



Sodium-glucose Co-transporter 2 (SGLT2) Inhibitors

This information is important for patients prescribed a SGLT2 inhibitor. If you are prescribed one of the following medications, you are taking a SGLT-2 inhibitor:

Dapagliflozin

Canagliflozin

Empagliflozin

Ertugliflozin

You should take this medication according to the instructions from your prescriber. Please make sure you understand how to take the medicine and ask if you have any questions.

This is an effective treatment for several conditions, diabetes, heart failure or chronic kidney disease. As with all medications, it can have some side effects. These can include:

- Hypoglycaemia (low blood glucose) – This usually only occurs if taken in combination with other diabetes medicines and your prescriber may therefore need to alter the dose.
- Dehydration – This medicine increases your urine volume so may cause dehydration. To prevent dehydration, you must drink at least two litres of non-sugary drinks a day, unless directed otherwise.
- Genital infections – As this medicine increases the glucose (sugar) in your urine, there is an increased risk of infection, such as genital thrush. Wash your genital area with warm water using non-perfumed soap and avoid wearing tight underwear to reduce the risk of infection.

In rare cases, SGLT2 Inhibitors can cause more serious side effects or complications, including diabetic ketoacidosis (DKA), Fournier's gangrene and lower-limb amputation. Please seek medical advice immediately if you have any of the following:

- Rapid weight loss
- Feeling or being sick, or stomach pain
- Fast and deep breathing
- Sweet or metallic taste in the mouth
- Different odour to your breath, urine or sweat.
- Severe pain, tenderness, redness, or swelling in the genital area, accompanied by fever or feeling unwell.

If you are taking canagliflozin, or are diabetic, it is important you attend for regular foot checks whilst taking this medication.

If you become unwell and have vomiting, diarrhoea, or fever, you should stop this medication. You can restart when you are better (eating and drinking normally), however if you remain unwell after 48 hours seek medical advice from your GP, Pharmacist or NHS 111.

The following blood tests are required to monitor your treatment, at least once a year. If you haven't had one in the last year, please book a blood test with your GP practice.

<u>Blood Test</u>	<u>Reason for test</u>
Hba1c	To monitor diabetes (if prescribed for diabetes)
eGFR	To check how your kidneys are working
Creatinine	To check how your kidneys are working

Medicines and Dehydration “Medicine Sick Day Guidance”

You can become dehydrated from vomiting, diarrhoea or fever (high temperature, sweats, shaking). If you are sick or have diarrhoea once, then you are unlikely to become dehydrated. Having two or more episodes of vomiting or diarrhoea or having a prolonged fever can lead to dehydration. Taking certain medicines when you are dehydrated can result in you developing a more serious illness.

Medicines that make dehydration more likely are:

Diuretics sometimes called “water pills” eg Furosemide, spironolactone, Bendroflumethiazide.

Medicines that can stop your kidneys working if you are dehydrated are:

ACE inhibitors Medicine names ending in “pril” eg Lisinopril, perindopril, ramipril

ARBs Medicine names ending in “sartan” eg Losartan, candesartan, valsartan

DRIs Medicine working on the kidneys eg Aliskiren

NSAIDs Anti-inflammatory pain killers eg Ibuprofen, diclofenac, naproxen

Medicines that make you more likely to have a side effect called lactic acidosis if dehydrated are:

Metformin A medicine for diabetes

Medicines that make you more likely to have a side effect called diabetic ketoacidosis (DKA) if dehydrated are:

SGLT2's Medicine names ending in “gliflozin” eg Canagliflozin, Dapagliflozin, Empagliflozin

“Medicine Sick Day Guidance”

If you develop a dehydrating illness, then it is important that you discuss your condition with a medical professional. This may be your GP, Nurse or Pharmacist. You may be advised to discontinue taking medications which lower your blood pressure for a short time and a blood test will be

arranged to check your kidney function. Remember to keep drinking small amounts of fluid regularly on your sick days too. If you are only passing small amounts of urine you may need admission to hospital and you should alert your GP or Out of hours service to this.

I am on the following medications that put me at risk of acute kidney injury/lactic acidosis or diabetic ketoacidosis (DKA) if I am dehydrated:

Please cut out the alert card below and place in your wallet.

<p>“Medicine Sick Day Guidance” Alert Card</p> <p>When you are unwell with any of the following: Vomiting and diarrhoea (unless very minor) Fevers, sweats and shaking</p> <p>Contact a medical professional, this may be your GP, Nurse, or Pharmacist.</p> <p>If advised, STOP taking the medicines highlighted overleaf.</p> <p>Restart when you are well (usually 24-48 hours of eating + drinking normally)</p>	<p>Medicines that need medical advice if you are ill:</p> <p>ACE inhibitors Medicines ending in ‘pril’ eg. Lisinopril, Perindopril, ramipril</p> <p>ARBs Medicines ending in ‘sartan’ Eg. Candesartan, losartan, valsartan</p> <p>Diuretics Sometimes called ‘Water pills’ eg. Eg. Furosemide, spironolactone, Bendroflumethiazide, indapamide</p> <p>DRIs Aliskiren</p> <p>NSAID Anti-inflammatory pain killers Eg. Ibuprofen, naproxen, diclofenac</p> <p>Metformin</p> <p>SGLT2 inhibitors Medicines ending in ‘gliflozin’ Eg. Canagliflozin, dapagliflozin</p>
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