

GOT18-0041 RISK OF RECURRENT GENITOURINARY INFECTIONS THAT REQUIRE DISCONTINUATION OF TREATMENT WITH A SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR

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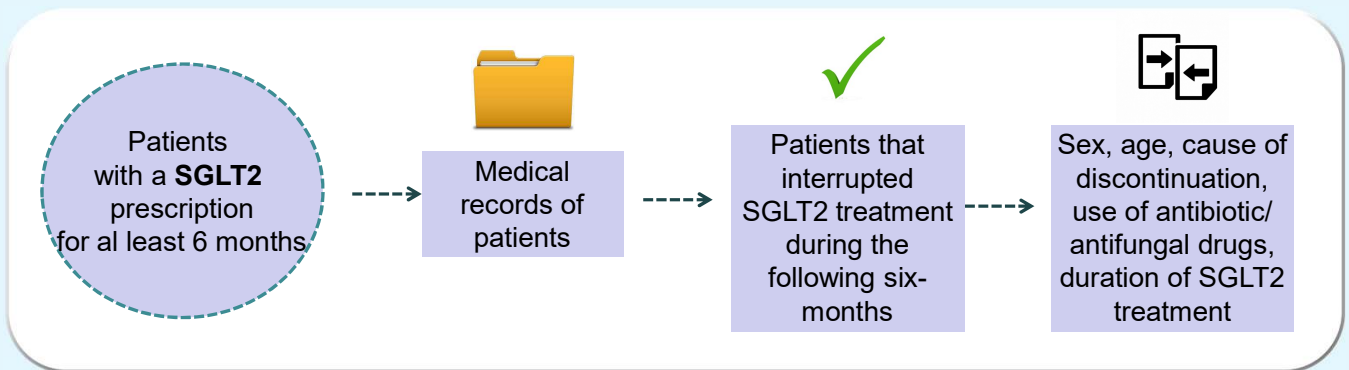
SGLT2 inhibitors are associated with a significantly higher risk of recurrent genital and urinary tract infections (UTIs) than placebo and other active anti-diabetics, which may cause treatment discontinuations.

Objectives

To evaluate SGLT2 inhibitors discontinuation due to recurrent UTIs, in patients with T2DM.

Methods or Study Design

Observational, retrospective study



Results

691 patients, 2.5% interrupted SGLT2 due to recurrent UTIs
82% women. Mean age: 63 years
Median treatment duration was 8,8 (2,2-13) months

SGLT2 RECEIVED

58,8% patients received dapaglyfozin,
29,4% patients empaglyfozin
11,8% canaglifozyn

TREATMENT INTERRUPTIONS

2,5% recurrent UTIs
2% other medication related problems.

8 patients had urinary infections
7 genital infections
2 both genital and urinary infections

SGLT2 interruption due to UTIs occurred in
1.6% patients with Canaglifozin
2.8% dapaglifozine
2.3% empaglifozine

Only one patient had had previous UTIs.

76,47% of the patients needed antibiotic/antifungal prescriptions:
38,5% fosfomycin,
23,1% ciprofloxacyn,
30,8% clotrimazole,
7,7% fluconazole
7,7% clindamycin

Conclusions

Patients in treatment with SGLT2 inhibitors have an increased risk of UTIs. Recurrent UTIs significantly impair quality of life. Personal history of UTIs should be considered before initiating SGLT2 inhibitors