


SGLT2 INHIBITORS: THE NEW WONDER DRUGS IN CARDIOLOGY?



BEST PRACTICES FORUM

 WEDNESDAY, APRIL 14, 2021
 8:00 – 9:00 PM EST

Going beyond glycaemic control

Overview of class benefits in patients with diabetes at high CV risk

1. Avoid being glucocentric. Regularly review your patient's cardiovascular and renal status.
2. Heart failure in diabetes is frequent, can be fatal and is often forgotten.
3. In patients with atherosclerotic cardiovascular disease, CKD or heart failure, add or substitute an antihyperglycemic agent with demonstrated cardiorenal benefit independent of A1C.
4. Either a SGLT2 inhibitor or GLP1 receptor agonist can be used to reduce MACE in patients with diabetes with atherosclerotic cardiovascular disease.
5. SGLT2 inhibitors can reduce hospitalization for heart failure and progression of nephropathy in patients with diabetes with established cardiovascular disease AND cardiovascular risk factors.

Interplay between diabetes, heart failure, and kidney disease

1. Significant overlap for mechanisms leading to kidney and cardiovascular injury/disease.
2. Careful screening for kidney disease in patients with CV disease is critical.
3. Kidney "vs." CV benefits often requires multi-disciplinary expertise.



What are your next steps to implement this learning into your practice?

Are any patients in your practice coming to mind that you feel you need to follow up with?

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The latest clinical trial results with SGLT2 inhibitors in heart failure (with reduced ejection fraction)

1. All patients with symptomatic HFrEF deserve foundational therapy with evidence-based doses of:
 - Beta-blockers (bisoprolol, carvedilol, metoprolol)
 - Aldosterone receptor antagonists (spironolactone, eplerenone)
 - Neprilysin inhibitors (sacubitril/valsartan)
2. Dapagliflozin and empagliflozin, should be added to standard care in HFrEF, to further improve clinical outcomes, and are now guideline-indicated.
3. These agents should be considered even in HFrEF patients without diabetes, and in those receiving neprilysin inhibitors.

Latest clinical trial results with SGLT2 inhibitors in CKD

1. Glucose lowering plays little or no role in cardiorenal protection with SGLT2 inhibition.
2. SGLT2 inhibitors: marked kidney protective effects down to eGFR 25 in patients with albuminuria.
3. Implementation of the trial data will require renal, CV and endocrine close collaboration.

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