All Wales Audit and real world outcomes on the use of Dapagliflozin in the management of type 2 diabetes

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Aim:

Dapagliflozin is the first SGLT2 inhibitor licensed to be used in type 2 diabetes. The purpose of the planned audit is to determine the patient groups in which Dapagliflozin is prescribed across primary and secondary care in Wales and the real world outcomes of this treatment.

Methods:

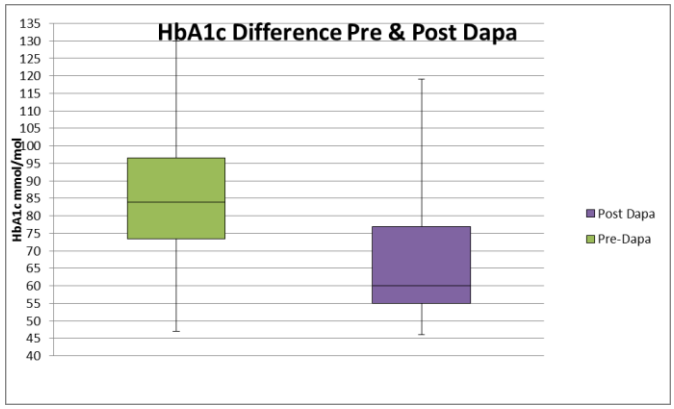
Hospitals and General Practice involved in the audit will record baseline data when Dapagliflozin is initially prescribed and repeat data collection by recalling the patient following 4-6 months of treatment with the agent. The anonymised data sets will be collected locally and collated centrally at the University Hospital of Wales.

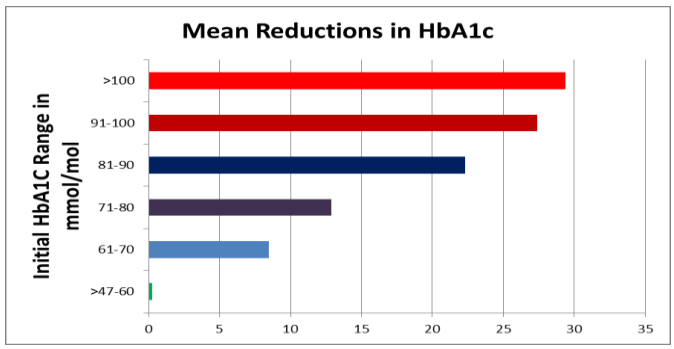
Data collected will include the patient's age and gender, duration of diabetes and current diabetes treatment. Each patient will have their weight, HbA1c and Creatinine /eGFR recorded at each visit. It will be recorded if Dapagliflozin is an additional agent or substituted in the therapy regime. Hypoglycaemic events and any adverse effects encountered will be documented. If Dapagliflozin treatment is withdrawn over that time then the reasons for this will be recorded.

Results:

N	85
M:F	44:41
Stopped due to side effects/intolerance	14
N= total number included in study	71
Mean duration of follow-up in months (Range)	5.8 months (3-12)
Mean Age (Range)	55 years (30-77)
Mean Duration of Diabetes	10.2 years
Add on therapy to existing therapy	60
Substitute to existing therapy	11

	Before Dapagliflozin	After Dapagliflozin	P Value
Mean Weight in kilograms	100.6	98.1	0.331
Mean HbA1c mmol/mol	***84.2***	***66.6***	***0.0001*** *
Mean SBP mmhg	131.4	126.5	0.090
Mean DBP mmhg	75.8	76.2	0.86





Conclusion: Dapagliflozin has been beneficial as an add on therapy or as a substitute to existing treatment. It was generally well tolerated. 16% of patients stopped it due to side effects including osmotic symptoms, urinary and genital infections. 6 patients reported minor hypoglycaemic events. There was statistically significant drop in HbA1c and as expected greater reductions in HbA1c was noted in patients with higher HbA1c levels. Our data suggests that Dapagliflozin will be beneficial in poorly controlled diabetics and can be used as possible insulin sparing option in selected patients.