all [patients](#) stopping GLP-1 RAs prior to elective endoscopy procedures. This guidance is in response to American Society of Anesthesiologists' call for patients to stop taking GLP-1 RAs prior to elective procedures and surgeries.

GLP-1 RAs—including Ozempic (semaglutide), Trulicity (dulaglutide), among others—are commonly prescribed medications used to treat patients with diabetes and/or obesity.

"While GLP-1 RAs might slow gastric emptying in some patients, there is overall insufficient evidence for 'blanket statements' on how to manage patients taking these medications who require endoscopy," said author Andrew Wang, MD, University of Virginia.

"AGA's clinical practice update advocates for a balanced approach and supports patient individualization, encouraging physicians to be cautious, putting the patient's safety first," concluded author Jana Al Hashash, MD, MSc, Mayo Clinic Jacksonville.

AGA suggests the following considerations when treating patients on GLP-1 RAs undergoing endoscopic procedures:

- Proceed with the procedure as planned for patients on GLP-1 RAs who followed the standard pre-procedure fasting instructions (no food for eight hours and no liquids for two hours before the procedure) and who do not have nausea, vomiting, dyspepsia or abdominal distention.
- In lieu of stopping GLP-1 RAs, patients can also be placed on a

liquid diet one day prior to their procedure.

- In patients, with symptoms suggesting retained gastric contents, for whom delaying endoscopy may have negative clinical consequences, consider rapid-sequence intubation. However, this may not be possible in most ambulatory or office-based endoscopy settings.

Ultimately, this rapid clinical [practice](#) update provides a framework for clinicians to navigate the complexities of managing GLP-1 RAs in the pre-endoscopy setting, with the overarching goal of delivering the highest standard of care and prioritizing [patient safety](#).

This [guidance](#) further reinforces the [GI multi-society statement](#) released in August 2023 in response to the American Society of Anesthesiologists.

More information: Jana G. Hashash et al, AGA Rapid Clinical Practice Update on the Management of Patients Taking GLP-1 Receptor Agonists Prior to Endoscopy: Communication, *Clinical Gastroenterology and Hepatology* (2023). [DOI: 10.1016/j.cgh.2023.11.002](https://doi.org/10.1016/j.cgh.2023.11.002)

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