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Chronic kidney disease and SGLT2 inhibitors

A July 2022 Tools for Practice notes that some SGLT2 inhibitors were helpful for patients with end-stage renal disease.¹

For every 100 patients with chronic kidney disease (CKD) treated with an SGLT2i for 5 years, ~3-4 fewer will develop end-stage kidney disease (ESKD), and ~3-4 fewer will die from any cause compared to placebo. Sotagliflozin is not better than placebo for these outcomes (not available in NZ; Empagliflozin is currently fully funded for patients with type 2 diabetes in New Zealand who are at high risk of cardiovascular or renal complications).

The findings were ESKD: 8.9% medication versus 12% (placebo), NNT = 33 and for cardiovascular death: 11% versus 14% (placebo), NNT=27. For overall mortality: 19% versus 22% (placebo), NNT=31.

Reference:

1. Tools for Practice #319. Should a 'flozin' be chosen? Part 2: SGLT2 inhibitors in patients with chronic kidney disease [View](#)

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