

SGLT2 inhibitors protect against kidney disease in T2DM

11 October 2019



disease (relative risk, 0.67) with SGLT2 inhibitors. There was also a reduction in end-stage kidney disease (relative risk, 0.65) and acute kidney injury (relative risk, 0.75) with SGLT2 inhibitors. A benefit was seen for all estimated glomerular filtration rate and albuminuria subgroups.

"These data provide substantive evidence supporting the use of SGLT2 inhibitors to prevent major kidney outcomes in people with type 2 diabetes," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: Abstract/Full Text (subscription or payment may be required) Editorial (subscription or payment may be required)

(HealthDay)—A class of diabetes drugs, called sodium-glucose co-transporter-2 (SGLT2) inhibitors, protect against kidney disease in patients with type 2 diabetes, according to a review published online Sept. 5 in *The Lancet Diabetes & Endocrinology*.

Brendon L. Neuen, M.B.B.S., from the University of New South Wales in Sydney, and colleagues conducted a systematic literature review to identify randomized, controlled trials of SGLT2 inhibitors that reported effects on major kidney outcomes in people with type 2 diabetes.

The researchers identified four studies that assessed three SGLT2 inhibitors: empagliflozin, canagliflozin, and dapagliflozin. Among 38,723 participants, the researchers found that 252 patients required dialysis, transplantation, or died of kidney disease; 335 developed end-stage kidney disease; and 943 had acute kidney injury. There was a substantial reduction in the risk of dialysis, transplantation, or death due to kidney

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APA citation: SGLT2 inhibitors protect against kidney disease in T2DM (2019, October 11) retrieved 29 April 2021 from https://medicalxpress.com/news/2019-10-sglt2-inhibitors-kidney-disease-t2dm.html

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