Information Leaflet for People on SGLT-2 inhibitors

RURAL ROTHER PRIMARY CARE NETWORK

1 Why have I been given this leaflet?

You have been given this leaflet because you have just started, or are already taking, a type of medicine called SGLT-2 inhibitors.

These medicines are used for:

- type 2 diabetes
- heart failure (the heart cannot pump blood around the body properly)
- kidney disease
- if you have one or more of these conditions

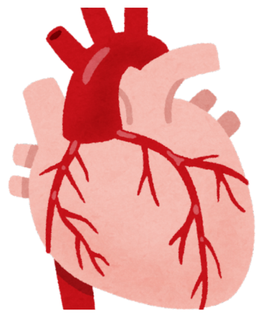
2 What are SGLT-2 inhibitors and how do I take them?

Sodium glucose co-transporter inhibitors (SGLT-2 inhibitors) are also known as "**gliflozins**".

- cana**gliflozin** (Invokana®)
- dapa**gliflozin** (Forxiga®)
- empa**gliflozin**(Jardiance®)
- ertu**gliflozin** (Steglatro®)

You take them **once** daily, with or without food, at any time of the day. Swallow the tablet whole and do not chew.

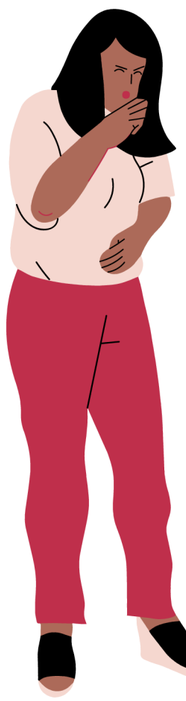
If you **miss a tablet**, take it as soon as you remember. But, if it is only a few hours until your next dose, skip the missed dose and continue your regular schedule.



3 Why should I take them?

- They lower your blood sugar level by passing more sugar in your urine.
- They protect your kidneys and the heart.
- They slow the decline of the kidneys.
- They lower the risk of heart failure and heart attacks.
- They reduce blood pressure and weight.

4 When should I stop SGLT-2 inhibitors?



You should stop SGLT-2 inhibitors **temporarily** if:

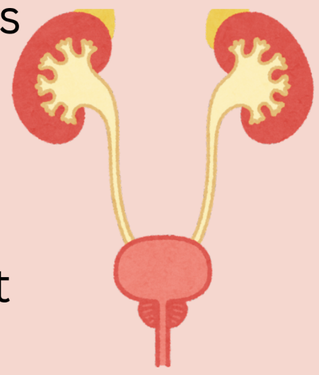
- you are unwell, especially with vomiting, diarrhoea or high temperature
- you stop eating for a period of time, such as before an operation

Remember the **sick day rules: restart your medicines** as soon as you are well, this is usually after **24 to 48 hours** of eating and drinking normally.

Seek medical help if you are unwell for more than 48 hours.

5 Sick day rules are important!

SGLT-2 inhibitors act in the kidneys. It is important to drink enough water to prevent **dehydration**.



If you are taking these medicines for heart failure, speak to your heart failure specialist team before stopping them.

If you have diabetes, you **must** increase the number of times you check your blood sugar when you are unwell. If they run too high or low, seek medical advice.

6 Remember!

You may also need to stop these tablets when you are unwell:

- Diuretics ("water tablets") like furosemide, spironolactone, bumetanide, bendroflumethiazide
- Blood pressure pills (medicines that end in "artan" or "pril") like ramipril, perindopril, losartan, irbesartan
- Other diabetes medicines like metformin. Do **NOT** stop your insulin if you have diabetes
- GLP-1 agonists (medicines that end in "tide") like liraglutide, exenatide, lixisenatide, semaglutide

Created by Rachel Shee for Rural Rother PCN
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7 Are they safe?

Though they do come with some side effects, SGLT-2 inhibitors are generally safe.

Speak to your specialist team or GP before starting SGLT-2 inhibitors if:

- you are pregnant, breastfeeding, or are planning to get pregnant
- you have frequent urinary tract infections (UTIs) or genital infections (“thrush”)
- you drink too much alcohol almost every day
- you had diabetic ketoacidosis (DKA) in the past

8 What are the side effects?

- **Low blood sugar** (hypoglycaemia or “hypos”)

Usually only in people with diabetes who are on insulin or medicines that lower blood sugar like gliclazide or glimepiride. You may need to discuss with your diabetes specialist team about adjusting the dose of your diabetes medicines before starting SGLT-2 inhibitors. This is very uncommon in people without diabetes.

- **Passing more urine more frequently**

This may lead to dehydration, so you must stay hydrated.

- **UTIs or genital infections**

Because you are passing more sugar in your urine, you have a higher risk of infections (“thrush”) in vagina or penis. Mild and treatable. Let your GP know if you have itching or irritation in the area, especially if you also have high temperature.

9 What can I do to prevent side effects?

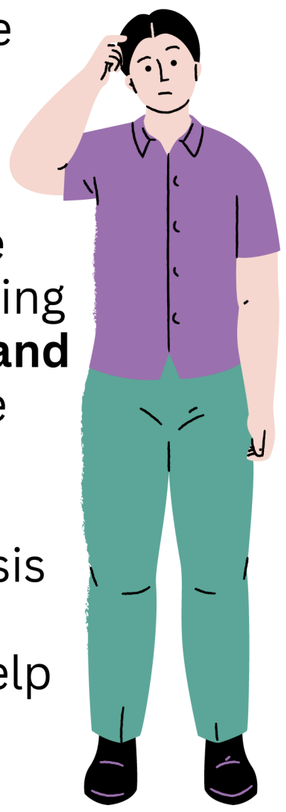
- Stay hydrated: drink at least 6-8 glasses of water a day, unless your specialist team advises otherwise.
- Practise good personal hygiene: avoid wearing tight underwear, wiping front to back, wash your genital area with water and non-perfumed soap.
- Check your feet regularly: if you have diabetes, you are at a higher risk of foot infections and sores. Tell your GP about wounds, discolouration, ulcers, problems with circulation, tenderness or pain affecting your feet.

10 What about the rare and uncommon side effects?

These side effects have between 1 in 1,000 to 1 in 10,000 chance of happening, but you should still know about them.

- Fournier’s gangrene

An extremely rare infection in the genital area. Seek emergency help if you have severe pain, tenderness, swelling or redness in the area **and** you feel unwell or have high temperature



- Diabetic ketoacidosis (DKA)

Seek urgent medical help if you think you are developing symptoms.

11 What is DKA?

DKA is a build up of acids (ketones) in the bloodstream. It happens rarely in people with diabetes and is extremely rare in people without diabetes.

Symptoms include stomach pain, feeling sick and vomiting, rapid breathing, and dizziness. The breath can smell fruity or like nail varnish remover.

DKA risk increases if you are dehydrated, do not eat for a long time, drink too much alcohol, or become very unwell.

Don’t forget!

When you are taking SGLT-2 inhibitors:

- stay hydrated
- know your sick day rules
- attend blood tests and check-ups at least once a year 12
- if you have diabetes, know when to check your blood sugar level and ketones
- check with your GP or specialist team before trying new diets, especially very low carb diets (ketogenic diets), or if you have questions about your SGLT-2 inhibitors

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