



- Very rarely people have developed a more serious bacterial infection that requires urgent treatment. If you have seen it before, seek help.
- If you are concerned you may be suffering with a genital infection – antibiotic treatment (cream/pessary) is available from your local pharmacy. Your sexual partner will also require treatment if infected. Once treated these infections don't tend to recur if glucose control improves.
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Wash hands thoroughly after using toilet  
Favour cotton loose fitting underwear  
Avoid tight fitting underwear  
Avoid latex condoms, spermicidal creams or lubricants which can cause irritation  
Avoid perfumed soaps, shower gels or douches  
Avoid washing area with warm water  
The following actions can reduce your risk:

- There is a greater risk of genital infections with gliflozins, more common in women than men. Symptoms include; vaginal soreness, rash/redness on penis or foreskin.

### Genital infections e.g. thrush

- In addition to gliflozins, you may need to temporarily withhold other medications.
- Seek medical advice if you have any ongoing infection or illness.
- Drink plenty to avoid dehydration until you are able to obtain medical attention.
- Take half glasses of milk, fruit juice, yoghurt or calorie rich soup (250 to 500 ml every 4-6 hours) if you are not able to eat and cover the intake with half the normal dose of insulin if you are taking insulin.
- If blood ketones are higher than 0.6 mmol/L, contact your doctor or go to A and E.

When you are unwell and unable to eat and drink as normal:

### Some tips that will help you when you are unwell

- Do not restart if you develop DKA on SGLT-2 inhibitors.
- Restart the treatment as advised - usually after 1-2 weeks.

## Urine infections (UTIs)

- The risk of UTIs can be reduced by increasing your fluid intake (unless told not to by your health professional), fully emptying your bladder by repeat urination. Some people find sugar free cranberry juice of help.
- Symptoms of UTIs include
  - Fever or chills
  - Increased frequency of passing urine or burning sensation when passing urine
  - Pain in loins or blood in urine
- If you have concern, seek medical advice

## Development of foot complications

- There is a possible increase in foot complications in patients at high risk, and therefore good foot care is recommended.
- If you have an active foot problem e.g. infected ulcer, circulatory problem causing rest pain or skin discolouration, withhold the SGLT-2 drugs until advised by a doctor or member of the diabetic foot team.

## SGLT-2 inhibitors should be avoided if:

- You are pregnant or breast feeding
- At risk of becoming pregnant whilst using the drugs e.g. sexually active but not using any contraception.

- Development of acute diabetes foot issues
  - Dehydration
  - Vomiting
  - Admission for elective surgery/procedure requiring starvation
  - Acute medical admission
- Please contact our healthcare professional for advice:

If most people cope well with the medication but there may be some instances when it may need to be temporarily or even permanently stopped. If you develop any of the following

- N.B. DKA is possible even if glucose levels are near normal. Do not rely on urine ketone checks, but have blood ketones measured at surgery or local hospital.
- Over breathing and possible smell or taste of pear drops (acetone) on breath
- Unexplained drowsiness or extreme tiredness
- Abdominal pain
- Vomiting
- You need to consider that you might have DKA if you have the following:

### How can you recognise, confirm or manage DKA?

- Diarrhoea and vomiting causing dehydration
- Omitted, forgotten or reduced insulin
- Surgery (including pre-op fasting)
- Alcohol excess or recreational drug use
- Excessive exercise
- Starvation or fasting (including if actively trying to lose weight or on ketogenic or low carb diet)
- Acute illness & infections
- Diabetic ketoacidosis (DKA) is a condition causing dehydration, especially if dehydration is a concern.
- If you take tablets (diuretics) or medication for high blood pressure, these should be reviewed periodically, especially if dehydration is a concern.
- Other diabetes medications like sulphonylurea and insulin may have to be reduced to avoid sugars going too low.
- You should have contact details of a health professional who can give you some advice when you are not well and want some help.
- Get blood ketone checks when needed in your area.
- DKA, sick day guidance, why some people can get diabetic ketoacidosis, signs and symptoms of early inhibitory work, this understanding should include information on the type of diabetes you have, how SGLT-2 inhibitors benefit and cautions with a health professional (nurse, doctor or pharmacist)
- Discuss benefits and cautions with a health professional (nurse, doctor or pharmacist)

### What to do when you start SGLT-2 drugs



## What are SGLT-2 inhibitors?

- Sodium glucose cotransporter inhibitors (SGLT-2 inhibitors) are sometimes known as 'gliflozins'.
- They reduce blood glucose levels by acting on the kidneys to increase the amount of glucose excreted in urine.
- In addition reductions in blood pressure and weight can occur.
- More recently they have been found to reduce the development and progression of kidney disease and heart failure, even in those without diabetes.
- In the UK the available gliflozins are marketed under the following names:

Canagliflozin (Invokana) 100-300mg Dapagliflozin (Forxiga) 5-10mg  
Empagliflozin (Jardiance) 10-25mg Ertugliflozin (Steglatro) 5-15mg

## Side-effects of SGLT-2 medicines

- For most people the benefits of taking this medication outweigh the possible side effects and include reduction in the risk of heart attack, heart failure and kidney failure. However, it is important, as with all medications, to be aware of possible side effects and what to do about them.
- Main side effect:  
These drugs can cause genital infections (thrush) and less commonly urine infections in some cases. These are more common in women than men and thrush can be treated with over-the-counter medications from pharmacies.
- There are a couple of more uncommon adverse events noted in people with diabetes:  
Diabetic Ketoacidosis (DKA): This is a serious condition in which acidic substances called ketones build up in the body to dangerous level. It is a serious complication of type 1 diabetes but can occur less commonly in type 2 diabetes also.  
In some studies they have been reported to be associated with foot problems and therefore may need to be avoided in people with active diabetic foot problems (infected ulcer, or active problem with foot circulation)

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