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GLP-1 medicines and your eyes

What to know if you are starting or taking semaglutide, tirzepatide, or another GLP-1 medicine

The short version

- In November 2026 the FDA required all GLP-1 medicine labels to list a **potential increased risk** of NAION, a sudden loss of blood flow to the front of the optic nerve. The FDA still describes NAION as **rare**.
- Whether these medicines cause NAION is still being studied. For many people, the benefits are much larger than this small possible risk.
- **Do not stop your GLP-1 medicine on your own.** Talk with the clinician who prescribes it.

What NAION looks like

Usually painless, in one eye, and often noticed **on waking**: blurry, dim, or dark vision, or a missing area (often the upper or lower half of what you see).

Sudden vision loss needs same-day care. Call an eye doctor right away. If you are over 50 and also have a new headache, jaw pain when chewing, scalp tenderness, or fever, go to the emergency department.

Eye exams

Professional groups differ. The American Optometric Association recommends a comprehensive dilated eye exam within 12 months before starting a GLP-1 medicine, or within 1 month after. The American Academy of Ophthalmology and the North American Neuro-Ophthalmology Society do not recommend an exam only to predict NAION; no test can reliably predict or prevent it.

Dr. Deom's recommendation (his clinical opinion, not a rule from every professional group)

Dr. James Deom recommends that everyone starting or taking a GLP-1 medication have a comprehensive dilated eye exam with OCT, OCT angiography (OCTA), and retinal photography (fundus photos with autofluorescence) as a baseline and for follow-up, and seek same-day care for sudden vision loss.

Dr. James Deom's personal clinical thought (his opinion, not established evidence, and not a position of the FDA, EMA, AAO, NANOS, or AOA)

As people lose weight and get healthier on GLP-1 medicines, their blood pressure and cholesterol medicines are often not reviewed or adjusted. Blood pressure treatment that is no longer matched to a person's needs may lead to low blood pressure, which can be more pronounced at night and could reduce blood flow to the optic nerve during sleep. That would fit the way NAION typically shows up: vision loss noticed on waking. He recommends that people on GLP-1 medicines also work on diet and exercise and keep regular visits with their usual doctors, even if that doctor did not prescribe the GLP-1, so the rest of their care, including blood pressure, is maintained. **Do not start, stop, or change a blood pressure or cholesterol medicine on your own.**

What you can do

- Have a baseline eye exam and keep follow-up visits.
- Tell your eye doctor about every medicine you take, including when you started your GLP-1 and when you take blood pressure medicines.
- Tell your doctor if you feel dizzy or lightheaded, especially at night, in the morning, or when standing up.
- Ask about sleep apnea testing if you snore or are tired during the day.

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For general education only; not medical advice. Do not start, stop, or change any medicine without the clinician who prescribes it. Reviewed by Dr. James Deom, OD, MPH, FAAO, FSLS, Chief of Eye Care Services, Hazleton Eye Specialists. Last reviewed November 12, 2026.