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Study in Spain Finds Patients Taking GLP-1 Drugs Reported Less Alcohol Use After 44 Weeks

The 135-patient observational analysis also found better diet adherence among adults with obesity and type 2 diabetes

Thursday, November 19, 2026



Adults taking GLP-1 drugs for obesity and type 2 diabetes reported drinking less alcohol and following healthier diets during 44 weeks of routine medical care in Spain, according to a study published on Wednesday, November 18, in Addictive Behaviors.

The researchers said the results add to growing interest in whether widely used diabetes and weight-loss medicines may affect behavior beyond blood sugar and weight, but they stressed that the study was observational and cannot show that the drugs caused the changes.

The analysis followed 135 adults with both obesity and type 2 diabetes who started or intensified treatment with a GLP-1 receptor agonist in several Spanish health centers. The group had an average age of about 62, slightly more than half were men, and the average body mass index was 36.2. Many also had other cardiovascular risk factors, including high blood pressure or abnormal cholesterol.

GLP-1 receptor agonists include medicines such as semaglutide, dulaglutide, liraglutide and exenatide. They mimic a hormone released after eating and are commonly prescribed to lower blood sugar and support weight loss. Researchers have also been studying whether these drugs may affect the brain’s reward system, which is involved in cravings and substance use.

In the Spanish cohort, drinking was already low at the start. Among 130 patients with complete alcohol records, 87.7% were in the lowest category of zero to one standard drink a day, 6.9% reported two drinks a day, and 5.4% reported more than two drinks a day. By week 44, 96.2% were in the zero-to-one category, 3.8% reported two drinks a day, and none reported more than two drinks a day.

The study used standard drink units defined in Spain as 10 grams of pure alcohol, roughly equivalent to a small glass of wine or beer. Because the questionnaire grouped zero drinks and one daily drink together, the researchers could not tell whether light drinkers stopped completely or only reduced their intake slightly.

Adherence to dietary advice also improved. At the start of treatment, 47.7% of participants said they were following their recommended diet. That rose to 66.7% at week 4 and was 63.2% at week 44. The improvement remained after the researchers used statistical methods to account for missing follow-up responses.

Physical activity was different. The share of patients who reported regular exercise rose from 43.9% at baseline to 56.1% at week 12, but it fell back to 50.4% at week 44. The long-term change was not statistically significant.

Mental health results were mixed. Broad summary measures of mental well-being and anxiety or depression did not show statistically significant improvement over the 44 weeks. The average general mental health score rose from 50.3 to 52.2, but that change was not considered meaningful by the researchers. One specific emotional measure did stand out: the share of patients who said they felt calm and peaceful all or most of the time increased from 51.9% at baseline to 69.2% at week 44. The authors said that result should be treated cautiously because it came from exploratory testing of several separate mood items.

The study was a post hoc analysis of data from the SEVERAL study, a real-world clinical cohort that had originally been designed to assess metabolic health and drug safety rather than alcohol use or behavior change. José Seijas-Amigo, the lead author, and his colleagues described the new work as exploratory and hypothesis-generating.

Doctors prescribed the medicines according to usual clinical judgment rather than random assignment. About 35% of patients received dulaglutide, 31% took oral semaglutide, 30% used injectable semaglutide, and about 4% took liraglutide or exenatide. Over the study period, 43% of participants had an adverse drug reaction. Digestive problems such as nausea made up more than four-fifths of those cases, and four patients stopped treatment permanently.

The researchers said several explanations could account for the changes in alcohol use and diet. Weight loss and better control of diabetes may have improved how patients felt and encouraged healthier routines. The drugs may also act on brain pathways linked to appetite, reward and stress, making alcohol and calorie-dense foods less appealing. But the study did not measure cravings, brain activity or impulsivity directly, so those mechanisms remain unproven.

The findings fit with earlier research, though the evidence is still limited. A randomized clinical trial published in 2025 found that low-dose semaglutide reduced weekly alcohol cravings and lowered drinking in a laboratory setting among people with alcohol use

disorder. Other observational research has also suggested links between some GLP-1 drugs and fewer alcohol-related hospitalizations. But those studies involved different populations and different measures, making direct comparisons difficult.

The new report also has important limits. It had no untreated comparison group, so it cannot separate the effect of the drugs from the effect of regular medical follow-up, repeated lifestyle counseling, weight loss itself or side effects such as nausea that may reduce interest in food and alcohol. Nearly nine in 10 patients were already in the lowest drinking category before treatment began, leaving only 16 people in the higher drinking groups. The study also relied on self-reported alcohol use, did not use a clinical screening tool for problematic drinking and focused on older adults in Spain, which may limit how well the results apply to younger people or to patients seeking treatment for alcohol addiction.

For the beverage industry, the study adds to a line of research that could eventually matter if it is confirmed in larger trials. If GLP-1 drugs do reduce interest in alcohol for some patients, that could over time affect demand patterns for beer, wine and spirits among part of the population. For now, the evidence is too early and too narrow to support firm conclusions about consumer behavior.

The authors said the results should not be interpreted as proof that GLP-1 drugs treat alcohol addiction. They called for randomized clinical trials that are specifically designed to track drinking behavior, cravings, relapse and long-term safety. They also said future studies should use more detailed alcohol measures and biological markers to test whether the apparent shift reflects a direct effect of the drugs or a broader response to improved health.

The paper was authored by Seijas-Amigo and a large team of Spanish investigators under the title Alcohol consumption, lifestyle behaviors, and emotional well-being during GLP-1 receptor agonist therapy: a post hoc analysis of the SEVERAL study.