GLP-1 Drugs and the Rise in Eating Disorders

A Healthy Skepticism case study in the causal leap

Murray Cantor PhD

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On 29 October 2026, MIT Technology Review's health newsletter, The Checkup, ran a story headed "Eating disorders are on the rise. GLP-1s could make things worse" [3]. Its first paragraph calls GLP-1 weight-loss drugs a potential trigger for eating disorders. Its first number is a 71% rise in anorexia nervosa and bulimia nervosa worldwide between 1990 and 2023. That number comes from a study published in JAMA Psychiatry the day before [1]. The material on GLP-1 drugs comes from interviews with two clinical psychologists and a small survey [3, 6].

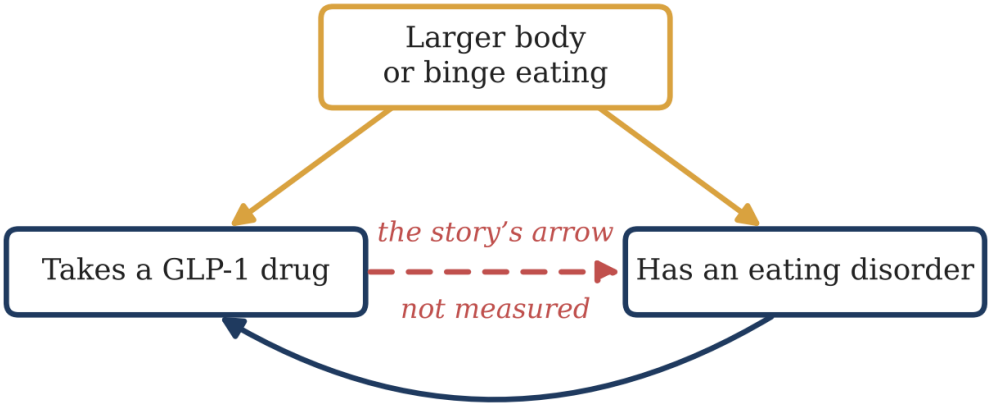
The story rests on one of the six faults described on healthy-skepticism.com, Fault 5, the causal leap. It ties a rise in eating disorders to a drug the study behind the rise never looked at. Nothing here is advice about taking or stopping a drug. That decision is between you and your doctor.

What the study measured

The study is part of the Global Burden of Disease project. It pools published studies, population surveys and health records from 204 countries and territories [1]. Where a country has no data, a statistical model fills the gap [3]. Its main measure is how many people are living with anorexia or bulimia in a given year. It puts the figure at 18.1 million people in 2023, with an uncertainty range of 13.9 million to 24.0 million [1].

Fault 5, the causal leap

The causal leap treats two things that occur together as cause and effect, without the evidence that would tell one from the other.



The dashed arrow is the story's claim, and nothing it cites tests it. The solid arrows produce the same survey numbers without it.

The story opens with GLP-1 drugs as a trigger and then gives the 71%. The reader is invited to connect them. The study cannot support the connection. Its data run from 1990 to 2023. Wide use of GLP-1 drugs for weight loss followed the FDA's approval of Wegovy in June 2021 [7]. That leaves two and a half of the study's 33 years. The study did not measure GLP-1 use. The story says so: the researchers did not explore the reasons for the rise [3].

The evidence that does involve the drugs is a survey by the group of Cheri Levinson, a clinical psychologist at the University of Louisville and one of the two psychologists the story quotes [3, 6]. Between December 2025 and January 2026, 436 adults with eating disorders answered an online questionnaire. They were recruited through other research studies, national organizations and online outreach. 140 of the 436 said they had ever used a GLP-1 drug, 32 in 100. 44 said they had misused one, 10 in 100, where misuse meant taking a different dose or for a different length of time than prescribed [4, 6]. Three things keep this from showing that the drugs cause eating disorders. The first two are the solid arrows in the diagram.

Who was asked. Use was highest among people with binge eating disorder and lowest among people with anorexia [6]. Levinson herself says most people with eating disorders, 80 in 100, are in medium or large bodies [5]. Those are the people the drugs are prescribed for. High use in this group is what you would expect if the drugs were being prescribed as intended. Body size and binge eating lead both to the drug and to the diagnosis.

Which way the arrow runs. A person who already has an eating disorder may seek the drug to restrict eating. That is the misuse the survey counts, and it runs from the disorder to the drug. The survey asks about use at any time in a person's life, so it cannot tell whether the disorder or the drug came first.

Compared to whom. The 32 in 100 is set against about 15 in 100 American adults, from a Gallup poll [2, 4]. That is a different sample asked a different way. The survey has no group of people without eating disorders recruited the same way.

The rest is clinical experience. Levinson says she is seeing more patients, with more severe symptoms, and children who developed eating disorders after being prescribed a GLP-1 drug [3]. A specialist clinic sees the severe cases because that is who gets referred to it. Cases with no count of the children who took the drug without harm cannot give a rate.

What the story shows

The story opens with a drug and then reports a rise in eating disorders over 33 years. The drug came into wide use only in the last two and a half of those years, and the study never measured it. The survey it cites has no comparison group and cannot tell which came first. That is Fault 5, the causal leap. Nothing in the story shows that GLP-1 drugs cause eating disorders.

References

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