



Local Health Commentary

A VIEW FROM THE VILLAGES HEALTH

There’s a lot to consider before jumping on the GLP-1 bandwagon.

While the majority of GLP-1s (glucagon-like peptide-1 receptor agonists) are only FDA approved for Type 2 diabetes, they’ve garnered widespread attention for their effectiveness at promoting weight loss. There are lots of these drugs in the pipeline, and those available include tirzepatide and semaglutide. According to a 2024 poll, about 1 in 8 American adults have used them. As demand increases, so too do the number of pop-up clinics and online suppliers peddling their compounded versions. But are they safe and worth the high cost and potential risks? That depends...

A lot of evidence suggests GLP-1s are good medications, but outside of the diabetic realm, there’s a big black box unknown. As for their long-term safety, we simply don’t have enough data to know the effects of using them for weight loss alone.

The ABCs of GLP-1s

GLP-1s work by accelerating and enhancing the production of incretin, a hormone your body releases naturally. They help insulin work more effectively, increase metabolic activity, and activate areas in the brain that signal fullness. We call this early satiety. In some cases, I’ve seen patients achieve significant weight loss, but some people tolerate them better than others. Then there are those who lose weight and gain it all back once they come off the drug. However, the hope is that those who use the medicine appropriately will have the opportunity to kickstart some healthy habits. Because obesity is a chronic condition, short-term fixes aren’t long-term solutions. Therefore, to enjoy meaningful, sustained

changes, patients must change their behavior.

Who Are Good Candidates for These Drugs?

If weight is a major morbidity, and it affects a person’s quality of life, movement, sleep, blood pressure, cholesterol levels, disease risks, and more,



Dr. Robert Reilly

GLP-1s might be a good fit. But for patients whose body mass index puts them just overweight, these drugs probably aren’t the right approach.

Cost Can Be a Significant Barrier

For some patients, compounded GLP-1s are the only accessible option, as the cost of the brand name, doctor-prescribed drugs can exceed \$1,000 per month. In contrast, compounded versions are a fraction of the price, which is often the appeal for patients. Some compounding pharmacies dispense their drugs safely, but others are unlicensed, selling substandard products and offering little to no patient support — and that’s where the danger lies.

Clinical oversight is crucial when using GLP-1s, and some patients should absolutely avoid these drugs. For example, if they have a condition called multiple endocrine neoplasia, a family history of thyroid cancer, pancreatic problems, or severe gastrointestinal conditions. If a pharmacy does not properly vet their patients, they could be putting them at risk. I suggest patients first consult their health care providers before pursuing these medications. If the patient is a good candidate, their doctor can guide them to a reputable pharmacy that is monitored by a licensed practitioner.

When GLP-1 treatment begins, it can take some time to find a patient’s sweet spot, which is the dosage that yields the benefits with minimal side effects. It takes time for the body to adjust, so the dosages should escalate slowly, and they may vary from patient to patient. A health care professional

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Nutrition News

BY CHARLYN FARGO

It may surprise you to know that research shows your diet can affect your susceptibility to hearing loss.

A study looking at the relationship between diet, tinnitus and hearing difficulties was published in the March/April issue of Ear and Hearing journal. Researchers looked at 34,576 U.K. adults between the ages of 40 and 69. Dietary assessment was based on a detailed computerized questionnaire about their intake of 200 commonly consumed food and beverages in the previous 24 hours.

The study was funded and reported by the National Institutes of Health and found that a lack of vitamins A, B, C, D and E, and minerals zinc, magnesium, selenium, iron or iodine led to an increased incidence of hearing loss. Researchers attributed this

to the increased antioxidants from the vitamins and minerals, which inhibit the formation of free radicals that can contribute to hearing loss.

In addition, diets high in carbohydrates, cholesterol and fats and lower in protein corresponded to poorer hearing status, attributed to negative effect on the vascular system and blood flow to the ear’s cochlea, the spiral cavity of the inner ear where nerve impulses are produced in response to sound vibrations. Researchers found that consuming more healthy fats such as omega-3s had a positive impact on hearing by improving blood supply to the cochlea.

Tinnitus is defined as ringing or buzzing in the ear and can lead to hearing loss. A study cited by the American Auditory Society notes that higher intakes of calcium and fat were associated with increased occurrences of tinnitus. In addition, higher intakes of B12 and protein were associated with reduced occurrences of tinnitus.

The bottom line? A diet low in fat and high in vitamins and antioxidants may be important for hearing health.

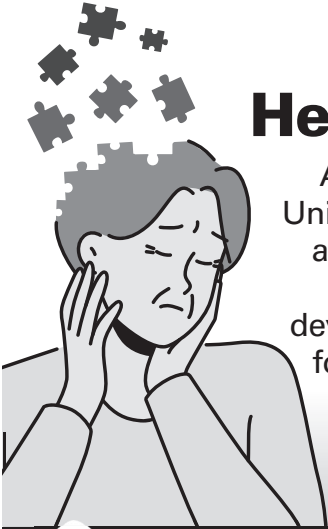
Tomato-Watermelon Chicken Salad

Watermelon is 92% water, so it’s a simple way to help stay hydrated. And just one medium slice of watermelon contains 9% to 11% of the

vitamin A you need each day, which is important for keeping eyes healthy. It’s low in calories — 45.6 per cup and is fat-free, cholesterol-free and has no sodium. Here is one recipe to try from Taste of Home.

- Servings: 6
- » 4 medium tomatoes, cut into wedges
 - » 2 cups cubed seedless watermelon
 - » 1 cup fresh raspberries
 - » 1/4 cup minced fresh basil
 - » 1/4 cup olive oil
 - » 2 tablespoons balsamic vinegar
 - » 1/4 teaspoon salt
 - » 1/4 teaspoon pepper
 - » 9 cups torn mixed salad greens
 - » 4 grilled chicken breasts (4 ounces each), sliced
- In a large bowl combine the tomatoes, watermelon and raspberries. In a small bowl, whisk the basil, oil, vinegar, salt and pepper. Drizzle over tomato mixture; toss to coat. Divide salad greens among 6 serving plates; top with tomato mixture and chicken.

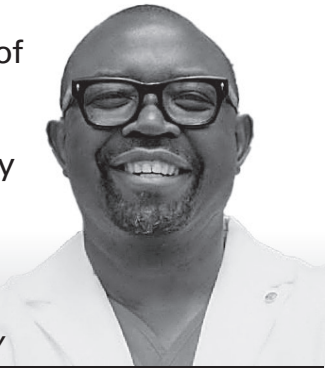
Charlyn Fargo is a registered dietitian with SIU School of Medicine in Springfield, Illinois, and the current president of the Illinois Academy of Nutrition and Dietetics. For comments or questions, contact her at charfarg@aol.com or follow her on Twitter @NutritionRD.



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