

SGLT2 inhibitors: the new standard of care for cardiovascular, renal and metabolic protection in Type 2 diabetes - narrative review

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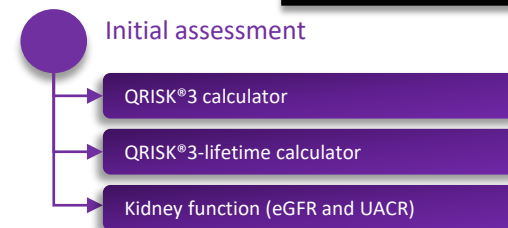
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Key practice points [1-53]:

- Discuss the relative benefits and risks of SGLT2i therapy with the person you are treating.
- Use dual first-line SGLT2i therapy with metformin (unless contraindicated). Initiate 4 weeks after metformin, post-date the SGLT2i prescription and do not wait for HbA1c assessment at 3 months after metformin initiation.
- Emphasise the importance of ongoing hydration and good personal hygiene.
- Give written information/electronic resources to support advice on the management of T2DM medicines during periods of acute or dehydrating illness.
- If symptomatic of hyperglycaemia, start rescue therapy and then reassess initiation of SGLT2i when symptoms resolved.
- For planned surgery or procedures requiring nil by mouth, advise on the importance of pausing SGLT2i treatment 3–7 days prior to surgery or liaise with pre-operative team.
- Please refer to the relevant SmPC before prescribing any SGLT2i therapy.
- Discussion with an expert clinician is advisable for more complex cases.



Frailty/older people/cognitive impairment

Ketogenic/very low calorie/low carbohydrate diet

BMI <25 kg/m² (adjust according to ethnic variation)

Recurrent genital mycotic infections and UTIs

Symptomatic hyperglycaemia

History of PAD and/or lower limb amputation (discuss with local specialist foot team)

QRISK®3 (where available or QRISK®2) <10%

Acute illness with risk of dehydration

Current or previous diabetic ketoacidosis

Low beta-cell function (low C peptide levels)

Rapid progression to insulin (within 1 year)

Excessive alcohol intake

Suspected LADA or slowly evolving immune-related diabetes

Chronic pancreatitis and/or PEI

Type 3c diabetes

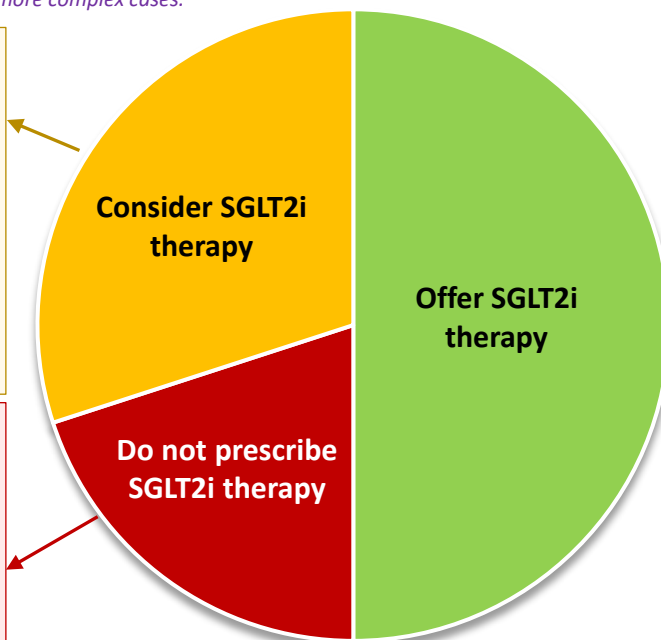
Suspected pancreatic cancer

Pregnancy/suspected pregnancy, planning pregnancy or breastfeeding

Planned surgery or procedure requiring starvation/nil by mouth (3–7 days prior to planned surgery)

Type 1 diabetes

Unclear diagnosis of diabetes



IMPORTANT – this decision tool is for guidance only. The final clinical decisions are the responsibility of the prescriber.

First-line combination therapy with metformin* or as monotherapy if metformin is contraindicated or not tolerated in people with one of the following:

- QRISK®3 (where available or QRISK®2) >10%
- HF
- Established ASCVD
- CKD/DKD

*If using with metformin, initiate metformin first and titrate over a 4-week period and then start SGLT2i therapy

Combination therapy with other oral glucose-lowering therapies in people with:

- QRISK®3 (where available or QRISK®2) >10%
- CVD
- HF
- CKD

Young onset T2DM (aged 18–40 years), unless planning pregnancy

Overweight or obesity in the absence of GLP-1 RA

Vulnerable to the effects of hypoglycaemia

References overleaf

Abbreviations: ASCVD; atherosclerotic cardiovascular disease; BMI, body mass index; CKD, chronic kidney disease; CVD, cardiovascular disease; DKD, diabetic kidney disease; eGFR, estimated glomerular filtration rate; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HbA1c, glycated haemoglobin A1c; LADA, latent autoimmune diabetes in adult; PAD, peripheral arterial disease; PEI, pancreatic exocrine insufficiency; QRISK, cardiovascular risk score; SGLT2i, sodium glucose cotransporter-2 inhibitor; SmPC, summary of product characteristics; T2DM, Type 2 diabetes mellitus; UACR; urine albumin to creatinine ratio; UTIs, urinary tract infections.

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