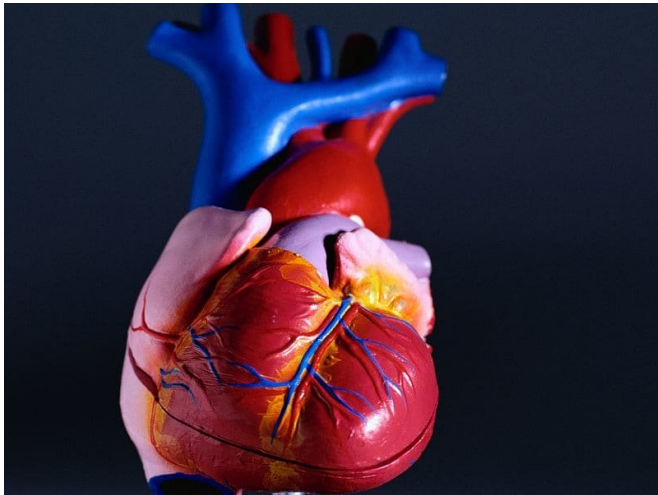


Certain SGLT2 inhibitors, GLP-1 RAs for T2DM also cut CV risk

30 November 2018



hemoglobin A1c. Clinician-patient discussions regarding use of these agents should include discussion of which agent is most appropriate; patient preferences and medical history can guide this decision. An SGLT2 inhibitor and GLP-1 RA with proven CV benefit should be added to the treatment regimen of patients with T2D and clinical ASCVD treated with metformin. No definitive data show evidence of [benefit](#) in reducing CV risk in patients not treated with metformin.

"We anticipate that the algorithms proposed here will change as new evidence emerges, but that the overarching goal of improving CV outcomes in patients with T2D and clinical ASCVD will remain consistent," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

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(HealthDay)—Certain sodium-glucose cotransporter 2 (SGLT2) inhibitors and glucagon-like peptide 1 receptor agonists (GLP-1 RAs) demonstrate significant cardiovascular (CV) benefit and should be used for reducing CV risk in patients with type 2 diabetes (T2D) and atherosclerotic cardiovascular disease (ASCVD), according to a report of the American College of Cardiology Task Force on Expert Consensus Decision Pathways published online Nov. 26 in the *Journal of the American College of Cardiology*.

Sandeep R. Das, M.D., M.P.H., from UT Southwestern Medical Center in Texas, and colleagues provide guidance on use of glucose-lowering agents for reducing CV risk in patients with T2D and clinical ASCVD.

The authors note that specific medications in these classes can reduce rates of acute myocardial infarction, stroke, and CV death; SGLT2 inhibitors can also reduce heart failure hospitalizations. These benefits are independent of their impact on

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