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GLP-1 Drugs and Your Heart

Drugs like Ozempic, Wegovy and Mounjaro also cut heart attacks, strokes and deaths from heart disease.

20%
fewer heart attacks, strokes and cardiac deaths in SELECT, no diabetes

24%
fewer kidney failures and cardiac deaths, diabetes plus kidney disease

~50 to 75
higher-risk people treated for 3 years to prevent one event

HOW THEY PROTECT THE HEART

Many small effects that add up

GLP-1 drug



most are a weekly shot, one is a daily pill

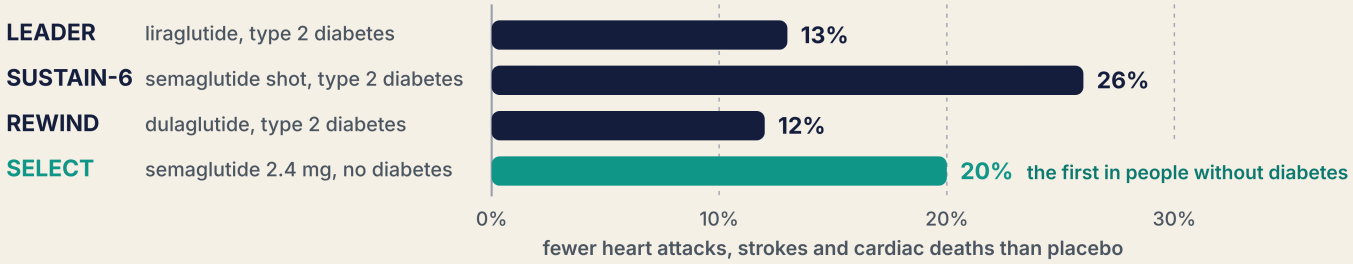
- **Weight comes off** — about 9 to 15% on high-dose semaglutide
- **Lower blood pressure** — top number down 2 to 6 points
- **Healthier artery lining** — seems to help vessels relax and open
- **Less inflammation** — CRP test down 37 to 43% on semaglutide
- **Lower blood sugar** — A1c down 1 to 2 points in diabetes
- **Less fat around organs** — including the layer on the heart

→ **Fewer heart attacks, strokes and deaths from heart disease** — the effects add up

The drugs in this family with real heart data are **semaglutide** (Ozempic, Wegovy, Rybelsus), **liraglutide** (Victoza, Saxenda), **dulaglutide** (Trulicity) and **tirzepatide** (Mounjaro, Zepbound).

WHAT THE BIG STUDIES FOUND

Fewer heart attacks, strokes and cardiac deaths



Every major heart study in this drug family found 12 to 26% fewer heart attacks, strokes and cardiac deaths compared with placebo. A 2025 review pooling 99,599 people found a steady 12 to 14% reduction across the family.

A heart decision

For the right patient, starting one is a heart decision on its own, separate from the scale and separate from blood sugar. Your cardiologist can weigh your own risk, your other conditions and what you can get filled.

IS IT RIGHT FOR YOU

Who benefits, what to expect and when to stop

WHO BENEFITS MOST

Diabetes plus artery disease	A prior heart attack or stroke, blockages seen on a catheterization, or leg artery disease causing symptoms. A GLP-1 drug and an SGLT2 inhibitor go on alongside metformin no matter what the A1c says.
Diabetes at high risk	No event yet, the group REWIND studied. The percentage benefit looks about the same, with a smaller payoff because the starting risk is lower.
Heart disease, no diabetes	Known heart disease and a BMI of 27 or higher, the SELECT group. The target is semaglutide 2.4 mg weekly, reached over several months.
Diabetes plus kidney disease	After FLOW, most guidelines no longer treat this as optional.
Heart failure	In stiff-heart failure with obesity, semaglutide and tirzepatide are both reasonable. In weak-pump heart failure the picture is murkier, and Dr. Rasch steers clear of them when the pump is severely weakened unless there is a compelling separate reason.

SIDE EFFECTS

Stomach	Nausea, feeling full fast, constipation and occasional vomiting, worst while the dose is climbing. They usually settle within a few weeks. Start low, step up slowly, eat smaller portions and drink enough water.
Low blood sugar	Uncommon alone. It becomes a real risk with insulin or a sulfonylurea, whose doses usually need to come down as the GLP-1 dose goes up.
Gallstones and heart rate	Gallstones run about 30% more common. Resting heart rate rises two to four beats a minute, which hasn't been tied to any problem.
Muscle	Some muscle goes with the fat. Lift weights twice a week and eat roughly 1 to 1.5 grams of protein per kilogram of body weight a day.
Eyes	SUSTAIN-6 raised a flag about diabetic eye damage when sugars dropped fast. If your diabetes was poorly controlled for years, have your eye doctor watch closely in the first few months.

HARD STOPS AND PAUSES

Get care the same day	ER today for severe upper belly pain that won't go away. Same day for right upper belly pain, fever or yellow skin, or vomiting so bad you can't keep fluids down.
Never start	A personal or family history of medullary thyroid cancer, or the inherited syndrome MEN-2.
A slow stomach	If your stomach already empties too slowly (gastroparesis), these drugs make it worse. Tell your doctor, since it rarely shows up on a medication list.
Stop for good	Pancreas inflammation, stomach side effects that won't quit, or pregnancy.
Before anesthesia	Most keep taking it. Higher risk means a 24-hour liquid diet, stopping only if risk is high.

PLAN TO STAY ON IT

Weight comes back after stopping, and heart risk tracks right along with it. In two withdrawal studies, most of the lost weight returned within a year. Think of it the way you think of a blood pressure pill, as long-term management of a risk factor.

READ THE FULL ARTICLE

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glp1-cardioprotection

For education only, and not a substitute for advice from your own physician. Sources include LEADER and SUSTAIN-6 (NEJM 2016), REWIND (Lancet 2019), SELECT (NEJM 2023), FLOW (NEJM 2024), STEP-HFpEF, SUMMIT (NEJM 2025), the ADA Standards of Care 2025 and Galli et al. (JACC 2025).

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