

## Dapagliflozin reduces risk for hospitalization in patients with CKD with or without diabetes

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Dapagliflozin, a sodium-glucose cotransporter-2 (SGLT2) inhibitor, reduced the risk for hospitalization for any cause in patients with chronic kidney disease (CKD) with and without type 2 diabetes. The findings suggest that dapagliflozin should be considered in such patients. The study is published in *Annals of Internal Medicine*.



Patients with CKD are often hospitalized, contributing to lower quality of life and higher health care costs. Prior studies have shown that SGLT2 inhibitors can reduce <u>cardiovascular events</u> and slow progression to <u>kidney damage</u> in <u>patients</u> with or without diabetes. The effect of these drugs on hospitalizations in patients with CKD is less clear.

Researchers from University of Groningen, Groningen, the Netherlands conducted a post hoc analysis of the DAPA-CKD trial which was a randomized, double-blind trial of dapagliflozin versus placebo to determine the effects of dapagliflozin on first hospitalizations and all hospitalizations among patients with CKD. The study included 4,304 adults with CKD with and without type 2 diabetes from 386 outpatient facilities in 21 countries. After an average follow-up of about 2 years, the researchers found that dapagliflozin reduced the risk for hospitalization and increased the number of days alive and out of the hospital for patients with CKD with or without diabetes.

According to the authors, these findings highlight additional benefits of dapagliflozin beyond those seen for cardiovascular and kidney events, all-cause and cause-specific mortality, eGFR slope, and albuminuria.

**More information:** Meir Schechter et al, Effects of Dapagliflozin on Hospitalizations in Patients With Chronic Kidney Disease, *Annals of Internal Medicine* (2022). DOI: 10.7326/M22-2115

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