

Important safety information to patients prescribed SGLT2 inhibitors

You are being treated with one of the SGLT2 inhibitor medicines, sometimes known as 'gliflozins' or 'flozins'. These include: canagliflozin (*Invokana*®), dapagliflozin (*Forxiga*®), empagliflozin (*Jardiance*®) and ertugliflozin (*Steglatro*®).

SGLT2 inhibitors were initially developed to treat people with **diabetes** as they lower blood glucose by increasing the amount of glucose in the urine. This class of medicines have added benefits that include **protecting the kidneys and heart**, so you may be prescribed a SGLT2 inhibitor for **heart failure** or **chronic kidney disease**, even if you don't have diabetes.

Common side effects:

- **Hypoglycaemia (low blood glucose)** – this usually only occurs in people with diabetes if SGLT2 inhibitors are used together with other diabetic medicines and your GP may, therefore, need to reduce other diabetes medicines. However, never stop insulin all together if you are already on this. Hypoglycaemia is uncommon in people without diabetes.
- **Dehydration** – these medicines increase your urine volume so may cause dehydration. To prevent dehydration, drink fluids when you feel dehydrated.
- **Fungal genital infections** – as the medicines increase the glucose in your urine, there is an increased risk of thrush around the vagina and penis. Washing your genital area with warm water using non-perfumed soap and avoiding wearing tight underwear will reduce your risk. If you do develop thrush symptoms, please speak to your community pharmacist for treatments available over-the-counter.
- **Bacterial genital infections** - there is a condition called Fournier's gangrene to be aware of which is an infection of the scrotum, penis or perineum area. Please seek urgent medical attention if you experience severe pain, tenderness, redness or swelling in the genital area, accompanied by fever or tiredness.

Uncommon side effects:

- **An increase of acid in the blood** – SGLT2 inhibitors may cause certain acids (ketones) to build up in the blood. This is called **diabetic ketoacidosis (DKA)**. This is a rare event in people with diabetes and is extremely rare in people treated with SGLT2 inhibitors without diabetes. DKA can happen even when your blood glucose is normal. **Symptoms include nausea and vomiting, abdominal (stomach) pain, rapid breathing and dehydration e.g. dizziness and thirst. The breath smells like pear-drops or nail varnish remover.** The risk of DKA is increased if you do not eat for long periods, become dehydrated, reduce your insulin dose too quickly, drink too much 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. DKA is a serious health condition. **If you believe you are developing symptoms of DKA then please seek urgent medical help.**

- **Foot disease** - if you have been told you have an 'at risk foot' or an active foot ulcer, you should confirm with your doctor if you should stop or continue this medication.

When to temporarily stop taking your SGLT2 inhibitors if you become unwell

- It is best practice to use good sick day guidance with these medicines.
- You should temporarily stop taking SGLT2 inhibitors if unwell especially with vomiting, diarrhoea or fever (high temperature) or if you are fasting e.g. before an operation.
- You may restart your SGLT2 inhibitors after you have been eating normally **for at least 24 hours and no longer acutely unwell.**
- If you are taking these medications for heart failure please contact your heart failure specialist nurse for advice about whether to temporarily stop these medications when you're unwell.