

## SGLT2 Inhibitors

Sodium-glucose co-transporter 2 (SGLT2) inhibitors are effective for all stages of type 2 diabetes in combination with diet and exercise improvements. They commonly end in "gliflozin" and include medications such as canagliflozin and empagliflozin. SGLT2 inhibitors lower hemoglobin A1c and reduce cardiovascular mortality from diabetes by blocking glucose reabsorption via SGLT2 in the proximal tubule. Side effects of these drugs include a reduction in blood pressure (from promoting polyuria), weight loss, hyperkalemia, and urinary tract infections. Chronic kidney disease is a contraindication as renal tubular function must be intact in order for these drugs to be most effective.



PLAY PICMONIC

### "-gliflozin" Suffix

#### Cliff-zone

SGLT2 inhibitors end in the suffix "-gliflozin." The most common SGLT2 inhibitors include canagliflozin (Invokana), dapagliflozin (Farxiga), and empagliflozin (Jardiance).

### Mechanism of Action

#### Blocks Glucose Reabsorption in Proximal Tubule

##### Block-man Glue-bottle P-rocks

SGLT2 inhibitors work by inhibiting glucose reabsorption via sodium-glucose co-transporter 2 in the proximal tubule. This promotes glycosuria leading to lower fasting plasma glucose levels and thus mild hemoglobin A1c reduction.

### Indications

#### Type 2 Diabetes Mellitus

##### Dyed-bead Pancreas

SGLT2 inhibitors are FDA-approved as adjunctive treatment for patients with type 2 diabetes mellitus. Exercise caution when administering to patients with significant diabetic nephropathy.

### Side Effects

#### Weight Loss

##### Skinny Man with Baggy-pants

Weight loss occurs from loss of calories and fluid in the urine. This improves cardiovascular health.

#### Lower Blood Pressure

##### Down-arrow Blood Pressure cuff

Systolic blood pressure may be reduced due to diuresis from SGLT2 inhibitors. This improves the cardiovascular health of patients with high and normal blood pressure. Also monitor for dehydration and hypotension.

## Hyperkalemia

### Hiker-banana

Hyperkalemia ( $>5.5$  mEq/mL) may be seen in patients with renal impairment. This may be due to increased NaCl delivery to the distal tubule because of SGLT2 inhibition causing a transient inhibition on RAAS.

## Urinary Tract Infections (UTIs)

### Bladder and Kidneys in Flames

UTIs may be increased due to glycosuria creating an ideal environment for bacteria or fungi to grow. A rare but serious possible infection is necrotizing fasciitis of the perineum (Fournier's gangrene), which is a flesh eating infection.

## Considerations

### Contraindicated in Chronic Kidney Disease

#### Crone Kidney Caution-tape

SGLT2 inhibitors are contraindicated in patients with eGFR  $<30$  mL/minute. The risk of precipitating hyperkalemia or diabetic ketoacidosis is too high.