

Risk for hospitalization for heart failure down with SGLT-2i treatment for T2D

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For patients with type 2 diabetes (T2D) receiving first-line sodium-

glucose cotransporter-2 inhibitors (SGLT-2i), the risk for stroke, myocardial infarction (MI), and all-cause mortality is similar to those receiving metformin, and the risk for hospitalization for heart failure (HHF) is lower, according to a study published online May 24 in the *Annals of Internal Medicine*.

HoJin Shin, Ph.D., from Brigham and Women's Hospital and Harvard Medical School in Boston, and colleagues conducted a population-based cohort study involving patients with T2D aged 18 years and older initiating treatment with SGLT-2i or metformin during April 2013 to March 2020 using claims data from two large U.S. commercial and Medicare databases (8,613 and 17,226 [patients](#), respectively).

The researchers found that during a mean follow-up of 12 months, SGLT-2i initiators had a similar risk for the composite of hospitalization for MI, hospitalization for ischemic or [hemorrhagic stroke](#), or all-cause mortality (MI/stroke/mortality) and a lower risk for the composite of HHF or all cause-mortality (HHF/mortality). Compared with metformin, initiators receiving SGLT-2i had a significantly lower risk for HHF, a numerically lower risk for MI, and a similar risk for stroke, mortality, and MI/stroke/HHF/mortality. The risk for genital infections was increased for initiators receiving SGLT-2i; otherwise, safety was similar.

"Although our findings may support the use of SGLT-2i as first-line T2D treatment of cardiovascular outcomes, further research, that is, a randomized clinical trial, is warranted to establish more robust evidence," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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