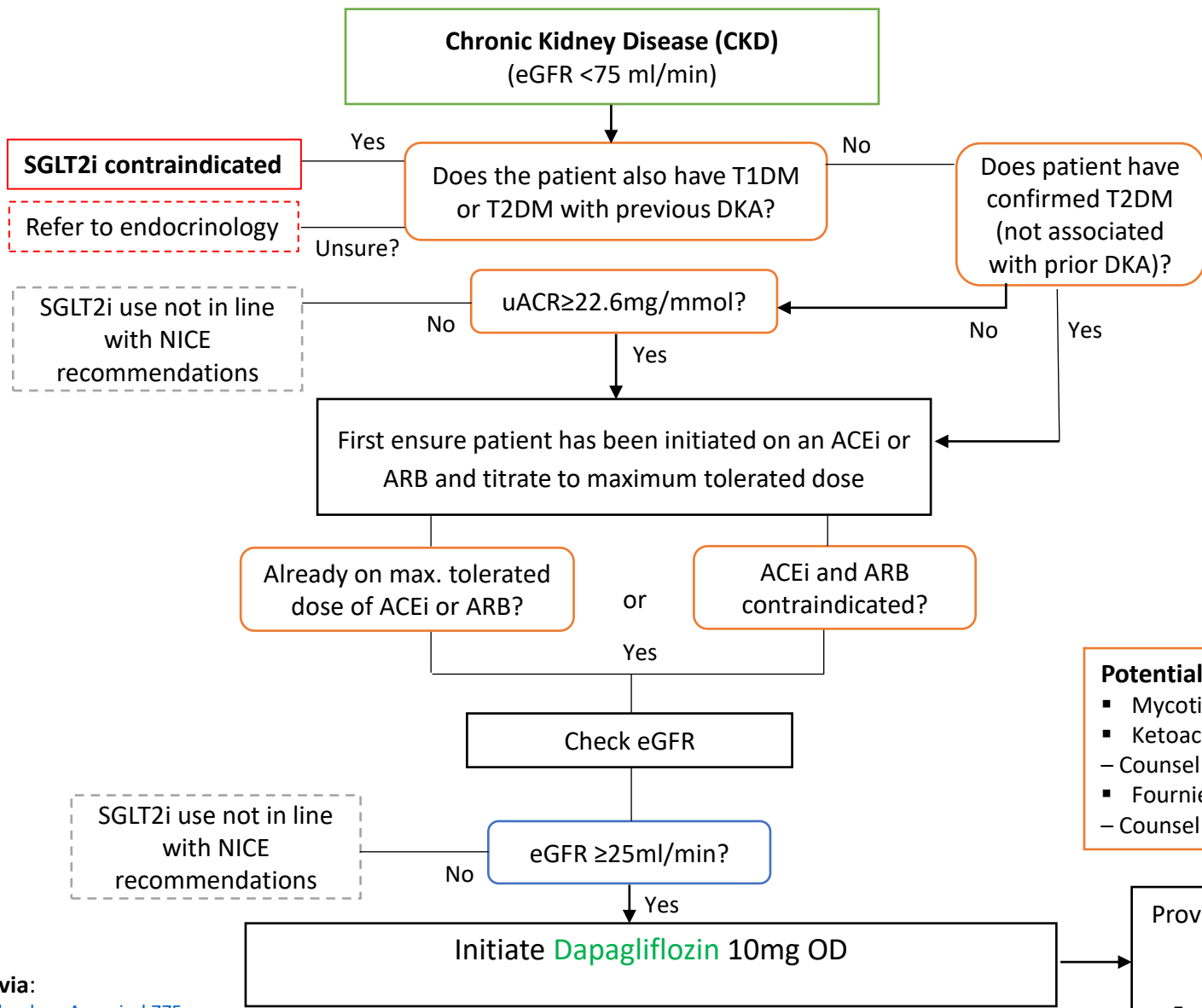




- Not currently recommended in:**
- Children (<18 years)
  - Pregnancy or Breastfeeding
  - Severe liver disease
  - Bilateral renal artery stenosis
  - Organ Transplant patients\*
  - Patients on immunosuppression\*
  - Lupus nephritis or ANCA vasculitis
  - Polycystic Kidney Disease (PCKD)
  - Active foot disease (infection, ulceration and ischaemia)
  - Patients with initial eGFR <25ml/min for **Dapagliflozin**

- Temporarily hold SGLT2i if:**
- Hospitalised for acute illness
  - Hospitalised for major surgery
  - Major infection
  - Volume depleted e.g. D&V
  - Not eating or drinking

**References and further guidance available via:**  
[National Institute for Health and Care Excellence. Technology Appraisal 775: Dapagliflozin for treating chronic kidney disease. 9th March 2022](#)  
[SGLT-2 Inhibition in Adults with Kidney Disease | The UK Kidney Association](#)



- Monitoring of renal function:**
- No additional monitoring of renal function required in relation to SGLT2i
  - NB: After initiation, there may be an initial decline in eGFR for which there is no reason to withdraw SGLT2i
  - SGLT2i does not need stopping if initiated and eGFR drops below 25ml/min.

- Potential ADRs associated with SGLT2 inhibitors:**
- Mycotic genital infections - thrush (*common*)
  - Ketoacidosis (*rare*)
    - Counsel patient on signs and **stop SGLT2i if suspected**
  - Fourniers gangrene (*extremely rare*)
    - Counsel patient on signs and **stop SGLT2i if suspected**

**Provide patient education on:**

- Sick day rules
- Side-effects
- Seeking medical advice

→ [See UKKA PILs](#)