

Information for patients, relatives and carers about
**Getting the most from your sodium
glucose co- transporter-2 inhibitors
(SGLT-2i)**
- for people without diabetes

Renal Unit, Queen Elizabeth University Hospital



Introduction

This leaflet will give you information about **sodium glucose co-transporter- 2 inhibitors (SGLT2 inhibitors)** and answers some of the questions that you or those who care for you may have about these medicines. It is not meant to replace the discussion between you and your medical team but aims to help you understand more about what we discuss.

What are SGLT2 inhibitors and who benefits from using them?

At your recent kidney clinic appointment, we talked about SGLT2 inhibitors, also known as gliflozins or flozins. Examples are canagliflozin (Invokana), dapagliflozin (Forxiga), and empagliflozin (Jardiance). These medicines were first made for diabetes but also help protect kidneys and heart, reduce the risk of kidney function worsening, and lower the risk of heart failure and heart attacks.

Are there any side effects?

Common:

Fungal genital infections - As these medicines increase the sugar in your urine, there is an increased risk of certain infections, such as thrush around the vagina and penis. However, we can easily treat this (usually with a cream) and a pharmacist or your GP can give you advice if irritation or itching occurs in these areas. Washing your genital area with warm water, using non-perfumed soap and avoiding wearing tight underwear will reduce the risk of infection. If you have thrush, you should stop the flozin medicine temporarily until this is treated. You may need to stop this permanently if you experience repeated episodes of thrush.

Uncommon side effects that are expected to be extremely rare in people without diabetes

There are side effects which almost only affect people with

diabetes. These are uncommon or extremely rare and are highly unlikely to affect people without diabetes.

An increase of acid in the blood - Flozins can increase certain acids to build up in the blood, in a condition called ketoacidosis. This is an event that occurs rarely in people without diabetes. The risk of **ketoacidosis** is increased if you do not eat for long periods, become dehydrated, drink excessive alcohol or are severely unwell.

Please get medical advice before starting any new diet particularly very low carbohydrate diets (also called ketogenic diets) as these can increase the ketones in your blood. Signs of ketoacidosis include nausea and vomiting, abdominal pain, rapid breathing, and dehydration e.g. dizziness and thirst. Your breath may smell like pear-drops or nail varnish remover. You would need urgent medical treatment if you have signs of Ketoacidosis.

Foot disease leading to toe or other amputation - if you have been told you have an “at risk foot” because of poor blood supply you should discuss with your doctor if you should start or remain on one of these medicines. If you have an active foot ulcer or problems with the blood supply in your leg you should stop these medicines.

Hypoglycaemia (low blood glucose) - this usually only occurs if SGLT-2 inhibitors are used in people with diabetes in combination with insulin.


Fournier’s gangrene - this is an extremely rare infection in the groin area requiring urgent medical attention. The main symptom to be aware of is severe pain when pressing the skin over the groin area. If this develops, stop your SGLT-2 inhibitor and get medical advice.

Should I stop taking these tablets if I become unwell?

You should follow the “sick day guidance” with these medications (please see below). You should not take them if you are unwell especially if you are vomiting, have diarrhoea or

fever. You should not take your if you are fasting (e.g. before a planned surgery). You can restart them when you are better, however if you remain unwell (e.g. longer than 48 hours), we advise you to get medical advice from your GP, Pharmacist or NHS 24 on ☎ 111.

Sick day rules for 'flozin' medicines



01 Stop your 'flozin' medicine if you are unwell with diarrhoea, vomiting or are unable to eat and or drink	02 Stop your 'flozin' medicine 2 days before major surgery	03 Restart your 'flozin' medicine when you are feeling better and you are eating and drinking again	04 If you plan on changing your diet speak to your doctor first – low carbohydrate diets are not advised on these medications	05 If you are in doubt, contact your pharmacist, doctor or nurse
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Further Information

If you have any questions, please ask your Renal Team.