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Use of SGLT-2 Inhibitors in post renal transplant proteinuria

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Objectives : To evaluate the effect of the SGLT2 inhibitor dapagliflozin on proteinuria in renal transplant recipients.
Methods : Retrospective data from January 2020 to December 2023 of renal transplant recipients aged 18–60 years with a 24-h urinary protein excretion greater than 500 mg (after 3 months of transplant) and an estimated glomerular filtration rate (eGFR) of at least 25 mL/min per 1·73 m^2, on stable renin–angiotensin system blockade and initiated on 10mg dapagliflozin were studied. The primary outcome was a percentage change from baseline in 24-hour proteinuria at the end of six months post-initiation of dapagliflozin. Secondary outcomes were changes in eGFR and blood pressure
Results : Out of a total of 212 patients in opd follow-up, 52 with proteinuria were included in the study. Mean baseline mGFR was 45·3±7.8 mL/min per 1·73 m^2, median proteinuria was 1270 mg per 24 h (IQR 850–1690), and mean HbA1c was 5·9 ±0.4%. The difference in mean proteinuria change from baseline was 19.56% (p=0·045). eGFR changed with dapagliflozin treatment by −3·5 mL/min per 1·73 m2 (p=0.12) at 6 months. The antihypertensive effect of dapagliflozin was not found to be significant. (p=0.15) The number of patients experiencing one or more adverse events during dapagliflozin treatment was 7(13.4%). No hypoglycaemic events were reported.
Conclusions : 6-month treatment with SGLT2i dapagliflozin significantly reduced proteinuria in post-renal transplant proteinuria on the background of a maximum tolerable dose of angiotensin-converting enzyme–inhibitor or angiotensin receptor blocker therapy