



Medicines & Healthcare products Regulatory Agency

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[MHRA Website](https://www.mhra.gov.uk)

Our Ref: **FOI2025/00447**

2 June 2025

Dear [REDACTED]

Thank you for your Freedom of Information (Fol) request received on 1 May. You wrote:

Please could you confirm:

- * How many UK spontaneous reports with GLP-1RAs, indicated for weight management, that report a fatal outcome the MHRA has received in total (ie: from the point of licensing until today)?*
- * How many UK spontaneous reports with GLP-1RAs, linked to use for treating type 2 diabetes, that report a fatal outcome the MHRA has received in total (ie: from the point of licensing until today)?*
- * How many UK spontaneous reports with GLP-1RAs, linked to with the treatment of weight management and diabetes in combination , that report a fatal outcome the MHRA has received in total (ie: from the point of licensing until today)?*
- * How many UK spontaneous reports with GLP-1RAs, linked to with any treatment apart from type 2 diabetes or weight management, that report a fatal outcome the MHRA has received in total (ie: from the point of licensing until today)?*

And please could you :

- * Break down the total number of UK spontaneous reports with GLP-1RAs (linked to any treatment use) that report a fatal outcome the MHRA has received in total (ie: from the point of licensing until today) by the name of the GLP-1 agonist involved in the report.*

MHRA Response

We confirm that we hold the information you have requested.

Up to 29th May 2025 the MHRA have received a total of 111 UK spontaneous suspected Adverse Drug Reaction (ADR) reports with a fatal outcome for GLP1-RAs regardless of indication.

Up to 29th May 2025 the MHRA have received a total of 32 UK spontaneous suspected ADR reports with a fatal outcome for GLP1-RAs with an indication relating to weight management alone or where no indication was reported but the brand is only licensed for weight management (Mounjaro, Saxenda, Wygovy)

Up to 29th May 2025 the MHRA have received a total of 40 UK spontaneous suspected ADR reports with a fatal outcome for GLP1-RAs with an indication relating to diabetes alone.

Up to 29th May 2025 the MHRA have received a total of 9 UK spontaneous suspected ADR reports with a fatal outcome for GLP1-RAs with an indication relating to both weight management and diabetes.

Up to 29th May 2025 the MHRA have received a total of 30 UK spontaneous suspected ADR reports with a fatal outcome for GLP1-RAs with an indication other than weight management or diabetes, or where no indication has been reported.

As mentioned above the MHRA have received 111 UK suspected spontaneous ADR reports with a fatal outcome for GLP1-RAs. Please note one report can contain multiple suspect drugs and as a result the breakdown provided below is not equal to the total number of reports. Please see table 1 for a breakdown of the number of fatal UK spontaneous suspected ADR reports for GLP1-RAs broken down by substance.

Table 1: Total number of UK spontaneous ADR reports with a fatal outcome for GLP-1RAs received up to and including 29th May 2025 broken down by substance

Substance	Total number of ADR reports
DULAGLUTIDE	7
LIRAGLUTIDE	37
LIXISENATIDE	5
SEMAGLUTIDE	30
TIRZEPATIDE	33

When reviewing this data, it is important to note:

- As the use of the GLP-1 receptor agonists increases, so have the number of Yellow Card reports associated with these medicines. Yellow Card reporting rates can be influenced by many factors including the seriousness of the adverse drug reactions, their ease of recognition and the extent of use of a particular product. Reporting can also be stimulated by promotion and publicity about a product.
- A report with a fatal outcome to the [Yellow Card scheme](#) does not necessarily mean that it was caused by the medicine, only that the reporter has a suspicion it may have been. Underlying or previously undiagnosed illness unrelated to the medicine can also be factors in such reports.
- A reported reaction does not necessarily mean it has been caused by the medicine, only that the reporter had a suspicion it may have. Underlying or concurrent illnesses may be responsible, or the events could be coincidental.
- The number of reports received via the Yellow Card scheme does not directly equate to the number of people who suffer adverse reactions and therefore cannot be used to determine the incidence of a reaction or compare the safety profile of different medicines or vaccines. Adverse Events Reporting (AER) rates are influenced by the seriousness of AERs, their ease of recognition, the extent of use of a particular medicine, and may be stimulated by promotion and publicity. Reporting tends to be highest for newly introduced medicines during the first one to two years on the market and then falls over time.□

- Many factors have to be considered when assessing whether the medicine has caused a reported adverse reaction. When monitoring the safety of medicines, MHRA experts carry out careful analysis of these factors.
- All known side effects associated with GLP-1 receptor agonists are listed in the Patient Information Leaflets and Summary of product Characteristics that can be found on the [MHRA Products website](#).

The MHRA continuously monitors the safety of medicines through a variety of pharmacovigilance processes including the Yellow Card scheme. As part of our signal detection processes all adverse reaction reports received by the Yellow Card scheme are individually assessed and cumulative information reviewed at regular intervals. If appropriate, regulatory action would be taken if any serious risks were confirmed. If you have any queries about this letter, please contact us quoting the reference number above.

If you are planning a media story, please contact the MHRA News Team on 02030807651 or by email at newscentre@mhra.gov.uk.

Yours sincerely,

MHRA Central Freedom of Information Team
Medicines & Healthcare products Regulatory Agency

Your right to complain under the Freedom of Information Act

If you are not happy with this response you may request an internal review by e-mailing foi.request@mhra.gov.uk or by writing to: MHRA Central Freedom of Information Team, 10 South, Colonnade, Canary Wharf, London, E14 4PU

Any request for an internal review must be received by us within 40 working days of the date of this letter. Please note we are not obliged to provide a review if it is requested after more than 40 working days.

If you are not content with the outcome of the internal review, you may apply directly to the Information Commissioner's Office for a decision. Generally, the Commissioner cannot make a decision unless you have exhausted our own complaints procedure. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Website: [ICO FOI and EIR complaints](#) or telephone 0303 123 1113.

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