

Nuts and Bolts of SGLT2i Therapy in the Intersection of Kidney and Cardiovascular Disease



Indications



CKD with eGFR above 20 ml/min per 1.73m²



Heart failure



Type 2 diabetes

Introducing SGLT2i Therapy



SGLT2 inhibitors can be used in adult patients of all ages, and in children with Type 2 diabetes.*



Initial reduction in eGFR is expected following initiation of hemodynamically active therapies, including both RAASI and SGLT2i. eGFR reductions of >30% from baseline exceed the expected variability and warrant evaluation.



Initiating SGLT2i does not require alteration of frequency of laboratory monitoring. It is not routinely necessary to recheck blood tests after initiating an SGLT2i in adults with CKD.



Optimize volume management prior to SGLT2 inhibitor initiation.

*Indications in Type 2 diabetes (adults and children 10 years and older), heart failure and CKD.

Long-Term Management



Once on SGLT2i, patients should continue treatment even if the eGFR falls below 20 ml/min/1.73 m², unless it's not tolerated.



Monitor signs and symptoms of dehydration (e.g. blood pressure, urine volume).



Pay attention to symptoms which suggest genital infection.



See the [Practical Points tool](#) and [Mitigating Adverse Effects tool](#) for more information.

Higher Risk Patients



Hypovolemia is more likely to occur especially in those receiving diuretics and those with CKD prior to SGLT2 initiation, with acute kidney injury (AKI) being a potential adverse complication of volume depletion.



Patients with previous risk of genital infections are at a higher risk of this side effect but are not contraindicated for SGLT2i therapy.