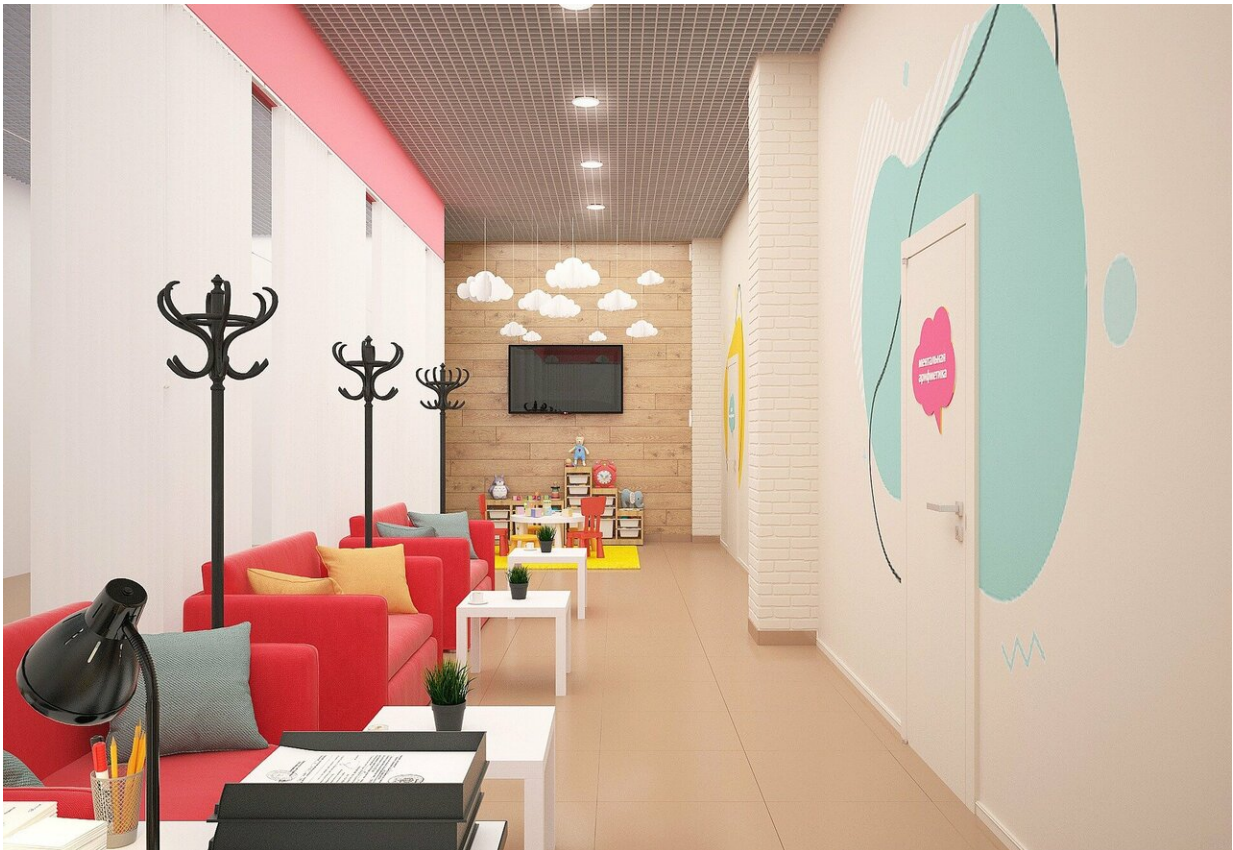


Does the drug dapagliflozin benefit hospitalized patients with COVID-19?

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In a recent randomized clinical trial of hospitalized patients with COVID-19 and cardio-metabolic risk factors, the sodium-glucose cotransporter 2 (SGLT2) inhibitor dapagliflozin did not significantly

reduce patients' risk of organ failure, kidney problems, or death compared with placebo, although numerically fewer participants treated with dapagliflozin experienced these outcomes. The findings are published in *CJASN*.

SGLT2 inhibitors have numerous kidney- and heart-protective effects. Because COVID-19 affects multiple [organ systems](#), Hiddo Lambers Heerspink, Ph.D., PharmD (University of Groningen, the Netherlands) and his colleagues conducted a secondary analysis from the Dapagliflozin in Respiratory Failure in Patients With COVID-19 (DARE-19) trial to assess the efficacy and safety of the SGLT2 inhibitor dapagliflozin in 1,250 patients with cardio-[metabolic risk factors](#) acutely hospitalized with COVID-19.

Dapagliflozin was well tolerated regardless of patients' [kidney function](#), but compared with placebo, it did not result in a significant risk reduction in the primary outcomes of organ dysfunction or death, or improvement in recovery. Dapagliflozin also did not result in a significant risk reduction in the secondary composite kidney outcome of composite of acute kidney injury, kidney replacement therapy, or death.

"These new data from DARE-19 reinforce the safety of dapagliflozin in acutely ill patients hospitalized with COVID-19 even in those with reduced kidney function who are at particularly high risk of acute kidney injury," said Dr. Heerspink.

An accompanying editorial notes that DARE-19 was a neutral trial for all of the outcomes it assessed, both individually and collectively.

"Nevertheless, DARE-19 was a positive trial from the perspective of the safety of using an SGLT2 inhibitor while experiencing acute illness in patients with either preserved or reduced kidney function," the authors wrote.

More information: *CJASN* (2022). [DOI: 10.102215/CJN.14231021](https://doi.org/10.102215/CJN.14231021)

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