RWD79

Initiation of GLP-1 Receptor Agonist Treatment for Obesity in Patients With Mental Health Conditions

A Real World Data Retrospective Study

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Schedule a Demo

Objectives

Glucagon-like peptide-1 receptor agonists (GLP-1s) have demonstrated substantial and sustained weight loss in obese patients and are increasingly used. Beyond metabolic outcomes, GLP-1s have been associated in large observational studies with neutral or beneficial effects on mood, emotional-eating, and quality-of-life. Nevertheless, concerns regarding psychiatric safety-including depression, anxiety, and suicidal behavior-have been raised in post-marketing studies. Such concerns may influence prescribing behavior or patient acceptance, particularly among patients with mental health conditions (PwMHC). Understanding real-world treatment initiation patterns in this population is critical for informing clinical practice, health policy, and market-access decisions. This study evaluated GLP-1 initiation rates among patients with and without mental health conditions as a real-world indicator of potential treatment hesitancy, among physicians or patients.

Methods

This retrospective cohort study used electronic health records (EHR) data from a large, state-mandated healthcare provider in Israel (Leumit Health Services). Data curation, harmonization, analysis and graphics were done in Briya AIRE platform. Adults with documented obesity (BMI≥30 kg/m^2 or ICD diagnosis of obesity) and no diagnosis of type-2 diabetes were included. Mental health conditions were identified based on documented ICD diagnoses of depressive disorders, anxiety disorders, and indicators of suicidality. GLP-1 (Semaglutide, Wegovy) initiation rates during 2025 were compared between patients with and without documented mental health conditions. Patients with implausible BMI were excluded (N=72).

Results

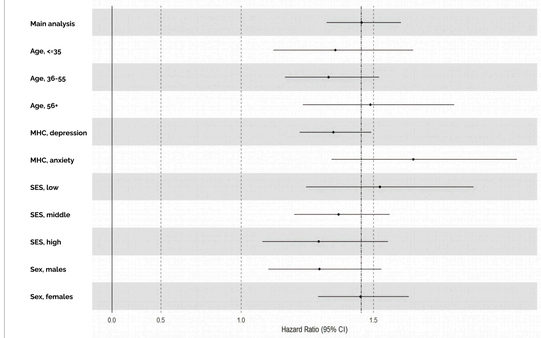
The study included 64,717 adults with obesity, of whom 5494 (8.5%) initiated GLP-1 therapy between April 2024 and January 2026. The highest initiation rate was observed among patients aged 45-54 years (11%). Compared with patients without documented mental health conditions, PwMHC were more likely to initiate GLP-1 therapy (11%) compared to non-MHC (7.6%), with an adjusted HR of 1.46 (95%CI: 1.38 - 1.55), with little variation across subgroups.

Table 1. Study Population and Initiation Rates of Weight Reduction GLP-1 Initiation Therapy, Israel 04/2024-01/2026

Characteristic	No N = 59,223[1]	Yes N = 5,494[1]	p-value[2]
Age	43 (31, 56)	44 (33, 54)	0.8
Age Category			<0.001
<25	6,469 (93%)	464 (6.7%)	
25-34	12,356 (92%)	1,037 (7.7%)	
35-44	11,987 (90%)	1,292 (9.7%)	
45-54	11,560 (89%)	1,373 (11%)	
55-64	9,639 (91%)	914 (8.7%)	
65-74	6,739 (94%)	399 (5.6%)	
75*	473 (97%)	15 (3.1%)	
Sex			<0.001
Female	30,637 (90%)	3,491 (10%)	
Male	28,586 (93%)	2,003 (6.5%)	
BMI, kg/m2	32.5 (30.9, 35.2)	33.9 (31.6, 37.2)	<0.001
BMI Category			<0.001
Obesity I*	43,364 (93%)	3,248 (7.0%)	
Obesity II	11,407 (88%)	1,513 (12%)	
Obesity III	4,452 (86%)	733 (14%)	
Mental Health Condition			<0.001
No MHC	45,010 (92%)	3,715 (7.6%)	
Depression	12,356 (89%)	1,509 (11%)	
Anxiety	1,857 (87%)	270 (13%)	
Any MHC	14,240 (89%)	1,784 (11%)	<0.001
Sector			<0.001
Arab	17,795 (94%)	1,088 (5.8%)	
Jewish			
Ultraorthodox	13,551 (92%)	1,142 (7.8%)	
Jewish Religious	2,106 (93%)	170 (7.5%)	
Jewish	25,771 (89%)	3,094 (11%)	
Socioeconomic Status			<0.001
Low	21,553 (94%)	1,343 (5.9%)	
Middle	28,574 (91%)	2,797 (8.9%)	
High	9,066 (87%)	1,351 (13%)	

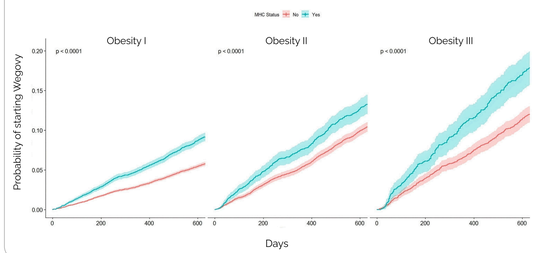
1 Median (Q1, Q3); n (%)
2 Wilcoxon rank sum test; Pearson's Chi-squared test
* According to WHO adult BMI categories; Obesity I patients include obesity ICD diagnosis

Figure 1. Forest Plot of Study Findings With Subgroup Analyses



Main outcome is initiation of Wegovy; MHC - Mental heath condition; SES - Socioeconomic status

Figure 2. Cumulative Incidence of Wegovy Initiation 04/2024-01/2026



Conclusions

In this large real-world cohort, PwMHC were more likely to initiate GLP-1 therapy for obesity than those without such conditions. These findings support equitable access to GLP-1 therapy across mental health subgroups and provide important real-world evidence for clinicians, payers, and policymakers evaluating the safety, uptake, and value of advanced obesity treatments.