

DIFFERENT APPROACH, DIFFERENT RESULT IN T2DM FOCUSING ON SGLT2 INHIBITOR

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Abstract

Diabetes mellitus is strongly linked to high risk of cardiovascular and renal disorders. Diabetes management requires coordinated efforts to manage multiple cardiometabolic risk factors. Diabetes mellitus is also associated with poor outcome in patients after cardiovascular events and renal complications. However, whether specific antidiabetic agents are safer and more efficacious than other drugs for preventing and treating these cardiometabolic and renal diseases is debated.

To date, results are available from 14 cardiovascular outcome trials focusing mainly on major adverse cardiovascular events and renal outcomes with new antidiabetic agents (4 with dipeptidyl peptidase-4 inhibitors, 3 with sodium–glucose cotransporter-2 (SGLT2) inhibitors, and 7 with glucagon-like peptide-1 analogues). Among them, the studies of SGLT2 inhibitors showed favourable results both for cardiovascular and renal outcomes. It would be crucial to dissect the effects of SGLT2 inhibitors on cardiorenal and metabolic systems, to determine whether it is better to prescribe SGLT2 inhibitors compared with other antidiabetic medications.

Keywords

SGLT2 inhibitor, Cardiovascular diseases