

## Patient Information Leaflet

# Information about sodium glucose cotransporter-2 inhibitors (SGLT2i) medication

### Introduction

This leaflet has been designed to give you information about sodium glucose cotransporter-2 inhibitors (SGLT2i) and answers some of the questions that you or those who care for you may have about these medicines.

### What are SGLT2 Inhibitors?

You are being treated with one of the SGLT2 inhibitors medicines. These include, canagliflozin (Invokana), dapagliflozin (Forxiga), empagliflozin (Jardiance) and ertugliflozin (Steglatro). These medicines lower blood glucose by increasing the amount of glucose in the urine. They have added benefits that include protecting the kidneys and heart, reducing the risk of heart failure, heart attacks and strokes in individuals at most risk.

### Are there any side effects?

Common:

- hypoglycaemia (low blood glucose): This usually only occurs if SGLT2 inhibitors are used in combination with other diabetes medicines and your doctor may therefore need to reduce other diabetes medicines. However, never stop insulin all together if you are already on this
- dehydration: These medicines increase your urine volume so may cause dehydration. To prevent dehydration, you must drink at least two litres of liquids of non-sugary drinks a day
- genital infections: As the medicines increase the glucose in your urine, there is an increased risk of infection, such as thrush around the vagina and penis. This is easily treated and a pharmacist or your GP can give you advice if irritation or itching occurs in these areas. Washing your genital area with warm water using non-perfumed soap and avoiding wearing tight underwear will reduce the risk of infection.

Very uncommon:

- an increase of acid in the blood: These medicines may cause certain acids (ketones) to build up in the blood. This is called diabetic ketoacidosis (DKA). This is a rare event but can happen even when your blood glucose is normal. Symptoms include nausea and vomiting, abdominal pain, rapid breathing, and dehydration e.g. dizziness and thirst.

- The risk of DKA is increased if you do not eat for long periods, become dehydrated, reduce your insulin dose too quickly, drink excessive alcohol or are unwell. Please seek medical advice before starting any new diet particularly very low carbohydrate diets (also called ketogenic diets) as these can increase the ketones in the blood.
- if you have been told you have an “at risk foot” you should clarify with your doctor if you should start or remain on one of these medicines. If you have an active foot ulcer or circulatory problem in your leg you should contact your GP to discuss stopping these medicines.
- Severe genital infection: in very rare cases an infection can occur which causes the pain, tenderness, redness and swelling with rapid progression to gangrene of the genital area/perineum. This is known as Fournier’s Gangrene. This is potentially a life threatening infection and urgent medical/ surgical treatment is required urgently.

### What should I do if I become unwell?

As you have diabetes, if you become unwell, you must increase the number of times you check your blood glucose levels. If they run too high or low, please seek medical advice. You should stop these tablets if you become unwell especially in the presence of vomiting, diarrhoea, or fever. You can restart them when you are better.

If you are also prescribed any form of insulin, you must not stop taking this.

If you remain unwell after 48 hours seek medical advice from your GP/Pharmacist/NHS 111. There is further sick day guidance below.

### Sick day guidance

If you are unwell (vomiting, diarrhoea, fever, sweats and/or shaking), you should temporarily stop taking the medicines listed below. If you are unsure or have any questions, please seek medical advice.

- blood pressure pills: ramipril, lisinopril, losartan or medicines ending with artan or pril
- diuretics (water tablets): furosemide, bumetanide, spironolactone
- diabetes medications: metformin, medicines ending with ‘flozin’ such as canagliflozin.
- Do not stop taking your insulin