

Current Vs Potential Uptake Of Sodium-Glucose Cotransporter 2 Inhibitors In Cardiology Patients With Type 2 Diabetes

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Introduction

- Sodium-glucose cotransporter 2 (SGLT2) inhibitors reduce the risk of cardiovascular events in type 2 diabetes (T2DM) patients with, or at high risk of, cardiovascular disease.
- In practice, they are considered as second-line anti-hyperglycaemic agents following metformin.

Aim

- To identify the proportion of suitable T2DM patients referred to cardiology, i.e. those who may benefit from SGLT2 inhibitors, in a London teaching hospital.

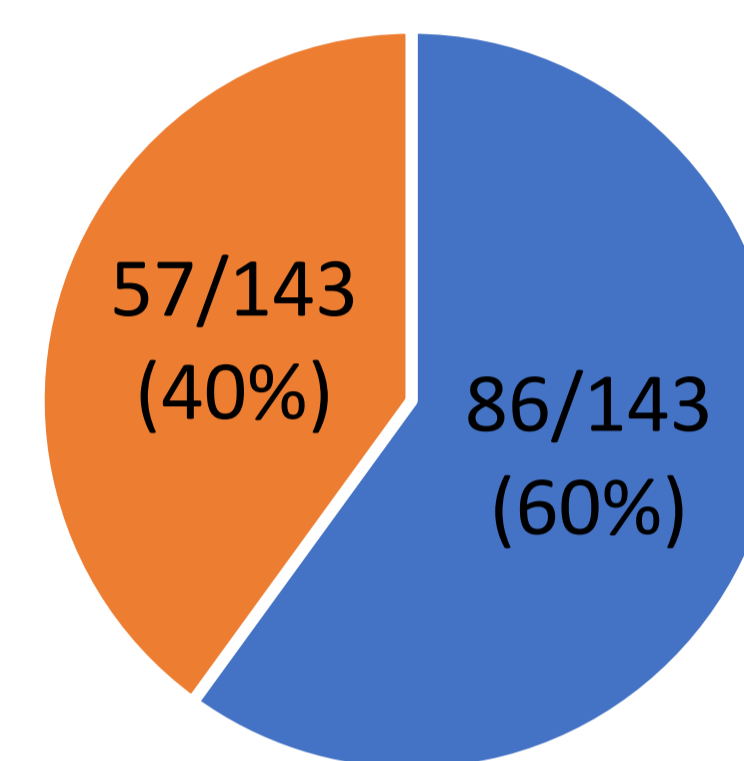
Methods

- We retrospectively analysed 452 inpatients who were referred to the cardiology team from 1 August 2019 to 31 January 2020.
- To determine which patients may have benefited from SGLT2 inhibitors, we used the set of screening criteria set out in the table below.
- We based these criteria on three large-scale cardiovascular outcome trials: EMPA-REG, CANVAS and DECLARE-TIMI 58.

Inclusion	HbA1C \geq 48 AND $<$ 108 mmol/mol	
	High risk for cardiovascular (CV) event, defined as EITHER :	
	Established CV disease At least one of: STEMI/NSTEMI PCI (+/- stent)/CABG Stroke Occlusive peripheral arterial disease	CV risk factors Age (men \geq 55, women \geq 60) AND at least one of: Hypertension Hypercholesterolaemia Current smoker
Exclusion	eGFR $<$ 30 or on dialysis	
	ACS, stroke, TIA, any revascularization within 2 months or on admission	
	Notable endocrine disorder excluding hyper or hypothyroidism	

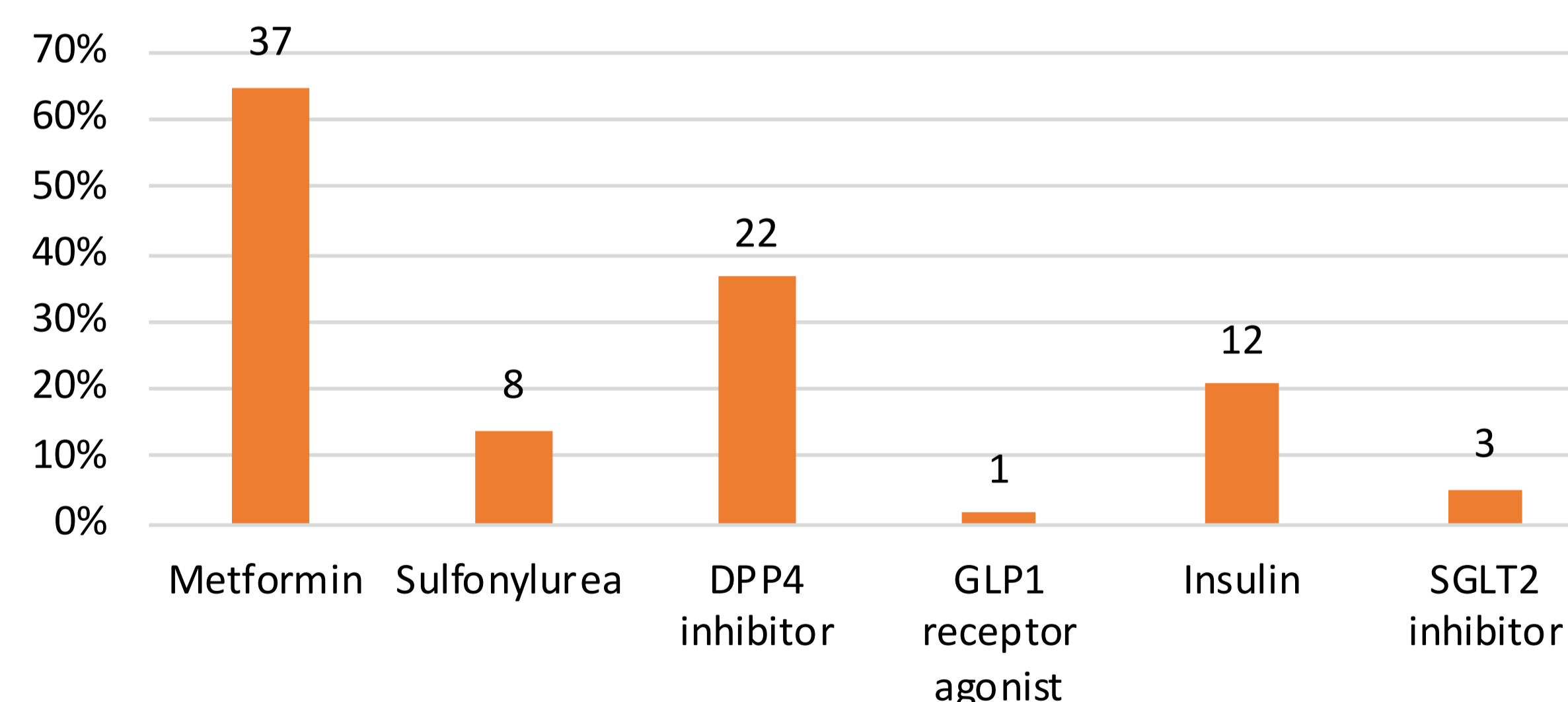
Results

Proportion of T2DM Patients Suitable for SGLT2 Inhibitors



- 32% (143/452) of all inpatient cardiology referrals had T2DM.
- Of these, 40% (57/143) may have benefited from SGLT-2 inhibitors.
- This is over 1 in 8 cardiology referrals.
- Only 5% (3/57) of identified patients were already on SGLT2 inhibitors.
- None of the patients had prior unacceptable side effects due to SGLT2 inhibitors.

Proportion of Suitable Patients on Each Anti-Hyperglycaemic Drug



Conclusion

We report higher potential use rates for SGLT2 inhibitors than initially anticipated. Therefore, clear multidisciplinary care pathways need to be developed to improve communication and collaboration between endocrinologists and cardiologists to optimise SGLT2 inhibitor prescription in appropriate patients.