MD BriefCase
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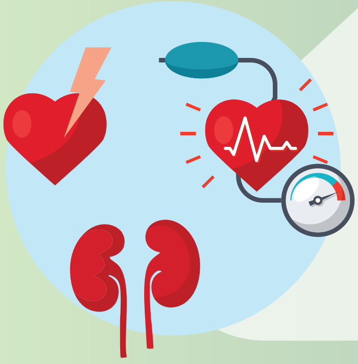
Optimizing Cardiovascular and Renal Health in Type 2 Diabetes: SGLT2 Inhibitors & GLP-1 Agonists

The information provided in this document are general recommendations and are not intended as medical advice for individual situations.

Management Strategies for Patients with Type 2 Diabetes and Comorbid Conditions



CVD & Dyslipidemia: Use SGLT2 inhibitors and GLP-1 receptor agonists to reduce cardiovascular events. Consider adding icosapent ethyl to statins if patient has high triglycerides.

Hypertension: Start with ACE inhibitors or ARBs. Add calcium channel blockers if blood pressure remains high.

CKD: Implement a low-protein, low-sodium diet and regular exercise. Use metformin and ACE inhibitors/ARBs; consider GLP-1 receptor agonists and finerenone for added renal and cardiovascular benefits.

	SGLT2i 	GLP-1 
Improved outcomes:	Canagliflozin, dapagliflozin, and empagliflozin, improve cardiovascular and renal outcomes by reducing[4-6]: • Progression of nephropathy • Risk of hospitalization for heart failure • Risk of cardiovascular death	Semaglutide and liraglutide reduce: • Risk of major adverse[8] cardiovascular events (MACE). • Risk of kidney failure or decline in eGFR[8]
Who Should Receive?	• Adults with type 2 diabetes and CKD, eGFR ≥ 20 mL/min[3] • Adults with a history of heart failure or cardiovascular disease[3]	• Adults with type 2 diabetes and cardiovascular risk • Adults with CKD who need additional glycemic control alongside SGLT2 inhibitors
When to Start?	Start both SGLT2 inhibitors and GLP-1 receptor agonists in patients with type 2 diabetes and CKD, regardless of A1C level, if they have CKD or exhibit cardiovascular risk factors	
Key Considerations:	• Expect an initial drop in eGFR (< 10%), which stabilizes over time[7] • Does not require discontinuation unless there is an acute decrease in eGFR > 30%[7] • Reduced A1C efficacy as eGFR declines, but renal and cardiovascular protection remain[7]	• Significant reductions in body weight and glycemic control. • Recommended even for patients with cardiovascular and renal risk factors, irrespective of A1C level

A1C, Glycated Hemoglobin; CKD, Chronic Kidney Disease; CVD, Cardiovascular Disease; eGFR, Estimated Glomerular Filtration Rate; GLP-1, Glucagon-Like Peptide-1; MACE, Major Adverse Cardiovascular Events; SGLT2, Sodium-Glucose Cotransporter-2

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