

## In Diabetology

### Big Picture emerges with SGLT2-Inhibitors in CKD

- While advances had been made in the treatment of various glomerulonephritides, the mantra for DKD seemed to be fixed on the time-tested but archaic principles of managing any kidney disease, namely blood pressure control, proteinuria reduction, and use of ACEI/ARBs.
- Diabetic kidneys subject to RAAS blockade still progressed to kidney failure at a fairly significant pace. This approach has an unsatisfactory high rate of kidney failure and death.
- EMPA-KIDNEY trial stops early due to evidence of efficacy(16 March 2022EMPA-KIDNEY includes a broad spectrum of adults with CKD.
- Slowing in eGFR Decline by 0.5-1 mL/min/1.73m<sup>2</sup>/year, predicts Long-term Risk-Reduction for CKD Events
- Average patient would delay develop eGFR 10 by over 15 years by taking Canagliflozin (CANVAS Trial)
- Only SGLT2-inhibitor exert improve HHF and Kidney disease progression
- SGLT2 Inhibitors need to be initiated at earliest opportunity to halt decline in kidney function.

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