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## ***Obesogenic Pharmaceutical Medications***

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Several commonly used prescription medications are known to cause weight gain (obesogenic effects). This is well-documented and generally stable information. Below is a categorized list of the most frequent offenders, with brief notes on mechanisms when relevant.

### **Common Obesogenic Medications**

#### **1. Psychiatric Medications**

##### **Antidepressants**

- SSRIs: paroxetine (most weight-gain-prone), sertraline, citalopram, escitalopram

*Mechanism: appetite increase, metabolic effects, changes in leptin/serotonin pathways.*

- SNRIs: venlafaxine (mild), duloxetine (neutral to slight gain)
- Tricyclics (TCAs): amitriptyline, nortriptyline, imipramine

*Mechanism: strong antihistamine + anticholinergic effects increasing appetite.*

- MAOIs: phenelzine, tranylcypromine

##### **Antipsychotics**

- Atypical antipsychotics (highest risk):
  - olanzapine (one of the strongest)
  - clozapine
  - quetiapine
  - risperidone
  - paliperidone
- Lower-risk: aripiprazole, ziprasidone

*Mechanism: profound effects on appetite regulation (H1, 5-HT2C blockade), insulin resistance, reduced energy expenditure.*

## Mood Stabilizers

- Lithium
- Valproate (divalproex)

*Mechanism: increased thirst/appetite; possible insulin resistance.*

## 2. Diabetes Medications

Some are weight-neutral or weight-reducing, but several older agents can cause weight gain.

- Insulin (all types)

*Mechanism: anabolic effects; reduction in glycosuria.*

- Sulfonylureas: glipizide, glyburide, glimepiride
- Thiazolidinediones (TZDs): pioglitazone, rosiglitazone

*Mechanism: fluid retention + fat redistribution (more subcutaneous fat).*

## 3. Hormonal Agents

### Corticosteroids

- prednisone, dexamethasone, hydrocortisone

*Mechanism: increased appetite, fluid retention, changes in fat deposition.*

### Contraceptives / Hormone therapy

- Depot medroxyprogesterone acetate (DMPA) is the contraceptive with the clearest weight-gain risk.
- Combined oral contraceptives are typically weight-neutral but can cause mild gain in some individuals.

### Hypothyroidism overtreatment/undertreatment

- Undertreated hypothyroidism → weight gain even on appropriate medication (levothyroxine).
- Not drug-induced inherently, but relevant physiologically.

## 4. Cardiovascular Medications

- Beta blockers: propranolol, metoprolol, atenolol

*Mechanism: reduced metabolic rate and exercise tolerance.*

- Certain antihypertensives:
  - minoxidil (fluid retention are the main contributors)
  - some older alpha- and beta-blocker combinations

## 5. Antihistamines

- Sedating H1 blockers: diphenhydramine, cyproheptadine
- Cyproheptadine is even used to stimulate appetite.

## 6. Antiepileptics

- Valproate, carbamazepine, gabapentin, pregabalin

*Mechanism: increased appetite, edema, decreased activity from sedative effects.*

## 7. Other Notable Examples

- HIV antiretrovirals (some integrase inhibitors such as dolutegravir and bictegravir)
- Triptans and certain migraine prophylactic drugs (e.g., some beta blockers, valproate)
- Some antibiotics with corticosteroid-like structure (rare)

## Medications That Are Weight-Neutral or Weight-Reducing

Useful for contrast:

- Metformin
- GLP-1 receptor agonists: semaglutide, liraglutide, tirzepatide
- SGLT2 inhibitors
- Bupropion (antidepressant)
- Topiramate
- Zonisamide
- Stimulants (ADHD medications)