

8 common questions about SGLT2 inhibitors

1. I've read that SGLT2 inhibitors are for diabetes. I don't have diabetes, so why am I being prescribed this medicine?



It's true. SGLT2 inhibitors (for example, Farxiga, Inpefa, Invokana, and Jardiance) were first developed to treat high blood sugar (hyperglycemia) in people with type 2 diabetes. Earlier studies examining these medications in diabetes had to also collect information to show SGLT2 inhibitors were safe for the heart. Researchers found that not only were they safe, but they also seemed to have notable "cardioprotective effects," meaning they helped the heart.

Since then, SGLT2 inhibitors were shown to have major benefits for people with heart failure and kidney disease, whether they had diabetes or not.

Based on the results from these trials, SGLT2 inhibitors are now recommended for people with heart failure to help prevent:

- Hospital stays (heart failure is a leading cause of hospitalization)
- Heart-related deaths
- Further declines in kidney function (many people with heart failure also have some kidney damage) or slow those declines

2. Does starting an SGLT2 inhibitor mean I'll be able to stop taking one of the other medications I take for heart failure?



An SGLT2 inhibitor is taken in addition to your other heart failure medications. These medications work in different ways and when taken together can greatly improve heart failure outcomes. They also can help you feel better and live longer.

If you take a loop diuretic (a water pill), you might be able to lower its dose or even stop taking it after starting an SGLT2 inhibitor. Work together with your care team to decide what, if any, changes are needed. Any time you start a new medication, you and your health care team should review all of the medications you take.



When managing heart failure, your care team often needs to add therapies and may change the dose or amount of a medication you take. Hang in there! The work is worth it.

3. Do these medicines help with all types of heart failure?

SGLT2 inhibitors have been found to reduce hospital visits and improve survival for people with various types of heart failure. In studies, the heart benefits were seen across a range of different:

- Ages
- Racial and ethnic backgrounds
- Sexes
- Hearts with normal or reduced pumping ability (that is, preserved or reduced ejection fraction)



4. I've heard yeast infections of the vagina or penis or urinary tract infections can happen when taking these medications. Why is that and what can I do to help prevent them?

These infections are uncommon. But they can happen since sugar (glucose) comes out in the urine when you take SGLT2 inhibitors. When glucose stays on the skin, it can breed bacteria and lead to an infection.

People with diabetes, women and uncircumcised men are more likely to experience these infections. It's important to pay attention to hygiene and washing those areas. If you develop symptoms or a urinary tract infection while taking an SGLT2 inhibitor, talk to your doctor.



5. I'm worried that these drugs may cause worsening of kidney function. Why is that and is it dangerous?

SGLT2 inhibitors protect kidney function by reducing pressures inside the filtering units of the kidney.

Because of this, tests may suggest that kidney function is slowing. But in nearly all cases, this is not due to kidney damage. Rather, it's a sign that the drug is working. Your care team will keep a close eye on your kidney function.



6. Are there times when I need to stop taking my SGLT2 inhibitor?

Always talk with your care team before you stop taking any medication that is recommended for you.

You will need to stop your SGLT2 inhibitor for a few days if you need to fast for a period of time (before a blood test) or if you're having a procedure. Tell your care team in advance so that you can make a plan together for when to stop and restart the SGLT2 inhibitor and any other medications (for example, blood thinners).

Be sure to tell your doctor if you feel dehydrated or if you are vomiting or having diarrhea.



7. I heard it's easy to get dehydrated or feel dry using this medication. What should I do?

It's important to drink plenty of water. Also, try to limit drinks with caffeine and sugar as these can make you more dehydrated. Talk with your care team about how much water you should aim to drink each day.



8. I can't afford these or other medicines. What can I do?

Cost is a concern for many people with heart failure. Talk openly about your concerns as these are very important medications for you to be taking, and they can be expensive.

Your doctor's office and/or pharmacist can work with you to find options to lower costs. For example, you may be able to use drug coupons or pharmaceutical assistance programs if you meet certain requirements.



More information

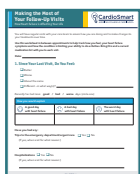
The American College of Cardiology has developed a number of tools for patients with heart failure, including action plans that go over steps to manage the condition, as well as treatments and how to track how you are doing.

Find these tools and more at [CardioSmart.org/HeartFailure](https://www.cardiosmart.org/HeartFailure).



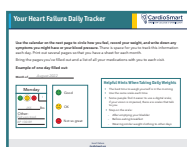
Action Plans for Heart Failure

Use an action plan to learn how to best manage your type of heart failure – [reduced ejection fraction \(HFrEF\)](#) or [preserved ejection fraction \(HFpEF\)](#).



Making the Most of Your Follow-Up Visits

A worksheet to track how you feel and your heart failure symptoms in between health visits.



Your Heart Failure Daily Tracker

Use this calendar each day to record how you feel, any symptoms and your blood pressure.



Your Heart Failure Checklist

Steps you can take to manage your heart failure.