

No increase in acute kidney injury risk for SGLT2 users

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respectively, had an AKI_{KDIGO} event. The unadjusted hazards of AKI_{KDIGO} were lower in users (HR, 0.5; 95 percent CI, 0.3 to 0.8; P

"Our findings do not suggest an increased risk of AKI associated with SGLT2 inhibitor use in patients with type 2 diabetes in two large health systems," the authors write.

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(HealthDay)—The risk of acute kidney injury (AKI) is not increased for new sodium-glucose cotransporter-2 (SGLT2) inhibitor users, according to a study published online Aug. 21 in *Diabetes Care*.

Girish N. Nadkarni, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues assessed the real-world risk of AKI using data for 377 SGLT2 inhibitor users and 377 nonusers in the Mount Sinai chronic kidney disease registry and for 1,207 users and 1,207 nonusers in the Geisinger Health System cohort.

The researchers found that over a median follow-up of 14 months, 3.8 and 9.7 percent of SGLT2 users and nonusers in the Mount Sinai cohort, respectively, had an AKI_{KDIGO} event (hazard ratio [HR], 0.4; 95 percent confidence interval [CI], 0.2 to 0.7; P = 0.01); the HR was unchanged after adjustment (adjusted HR, 0.4; 95 percent CI, 0.2 to 0.7; P = 0.004). Within the Geisinger cohort, 2.2 and 4.6 percent of users and nonusers,

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