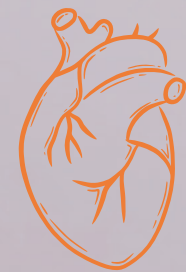


A guide to using SGLT2 inhibitors in patients with hypertension and CKD, T2D or HF

Retrospective analyses of SGLT2 inhibitor trials have demonstrated that these agents have a promising effect on blood pressure reduction in addition to known cardiorenal benefits.² Furthermore, SGLT2 inhibitor initiation has been shown to have a long-term effect on systolic and diastolic blood pressure.¹

60–85%

of patients with CKD Stage 3–5 have hypertension²



Cardiovascular protection

SGLT2 inhibitors have demonstrated a reduction in the risk of cardiovascular events and all-cause mortality³



Renal protection

SGLT2 inhibitors have been shown to reduce the rate of eGFR decline and lessen the severity of albuminuria⁴

Safety

The overall incidence of adverse events associated with SGLT2 inhibitors was low across large cardiovascular and renal outcomes trials^{5–11}

ESH 2023 guidelines for use of SGLT2 inhibitors¹²



SGLT2 inhibitors and finerenone should be used according to their approval for **CKD** treatment (IA)



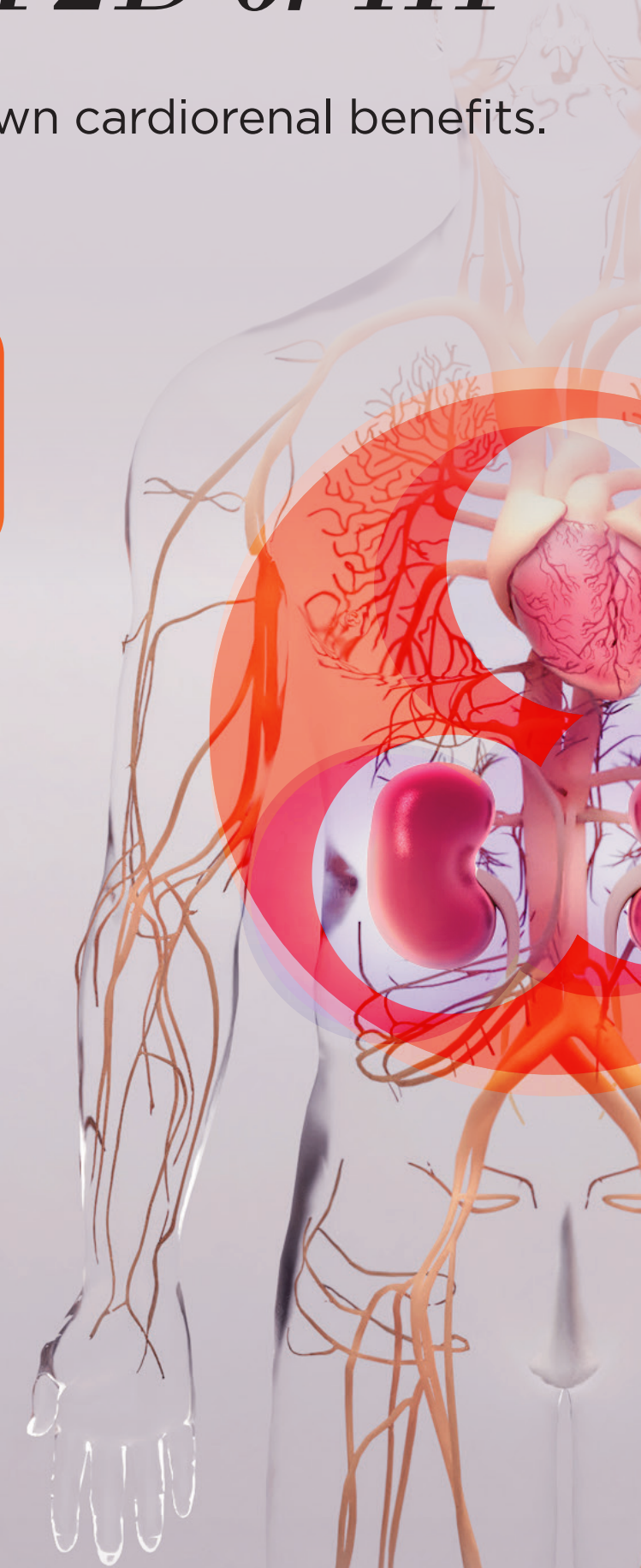
In patients with **hypertension and HFrEF**, it is recommended to combine drugs with documented outcome benefits, including ACE inhibitors (or ARBs if not tolerated), which could be substituted by ARNI (sacubitril/valsartan), beta blockers, MRAs and SGLT2 inhibitors, if not contraindicated and if well-tolerated (IA)



SGLT2 inhibitors are recommended to reduce cardiac and kidney events in **Type 2 diabetes** as these agents have a blood pressure-lowering effect (IA)



In patients with **hypertension and HFpEF**, SGLT2 inhibitors are recommended independently from the presence of Type 2 diabetes (IA)



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ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; ARNI, angiotensin receptor/neprilysin inhibitor; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; ESH, European Society of Hypertension; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; MRA, mineralocorticoid receptor antagonist; SGLT2, sodium–glucose co-transporter 2
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