GLP-1s: The Heart's Newest Best Friend (Print)

It's been two decades since the first-ever glucagon-like peptide-1 (GLP-1) medication was approved by the U.S. Food & Drug Administration (FDA).

For years, GLP-1s have been used to help those with diabetes. More recently, GLP-1 producers have begun marketing drugs like Ozempic®, Wegovy® (both semaglutide), Zepbound® or Mounjaro® (tirzepatide) for weight loss. Now heart health experts believe these medications can provide a robust benefit to heart health.

This comes as the American College of Cardiology® (ACC) released its five top trends in cardiovascular medicine in 2025, including "Anti-Obesity Drugs: Cardiovascular Benefit Beyond Weight Loss."

The ACC reports that semaglutide and tirzepatide both "demonstrate remarkable cardiovascular benefits that extend beyond weight management." Clinical trials show these medications can reduce the risk of major adverse cardiovascular events by up to 20% in patients with obesity and preexisting cardiovascular conditions.

Christopher Sparrow, MD, is an Advanced heart failure cardiologist with OSF HealthCare. He says he's seen some remarkable benefits in many of his patients.

"The biggest thing I've seen in my practice is that patients who are obese can take these medications and have dramatic reductions in their weight, while doing it in a healthy fashion with a tolerable treatment," Dr. Sparrow says. "When these patients lose weight, they feel better, their blood pressure gets better, their cholesterol gets better, and their diabetes gets better if they have it. If they don't have it, their risk of getting diabetes goes down. Plus, their quality of life improves."

Dr. Sparrow is also the medical director of both the heart transplant program and adult heart unit at OSF HealthCare Saint Francis Medical Center, a Level 1 Trauma Center in Peoria, Illinois. He describes how GLP-1 drugs promote heart health.

"These medications target GLP-1 receptors. These receptors are primarily in the gastrointestinal system, but they're also in the brain and small amounts in the heart. We're learning more and more that these drugs can have direct impacts on the heart," Dr. Sparrow says. "Particularly in small blood vessels that are prone to effects of inflammation and disease in patients with obesity."

GLP-1s are also referred to as incretin analogues. Incretins are substances that promote insulin release to lower blood sugars. They act in the brain to increase the feeling of satiety (not being hungry anymore), which stops overeating and excessive drinking. Dr. Sparrow says the health benefits are both in how the medications are formulated, and because patients are losing weight.

"Recent evidence has shown that in the obese population with heart failure, these drugs improve quality of life and improve the ability for these patients to function. That can mean being able to walk further distances," Dr. Sparrow says. "They lower systemic inflammation levels and reduce the risk of worsening heart failure events. For us, this is a brand-new tool in our toolbox to benefit the quality of life in these patients."

While GLP-1s are being seen as the heart's newest best friend, on the flip side, obesity is one of its worst enemies.

"It (obesity) promotes higher blood pressure, diabetes, abnormal lipids and we know it increases inflammation in the body, which has adverse effects throughout the body," Dr. Sparrow says. "Simply by reducing obesity, we think we're making a huge impact on future cardiovascular risk."

Dr. Sparrow says doctors have known for a long time that patients with diabetes who use these forms of medications have a reduced risk of heart attack, stroke and death from cardiovascular causes like congestive heart failure. Now, that's expanding to patients who are obese or those with heart failure.

Semaglutide and tirzepatide have been shown to have a better weight loss benefit compared to their GLP-1 predecessors, Dr. Sparrow says. Adding that these drugs can reduce cholesterol levels, improve hemoglobin A1C (a marker of diabetes), as well as lower blood pressure and markers of inflammation to a greater extent.

This treatment option can be used as primary and secondary prevention. That means people can take one of these drugs before anything like heart attack or stroke happens (primary), or after heart attack and stroke that could prevent another from happening (secondary).

Patients with a body mass index (BMI) over 30, diabetes and/or cardiovascular disease are all patients that could benefit from this treatment, Dr. Sparrow says.

The struggle with getting these drugs to all the patients who want them comes down to two factors.

1: Pharmacies can't stock enough to keep up with demand

2: Many insurance companies aren't covering these medications for weight loss

When it comes to obesity, Medicare recently announced it would cover these drugs for obese patients who have cardiovascular disease. It's estimated this could impact roughly 3.4 million Americans.

Dr. Sparrow says it's not surprising that over time researchers are finding health benefits for these drugs when it was previously meant for another purpose. He says it's the natural order of scientific discovery that comes from a deeper understanding of these medications obtained through years of research and study.