Physician perception and clinical practise regarding use of SGLT2 inhibitors in patients with foot ulcer disease

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Introduction-

Canagliflozin, the first licensed sodium-glucose co-transporter 2 (SGLT-2) inhibitor in the EU, has been linked to increased risk of leg and foot amputations in the CANVAS/CANVAS-R trials. Other members of this class, dapagliflozin and empagliflozin, some believe, are innocent bystanders maligned by this side-effect. This study seeks to elucidate physician perception of the use of dapagliflozin/empagliflozin in light of the EMEA communication on canagliflozin.

Methods-

A questionnaire was sent to 70 physicians including consultants and specialist trainees within the UK exploring their prescription practise of dapagliflozin/empagliflozin (not canagliflozin) in the context of incident & historical foot ulcer disease.

Results-

Of 53 clinicians surveyed, 25% would not start an SGLT-2 inhibitor under any circumstances, 45% would consider dapagliflozin/empagliflozin regardless of aetiology of previous foot ulcers and a further 30% would start if ulcers were of neuropathic origin. Of patients with incident foot ulcers, 54% would stop them, of which 55% would restart if the incident ulcer was confirmed neuropathic in origin. Of clinicians who did continue them with incident ulcers (46%), 38% would stop if ulcers were confirmed to be ischaemic or neuro-ischaemic.

Discussion-

Our results illustrate a diversity of views regarding dapagliflozin/empagliflozin prescription amongst physicians, in the context of foot ulcer disease. Data from DECLARE-TIMI (interim) & the EMPA-REG OUTCOME trials have shown reduction of cardiovascular risk from these agents. There is no evidence of increased risk of amputation with dapagliflozin/empagliflozin. Should patients be denied the benefits of glycaemic control and lowered cardiovascular risk that these SGLT-2 inhibitors confer?