

Managing complications of GLPs

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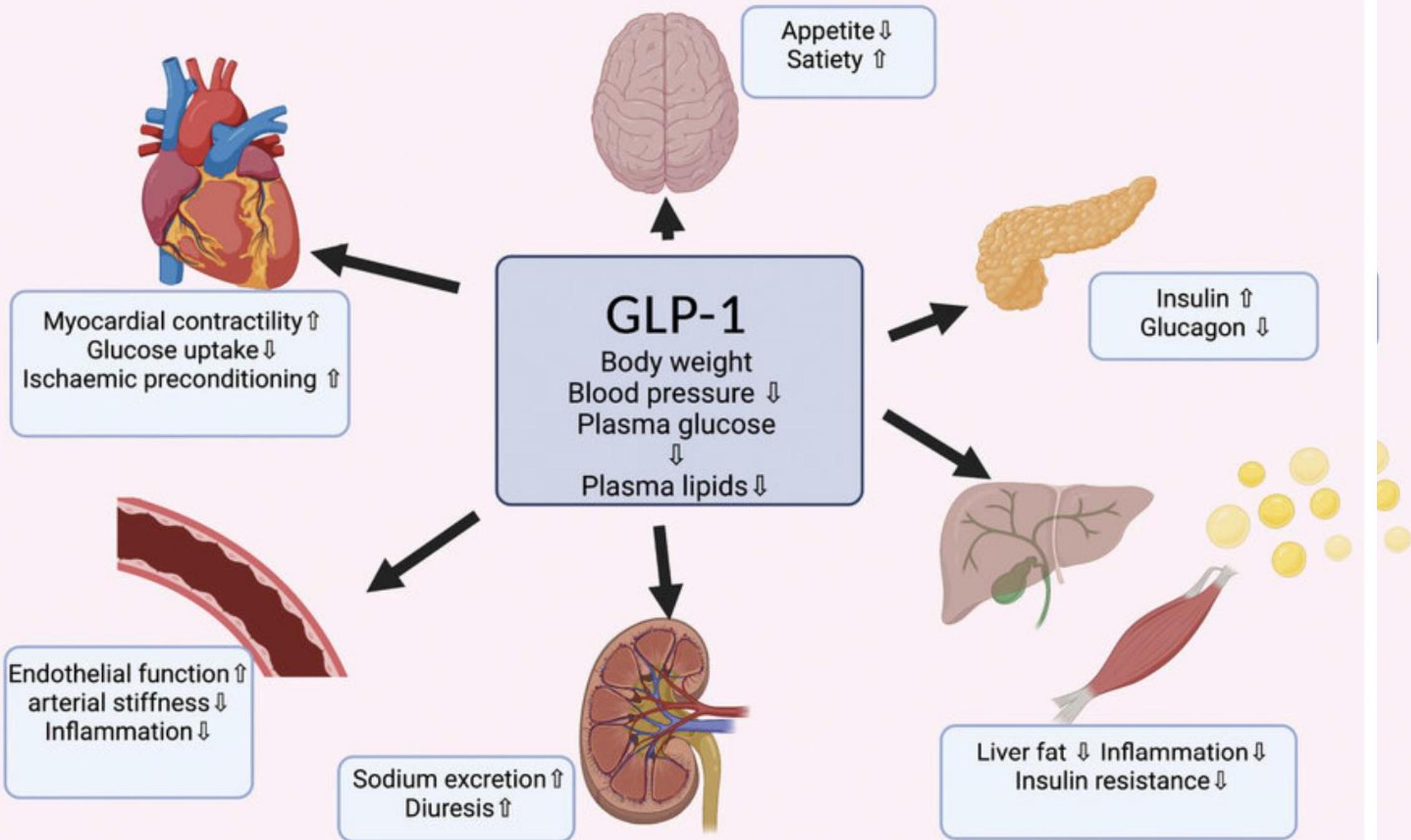
Scottsdale, AZ

Objectives

- Review the MOA of the different GLP-1 agonists
- Highlight the common AEs of GLP-1 agonists encountered in the clinical setting
- Provide data regarding management of common AEs encountered amongst prescribing dermatologists

Disclosures

- Arcutis
- Organon
- Pfizer
- Abbvie
- Galderma
- Sun
- Botanix
- Incyte
- Sanofi
- Regeneron
- Amgen
- Lilly



Adverse events to know about

- Facial lipoatrophy
- Hair loss
- Abdominal pain/distension
- Endocrine tumors
- Nonarteritic Anterior Ischemic Optic Neuropathy

Facial lipoatrophy

- Typical changes comprise a pronounced hollowed-out appearance of the cheeks, temples, chin, and periorbital area caused by differential reduction of various facial fat compartments, which emphasizes the increased skin laxity and wrinkles in affected patients

Ozempic face: A new challenge for facial plastic surgeons

Jing Qin Tay¹

Temples
Infraorbital region
Chin
Cheeks

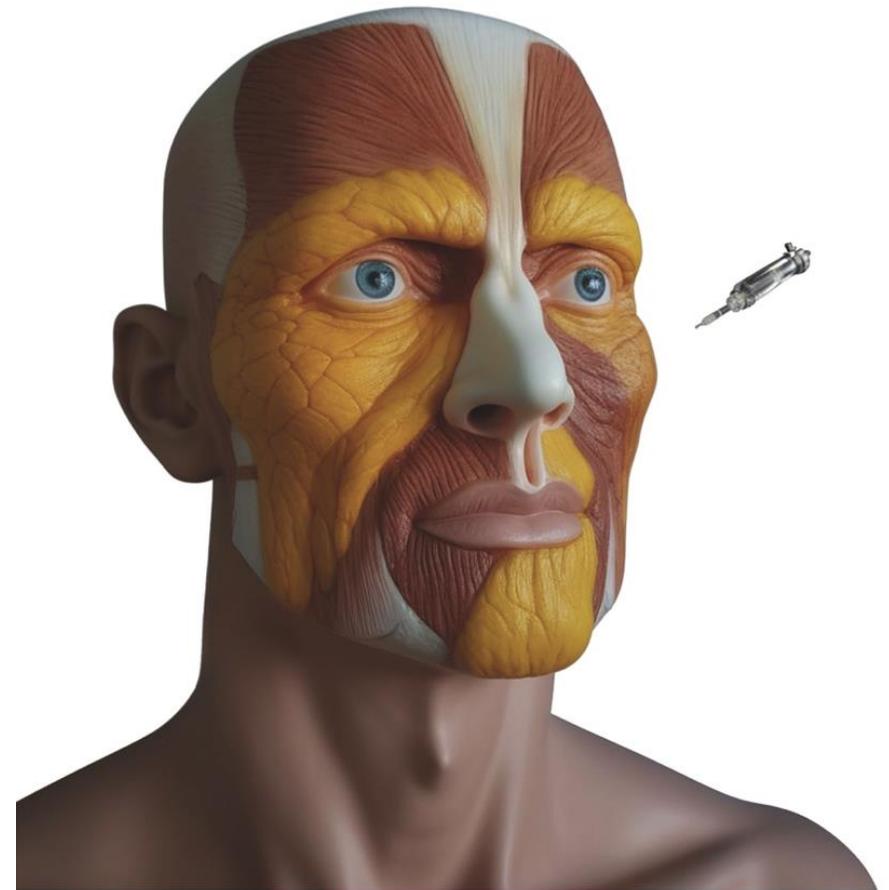


Figure 1 Medical illustration of potential facial fat loss and dermal filler injection sites in ozempic users. This illustration depicts the potential areas of facial fat loss in Ozempic users and the corresponding dermal filler injection sites to address this issue. Ozempic is a drug that causes rapid weight loss, which can lead to a loss of fat in the temporal, cheek, tear trough, jawline, marionette, and nasolabial fold regions, resulting in an aged and wrinkled appearance commonly known as "Ozempic face." The areas of potential fat loss and fillers injection sites are highlighted in yellow.

Skin Changes Due to Massive Weight Loss: Histological Changes and the Causes of the Limited Results of Contouring Surgeries

Rodrigo I Rocha^{1 2}, Wilson Cintra Junior³, Miguel L A Modolin³, Giulia G Takahashi³,
Elia T E G Caldini⁴, Rolf Gemperli³

Reduction of thick collagen fibers ($p = 0.048$), increased thin collagen fibers ($p = 0.0085$), and increased elastic fiber density ($p < 0.001$) were observed in the massive weight loss group

How do we address volume loss?

- SCULPT and LYFT protocol!

> [Aesthet Surg J](#). 2025 Nov 17:sjaf240. doi: 10.1093/asj/sjaf240. Online ahead of print.

A Multicenter, Open-Label Study of Combined Poly-L-Lactic Acid and Hyaluronic Midface Filler Regimen Enhances Facial Harmony and Skin Quality in GLP-1 Medication Users

Z Paul Lorenc¹, Michael Somenek², Thu Q Nguyen³, Sindhu Garimella³, Jessica Hicks³, Jennifer H T D Le³, Matthew H Meckfessel³

- This study assessed the treatment regimen of poly-L-lactic acid (PLLA-SCA) and 2 hyaluronic acid midface fillers (HA-LYF, HA-CON) on restoring facial balance, correcting contour deficiencies, and improving skin quality in subjects who experienced weight loss from GLP-1 RA therapy
- Enrolled 41 subjects with cheek wrinkles and midface contour deficiencies following GLP-1 RA-driven weight loss. Subjects received 2 to 3 treatment sessions of PLLA-SCA and 1 to 2 treatment sessions of HA-LYF or HA-CON, with follow-ups through 9 months since the last PLLA-SCA treatment
- The PLLA-SCA and HA-LYF or HA-CON treatment regimen significantly improved facial skin quality and enhanced contour in the cheek, jawline, and perioral areas, and demonstrated objective improvement in hydration and skin radiance

MY experience

- The nutritional deficit accompanied by GLP-1 use may REDUCE efficacy of Sculptra
- Thus I encourage a diet/protein load (1g/lb weight) during GLP treatment to support protein synthesis (collagen)
- HA fillers MAY not last as long in GLP-1 patients thus don't promise 1-2 year longevity (even with Vycross technology)

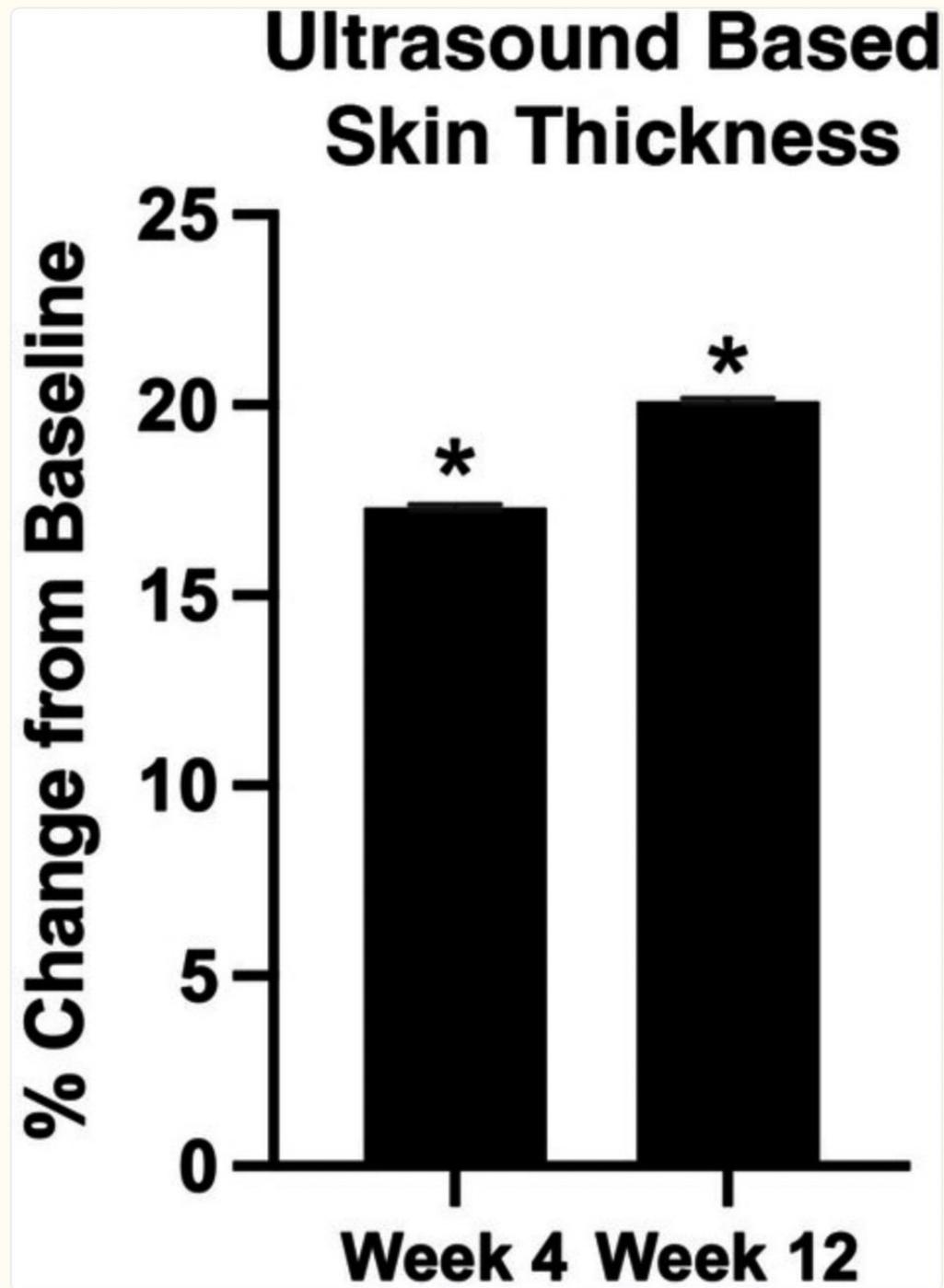
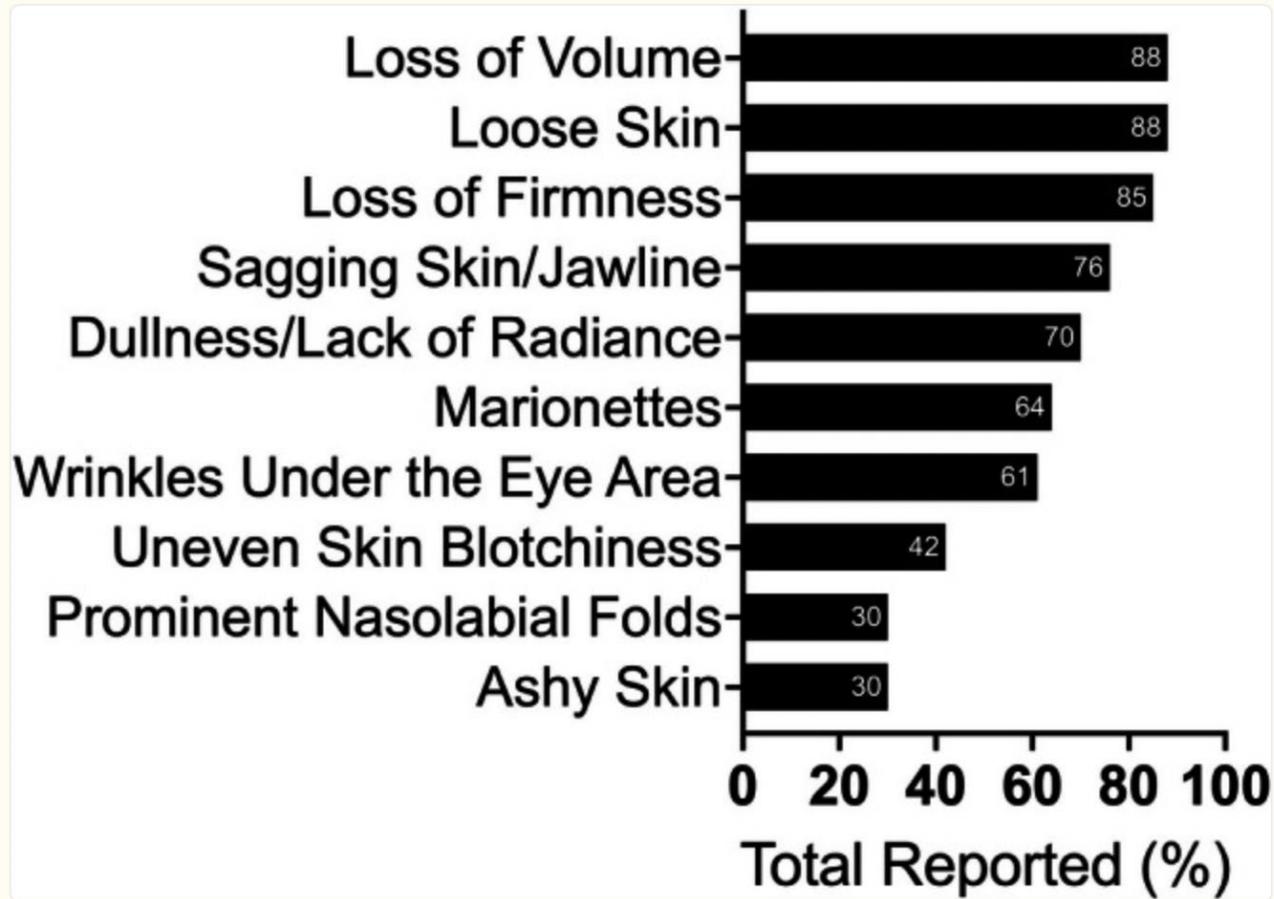
Topical Volumizing Cream Improves Facial Volume and Skin Health in Adults With Rapid Weight Loss From Pharmacologic (GLP-1/GIP Agonists), Surgical, or Behavioral Interventions

Nhi Nguyen ¹, Alejandra Aguilar ¹, Nasima Afzal ¹, Andy Lee ², Wardah Akram ¹,
Minh N Duong ¹, Raja K Sivamani ^{1 2 3}

12-week study, 33 participants from the Sacramento region were given the same topical volumizing cream (Vol.U.Lift, Image Skincare). Participants had 6 visits: screening, baseline, weeks 2, 4, 8, and 12.

Extracts of *Anigozanthos flavidus* (kangaroo paw) have been shown to improve fibroblast production of tenascin-X, collagen, and elastin production in fibroblasts, and a clinical study with its use topically showed improvement in signs of facial aging and skin elasticity

The amino acid L-ornithine has been shown to reduce lipolysis in adipocytes, thereby leading to more retention of fat in the adipocytes



A



B



C



Alopecia as an Emerging Adverse Effect Associated With Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists for Weight Loss: A Scoping Review

[Ricardo Flaminio Rojas Lopez](#)¹, [Daniela Lynett Barrera](#)¹, [Maria Camila Amaya Muñoz](#)^{2,✉}, [Maria Paula Saavedra Diaz](#)³

From a pharmacovigilance perspective, the FAERS analysis highlights the scope of the phenomenon, with over 1,000 spontaneous reports of alopecia associated with GLP-1RA use

Glucagon-like peptide-1 receptor agonist medications and hair loss: A retrospective cohort study

[Olivia Burke, BS](#)  · [Brianna Sa, BS](#) · [David Alvarez Cespedes, MD](#) · [Andrea](#)

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Analysis showed no significant association between specific GLP-1RAs and AGA based on chi-squared tests and logistic regression models

However, the odds ratio for semaglutide (odds ratio: 6.97) suggests a possible trend toward increased hair loss. For TE, most findings were nonsignificant, with tirzepatide showing a borderline P value (.0537), indicating a potential contribution to TE

Table II. Hair loss

Hair change	n (%)
No hair loss	207 (84.1%)
New hair loss	3 (1.2%)
Preexisting hair loss*	32 (13.0%)
Worsening	29 (11.9%)
Resolved	1 (0.4%)
Stabilized	2 (0.8%)
Hair diagnoses [†]	
Androgenic alopecia	19 (7.7%)
Telogen effluvium	10 (4.1%)
Unspecified hair loss	3 (1.2%)
Unspecified alopecia	4 (1.6%)
Other [‡]	6 (2.4%)

*Patients who had hair loss prior to initiation of the study that had already stabilized were excluded (37).

[†]Many patients had multiple types of hair loss. Patients with specific hair loss diagnoses listed either had new-onset hair loss during the study or preexisting hair loss that had not yet stabilized or improved prior to the study.

[‡]“Other” includes central centrifugal cicatricial alopecia (CCCA) (1), trichorrhesis nodosa (1), frontal fibrosing alopecia (FFA) (1), alopecia areata (1), discoid lupus erythematosus (1), folliculitis (1).

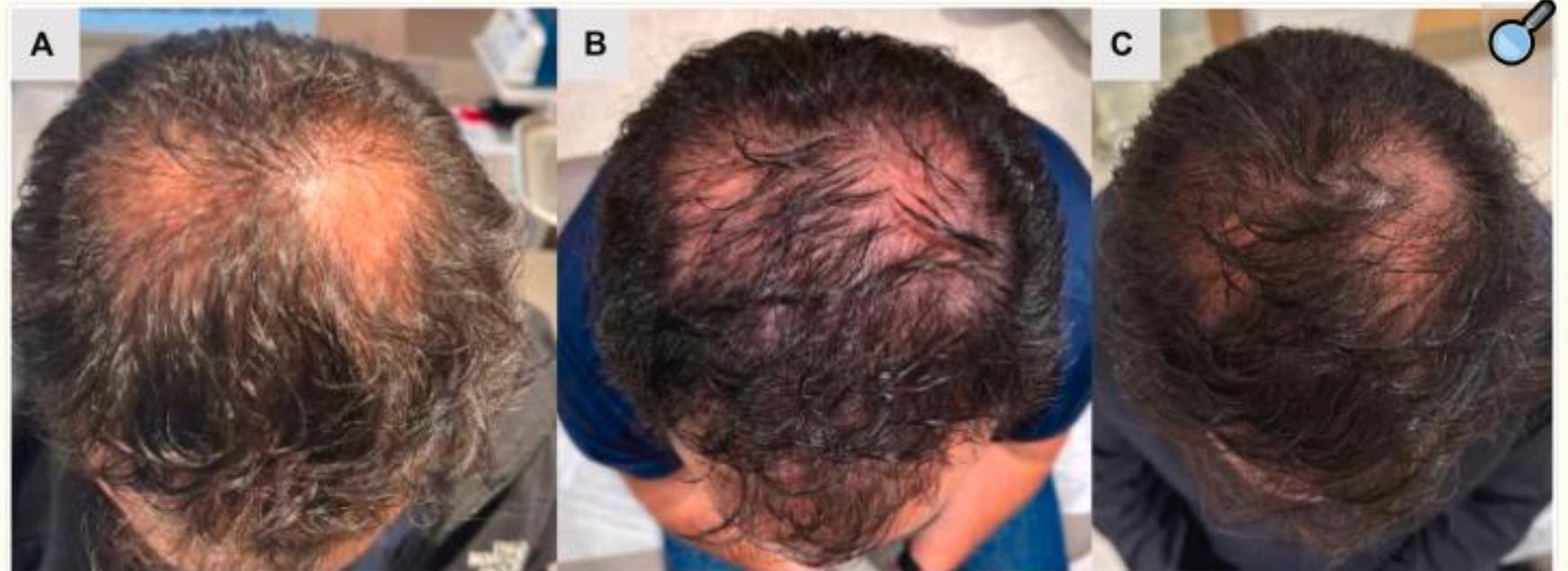
Treatment of insulin resistance with tirzepatide leading to improvement of hair loss

[Emily R Gordon](#)^a, [Sarah Musleh](#)^b, [Lindsey A Bordone](#)^{c,*}

▶ [Author information](#) ▶ [Article notes](#)

PMCID: PMC11318540 PMID: [39135763](https://pubmed.ncbi.nlm.nih.gov/39135763/)

Fig 1.



Improvement of Recalcitrant Folliculitis Decalvans With Tirzepatide: A Case Report

[Kali Morrissette](#)¹, [Stefan Hansen](#)², [Michelle Pavlis](#)^{2,3}, [John C Murray](#)², 

Editors: Alexander Muacevic, John R Adler

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PMCID: PMC11753719 PMID: [39845205](#)



How to mitigate hair loss

- Establish that nutrition is KEY
- Recommend hair supplement
- Pumpkin seed oil 400mg BID
- Topical minoxidil (within 4-6 weeks of starting) given risk of shed
- Maintain MINIMAL caloric intake required to reduce telogen (1200 calories)
- Initiate high protein diet (pending kidney function) to 1g/lb of body weight

GLP-1RA and the risk of non-arteritic anterior ischaemic optic neuropathy in patients with type 2 diabetes: A population-based study

Helen Tesfaye¹, Julie M Paik^{1 2}, Deborah J Wexler³, Jimena Tatiana Hathaway^{4 5}, Elaine W Yu⁶, Ariel Freedman¹, Joseph F Rizzo 3rd^{4 5}, Elisabetta Patorno¹

Concern was raised by a single referral-center study by Hathaway et al., which found that semaglutide, compared with non-GLP-1RA medications, was associated with a **4.3**-fold increased risk of NAION in patients with T2D and a **7.6**-fold increased risk of NAION in patients with overweight or obesity, with the majority of events occurring within 12 months of drug initiation

In the overall PSM cohort, there were **270** presumed NAION events among individuals initiating a GLP-1RA (IR, 0.61 events per 1,000 PY) and **144** among those initiating an SGLT2i (IR, 0.33 events per 1,000 PY), resulting in an increased risk of NAION in the GLP-1RA group compared with the SGLT2i group (HR, 1.85; 95% CI, 1.51 to 2.27; RD/1,000 PY, 0.29; 95% CI, 0.19 to 0.38)

Assessment of thyroid cancer risk associated with glucagon-like peptide 1 receptor agonist use

Tina Vilsbøll ^{1 2}, Michael Stellfeld ³, Vanita R Aroda ⁴, Sune Dandanell ³, Jens-Peter David ³, Ceyda T P Kristiansen ³, Søren Rasmussen ³, Fiona L Roberts ³, Laszlo Hegedüs ⁵

Affiliations + expand

PMID: 41287564 PMCID: [PMC12803555](#) DOI: [10.1111/dom.70291](#)

Data from all clinical trials across 101 732 participants (totaling 206 950 patient-years of exposure [PYE]) reported low numbers of thyroid cancer events; across all trials, HRs were 1.70 (95% confidence interval [CI] 0.99, 3.03) and 1.83 (0.70, 6.71) for pooled GLP-1RA versus pooled placebo and active comparator, respectively

For CVOTs, the HR (95% CI) for pooled GLP-1RA versus pooled placebo was 1.41 (0.72, 2.81). Post-marketing surveillance data showed a low thyroid cancer reporting rate of 0.001 cases/100 PYE and did not support an association between liraglutide or semaglutide exposure and the number of thyroid cancer events

Early GLP-1 Agonist Use and Cancer Risk in Type 2 Diabetes: A Real-World Data Cohort Study

Cheng-Hsun Chuang^{1 2 3}, Ping-Kun Tsai^{3 4 5 6}, Shih-Wen Kao^{7 8}, Yu-Hsun Wang^{8 9},
Chao-Bin Yeh^{1 2 3}

Retrospective cohort study used electronic health records from the TriNetX U.S. research network. Adults aged 20 years or older diagnosed with T2DM between 2016 and 2024 were included if they received any hypoglycemic agents within 3 months before and after diagnosis

Early GLP-1 RA use demonstrated a modest but significant association with reduced overall cancer risk (HR 0.93; 95% CI: 0.90-0.96)

Reduced risks were noted for cancers of the digestive (HR 0.81), respiratory (HR 0.66), and female genital (HR 0.87) systems

In stratified analysis, benefits were more pronounced in patients with BMI \geq 30, particularly for pancreatic and colorectal cancers.

GLP1 and GIP Receptor Agonists: Effects on the Gastrointestinal Tract and Management Strategies for Primary Care Physicians

Management of gastrointestinal symptoms should start with dietary modifications- smaller, more frequent meals; adequate hydration; and avoidance of high-fat or high-sugar foods

-If patients are on Zepbound → they can get a vial instead of an injector and they can divide the dose to ½ the dose 2x a week

-Start LOW, keep it LOW and go for longer

The Lal GLP recipe for inflammatory skin diseases

- A) Check if they have a dx of DM, HTN, HLD, and assess BMI, weight
- → If they do and you DO NOT feel comfortable Rxing please refer to PCP or endocrinologist for tx
- If unsure of above check at baseline: HgbA1c, BMP, CRP, BP, AST/ALT
- Make sure no hx or FHx of MEN syndrome, medullary thyroid cancer
- Discuss risks of pulmonary aspiration, bowel obstruction, nonarteritic anterior ischemic neuropathy****

COUNSEL patients they still need to eat even if they don't feel the need (goal to maintain 1200 calorie diet)