Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Slowing Progressive Kidney Disease with Jardiance: The Earlier the Better?

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The primary aim of managing diabetes is keeping patients healthy, out of the hospital and most importantly, alive. Despite lowering HbA1c, the failure of traditional glucose-lowering strategies to achieve these goals had led to a fundamental revision of the approach to controlling glucose in diabetes. At the same time it has become apparent that while also lowering glucose levels, sodium-glucose co-transporter 2 (SGLT2) inhibitors are able to reduce hospitalisation for heart failure, major acute cardiovascular events (MACE) and incident renal impairment. In addition, treatment with empagliflozin in the EMPA-Kidney trial reduced all-cause hospitalisation in patients with CKD. Notably these actions appear to be independent and additional to actions on glucose lowering, blood pressure or weight reduction. Taken together, this data has justifiably moved global guidelines to recommend the use of SGLT2 inhibitors with proven benefits, in settings where these benefits can have the greatest impact (e.g. those with established CKD). This is not to say there are no benefits of SGLT2 inhibition in low-risk patients without comorbidity, as sustained glucose lowering, weight and blood pressure lowering also have a long-term legacy. Moreover, it may be that when protecting the kidney, the sooner the better, as any losses can never be recovered. This presentation will review the emerging evidence for treating all patients with type 2 diabetes with an SGLT2 inhibitor, if only to reduce incident DKD and its associated adverse outcomes.

Keywords: SGLT2 inhibition, Diabetic kidney disease, chronic kidney disease, albuminuria, empagliflozin