



*The Medical **Bulletin***

Drug Corner

SGLT2 Inhibitors were perceived dangerous in COVID hospitalised cases. The contemporary practice is to routinely discontinue SGLT2 inhibitors in patients who are acutely hospitalized due to potential risks of dehydration, AKI, and diabetic ketoacidosis.

DARE-19, the largest clinical trial to date examining initiation of an SGLT2 inhibitor in patients hospitalized with acute infectious illness and at high risk for complications, has been published in CJASN (Clinical Journal of the American Society of Nephrology, dated 28th April 2022).

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

Among patients with cardiometabolic risk factors, those taking dapagliflozin saw a similar occurrence for a composite kidney outcome of acute kidney injury (AKI), kidney replacement therapy, or death (HR 0.74, 95% CI 0.50-1.07)

The DARE-19 trial did not reach statistical significance, the direction and magnitude of the effect were generally inline and consistent with other dedicated outcome trials of SGLT2 inhibitors in patients with heart failure and CKD (with and without type 2 diabetes)

This trial has given a new insight about unique role of SGLT2 Inhibitors.

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