

SGLT2i use linked to reduced risk for flare in adults with gout, T2D

July 25 2023, by Elana Gotkine



For patients with gout and type 2 diabetes, sodium-glucose

cotransporter-2 inhibitors (SGLT2is) are associated with a reduced risk for recurrent gout flares and gout-primary emergency department visits and hospitalizations, and they confer cardiovascular benefits, according to a study published online July 25 in the *Annals of Internal Medicine*.

Natalie McCormick, Ph.D., from Massachusetts General Hospital in Boston, and colleagues compared gout flares and cardiovascular events among patients with gout and type 2 diabetes initiating SGLT2is versus dipeptidyl peptidase 4 inhibitors (DPP-4is) in a propensity score-matched cohort study.

The researchers found that the flare rate was lower among SGLT2i initiators than DPP-4i initiators after propensity score matching (52.4 versus 79.7 events per 1,000 person-years, respectively; rate ratio [RR], 0.66; rate difference [RD], –27.4 per 1,000 person-years). For gout-primary emergency department visits and hospitalizations, the corresponding RR and RD were 0.52 and –3.4 per 1,000 person-years.

For [myocardial infarction](#), the corresponding hazard ratio and RD were 0.69 and –7.6 per 1,000 person-years. The hazard ratio for stroke was not significantly lower. A higher risk for genital infection was seen for those who initiated SGLT2is (hazard ratio, 2.15); the risk for osteoarthritis encounter was not altered.

"Given the pleiotropic cardiometabolic benefits associated with SGLT2is among patients with type 2 diabetes, this class of medications may be a particularly attractive addition to our current urate-lowering therapies to simultaneously address the high burden of [gout](#) and cardiometabolic sequelae," the authors write.

More information: Natalie McCormick et al, Comparative Effectiveness of Sodium–Glucose Cotransporter-2 Inhibitors for Recurrent Gout Flares and Gout-Primary Emergency Department Visits

and Hospitalizations, *Annals of Internal Medicine* (2023). DOI: [10.7326/M23-0724](https://doi.org/10.7326/M23-0724)

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Citation: SGLT2i use linked to reduced risk for flare in adults with gout, T2D (2023, July 25)
retrieved 9 May 2024 from

<https://medicalxpress.com/news/2023-07-sgl2i-linked-flare-adults-gout.html>

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