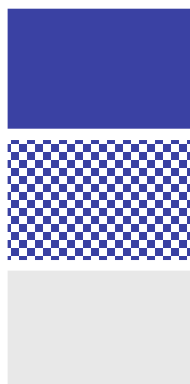


Mapa de uso clínico de los inhibidores de SGLT2

Indicaciones de iSGLT2 en ERC/Albuminuria/DM2/ICFEr/ICFE m/ICFEp



				Categorías de albuminuria		
				Descripción y rango		
				A1	A2	A3
				Normal a ligeramente aumentado	Moderadamente aumentado	Gravemente aumentado
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥ 300 mg/g ≥ 30 mg/mmol
Categorías de TFG (ml/min/1,73 m ²) Descripción y alcance	G1	Normal a alto	≥ 90	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal
	G2	Disminución leve	60-89	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal
	G3a	Disminución leve a moderada	45-59	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal
	G3b	Disminución moderada a severa	30-44	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal
	G4	Disminuido severamente	15-29 20	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal	Reducción del riesgo cardiovascular/renal
	G5	Insuficiencia renal	<15	No hay evidencia de beneficio/seguridad*	No hay evidencia de beneficio/seguridad*	No hay evidencia de beneficio/seguridad*



Reducción del riesgo cardiovascular/renal

Sólo reducción del riesgo cardiovascular:
ICFEr / ICFEm / ICFEp

No hay evidencia de beneficio/seguridad*

* Se están investigando los beneficios y la seguridad para los pacientes con una TFG menor de 20, que reciben diálisis o se han sometido a un trasplante de riñón.

Indicaciones de iSGLT2 en ERC/Albuminuria/DM2/ICFEr/ICFEm/ICFEp

	Indicación	Clase de recomendación	Nivel de evidencia	Año
ICFEr (FEVI ≤ 40%)	Se recomienda el uso de dapagliflozina o empagliflozina en pacientes con ICFE para reducir el riesgo de hospitalización y muerte por IC.	I	A	ESC HF guidelines, 2021
	En pacientes con ICFE crónica sintomática, se recomiendan SGLT2 para reducir la hospitalización por IC y la mortalidad cardiovascular, independientemente de la presencia de diabetes tipo 2.	I	A	AHA/ACC/HFS A Guidelines 2022
HFmrEF (FEVI 41–49%)	Se recomienda un inhibidor de SGLT2 (dapagliflozina o empagliflozina) en pacientes con ICmrEF para reducir el riesgo de hospitalización por IC o muerte cardiovascular (CV).	I	A	ESC HF guidelines update, 2023
	En pacientes con ICmrEF, se sugiere que los iSGLT2 podrían ser beneficiosos para disminuir las hospitalizaciones por IC o muerte CV.	Ila	B-R	AHA/ACC/HFS A Guidelines 2022
ICFEp ≥50%	Se recomienda un inhibidor de SGLT2 (dapagliflozina o empagliflozina) en pacientes con ICFEp para reducir el riesgo de hospitalización por IC o muerte CV.	I	A	ESC HF guidelines update, 2023
	En pacientes con ICFEp, los iSGLT2 pueden ser beneficiosos para reducir las hospitalizaciones por IC o muerte CV.	Ila	B-R	AHA/ACC/HFS A Guidelines 2022
ERC	Recomendamos tratar a pacientes con diabetes tipo 2 (DT2), ERC y una TFGe ≥20 ml/min por 1,73 m ² con un iSGLT2.	I	A	KDIGO 2023
	Recomendamos el tratamiento con un iSGLT2 en adultos con ERC que cumplan los siguientes criterios (1A):- TFGe ≥20 ml/min por 1,73 m ² con ACR en orina ≥200 mg/g (≥20 mg/mmol), o- insuficiencia cardíaca, independientemente del nivel de albuminuria.	I	A	KDIGO 2023
	Sugerimos tratar con un inhibidor del SGLT2 a adultos con una TFGe de 20 a 45 ml/min por 1,73 m ² y un ACR urinario <200 mg/g (<20 mg/mmol). Las guías clínicas destacan los efectos beneficiosos de los inhibidores del SGLT2 en una amplia gama de pacientes con ERC, incluso en aquellos sin diabetes.	II	B	KDIGO 2023
TDM	Entre las personas con diabetes tipo 2 que tienen enfermedad cardiovascular aterosclerótica establecida o indicadores de alto riesgo cardiovascular, enfermedad renal establecida o insuficiencia cardíaca, se recomienda un inhibidor del cotransportador de sodio-glucosa tipo 2 y/o un agonista del receptor del péptido similar al glucagón 1 con beneficio demostrado en la enfermedad cardiovascular como parte del régimen de estrategia integral de control glucémico y reducción del riesgo cardiovascular, independientemente de la A1C y teniendo en cuenta factores específicos de cada persona.	I	A	Standard of care in diabetes (ADA) 2023 guidelines



- KDIGO 2024 CLINICAL PRACTICE GUIDELINE FOR THE EVALUATION AND MANAGEMENT OF CHRONIC KIDNEY DISEASE
 - Chapter 3, Section 3.7 Sodium-glucose cotransporter-2 inhibitors (iSGLT2)
- KDIGO 2022 CLINICAL PRACTICE GUIDELINE FOR DIABETES MANAGEMENT IN CHRONIC KIDNEY DISEASE:
 - Page S19, S20 - for iSGLT2 and eGFR criteria. Figure 1 | Kidney–heart risk factor management. Figure 2 | Holistic approach for improving outcomes in patients with diabetes and chronic kidney disease.
 - Page S22 - Figure 6 | Practical approach to initiating sodium-glucose cotransporter-2 inhibitors (iSGLT2) in patients with type 2 diabetes and chronic kidney disease (CKD).
 - Page S24, S75 - Practice Point 4.1: Glycemic management for patients with T2D and CKD should include lifestyle therapy, first-line treatment with both metformin and a iSGLT2, and an additional drug therapy as needed for glycemic control (Figure 23).
 - Page S24 - Practice Point 4.2: Most patients with T2D, CKD, and eGFR ≥ 30 ml/min per 1.73 m² would benefit from treatment with both metformin and an iSGLT2.
 - Page S76 - (Trials) Figure 24 | Overview of select large, placebo-controlled clinical outcome trials assessing the benefits and harms of SGLT2 inhibitors, GLP-1 receptor agonists, and DPP-4 inhibitors.
 - Page S43-45 - Empa-kidney for albuminuria cut-off ≥ 20 mg/mmol. CREDENCE (30 mg/ml/1.73 m²) and DAPA-CKD (>25 mg/ml/1.73) and EMPA-Kidney (20 mg/ml/1.73 m²).
 - Page S38 - Recommendation 1.3.1: We recommend treating patients with type 2 diabetes (T2D), CKD, and an eGFR ≥ 20 ml/min/1.73 m² with an iSGLT2.
- Task force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC).
 - 5.1.1 iSGLT2 are recommended in patients with CKD and T2DM, and with additional characteristics including an eGFR >20 – 25 mL/min/1.73 m², to reduce the risk of HF hospitalization or CV death.
- ADA - Standards of Medical care in diabetes 2022.
 - Recommendations 11.3a For patients with type 2 diabetes and DKD, use of an SGLT2 inhibitor in patients with an eGFR ≥ 20 mL/min/1.73 m² and urinary albumin ≥ 300 mg/g creatinine is recommended to reduce CKD progression and CV events.
 - 11.3b In patients with type 2 diabetes and CKD, consider use of SGLT2 inhibitors additionally for CV risk reduction when eGFR and urinary albumin creatinine are ≥ 25 mL/min/1.73 m² or ≥ 300 mg/g, respectively.
- More research is needed to evaluate the cardiorenal outcomes and complications of iSGLT2 therapy in glomerular diseases & transplant.

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