



Beyond Weight Loss: Effects of a Structured Nutrition and Mindful Eating Protocol on Eating Disorder Risk During GLP-1 RA Treatment

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Introduction: GLP-1 receptor agonists (RA) are increasingly used in obesity treatment due to their effects on appetite regulation and weight loss. However, pharmacological appetite suppression alone may not adequately address eating-related cognitive and behavioural vulnerabilities. Reduced appetite without structured nutritional support may contribute to inadequate intake, cognitive restriction, and insufficient recognition of eating disorder risk.

Aims: This doctoral project aims to evaluate whether a structured nutritional intervention protocol alone or mindful eating intervention added, improves eating behaviour, body image, nutritional knowledge, glycaemic patterns, and eating disorder risk during GLP-1 RA treatment compared with pharmacological treatment alone.

Methods: A prospective three-arm interventional study is planned among adults initiating GLP-1 RA treatment for obesity management. Before treatment, participants will be screened using validated tools assessing eating disorder risk and eating behaviour. Participants will then be allocated to one of three groups: (1) standard GLP-1 RA treatment, (2) GLP-1 RA combined with a structured nutritional intervention protocol, and (3) GLP-1 RA combined with a structured nutritional intervention protocol and mindful eating intervention. Outcomes will be assessed before and after intervention using continuous glucose monitoring, psychometric eating behaviour scales, nutrition knowledge questionnaires, and body image measures.

Clinical implications: As the project is in the planning phase, results are not yet available. The study is expected to clarify whether GLP-1 RA treatment should be routinely accompanied by structured nutritional and behavioural care to reduce eating disorder vulnerability and maladaptive eating patterns while supporting sustainable weight management. Findings help narrow the gap between pharmacological and eating-related clinical care.

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