SGLT-2 inhibitor use not linked to increased risk for UTI events

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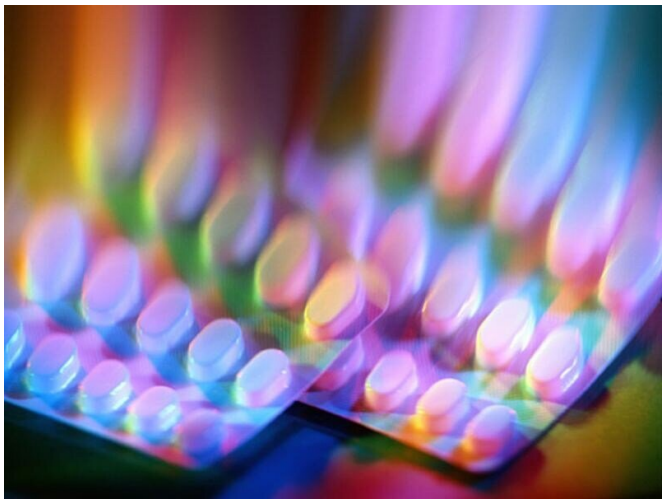

(HealthDay)—Initiation of therapy with sodium-glucose cotransporter-2 (SGLT-2) inhibitors for type 2 diabetes mellitus is not associated with an increased risk for urinary tract infection (UTI) events compared with initiation of other second-line antidiabetic medications, according to a study published online July 30 in the *Annals of Internal Medicine*.

Chintan V. Dave, Pharm.D., Ph.D., from Brigham and Women's Hospital in Boston, and colleagues compared the risk for severe UTI events for patients in routine clinical practice initiating SGLT-2 inhibitor use versus those initiating use of dipeptidyl peptidase-4 (DPP-4) inhibitors or glucagon-like peptide-1 receptor (GLP-1) agonists. Within each of two large U.S. commercial claims databases, two cohorts were created and matched in a 1:1 ratio on propensity score. Patients in cohort 1 were initiating use of SGLT-2 inhibitors versus DPP-4 inhibitors (123,752 patients), and those in cohort 2 were initiating use of SGLT-2 inhibitors versus GLP-1 agonists (111,978 patients).

The researchers found that persons newly receiving SGLT-2 inhibitors had 61 severe UTI events (incidence rate [IR] per 1,000 person-years, 1.76) compared with 57 events in the DPP-4 inhibitor group (IR, 1.77; hazard ratio, 0.98; 95 percent confidence interval, 0.68 to 1.41) in cohort 1. Those receiving SGLT-2 inhibitors in cohort 2 had 73 events compared with 87 events in the GLP-1 agonist group (IR, 2.15 versus 2.96; hazard ratio 0.72; 95 percent confidence interval, 0.53 to 0.99). The researchers noted that the findings were robust across sensitivity analyses.

"Other factors beyond risk for UTI events should be considered in decisions about whether to prescribe SGLT-2 therapy for patients with diabetes in routine care settings," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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