



17-20
Dicembre
2025
Napoli

70° CONGRESSO
NAZIONALE
SIGG
LIBERI E LONGEVI

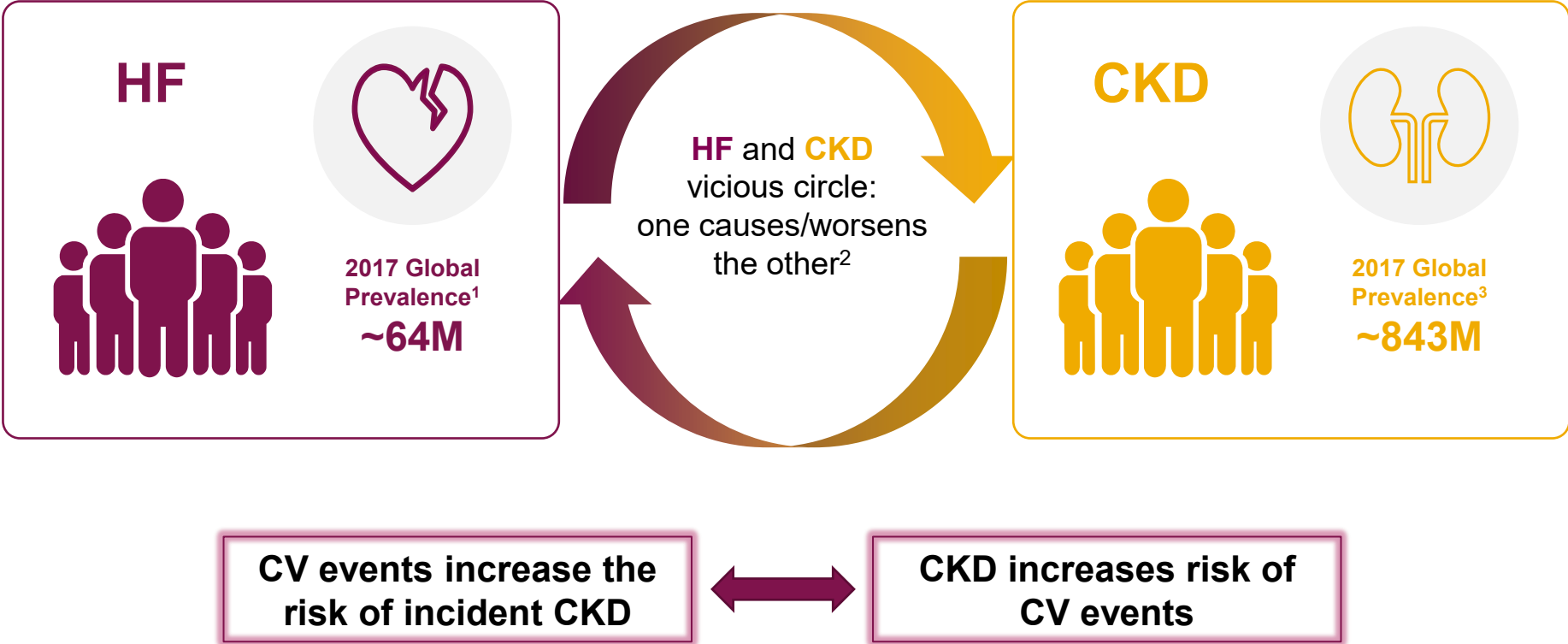
Università degli
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di **SCAMPIA**



LA CIRCOLARITÀ NEL PAZIENTE CON SINDROME CARDIO-NEFRO-METABOLICA: L'ETÀ NON È PIÙ UN LIMITE

Andrea Ungar
Università di Firenze

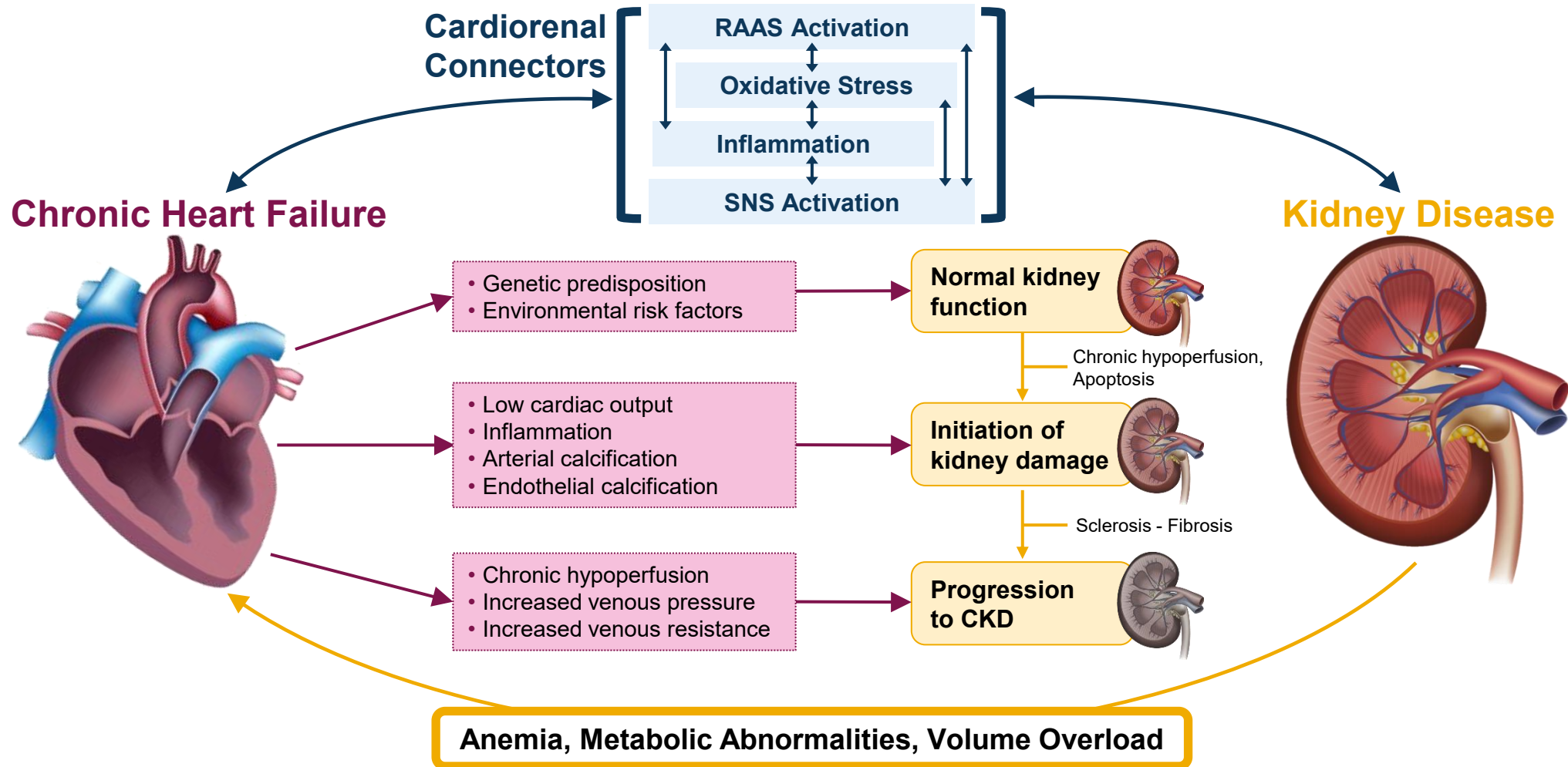
HF and CKD – the Cardio-Renal Syndrome



CKD = chronic kidney disease; HF = heart failure; M = million

1. GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. *Lancet*. 2018;392:1789-1858; 2. Ronco C et al. *J Am Coll Cardiol*. 2008;52:1527-1539; 3. Jager KJ et al. *Nephrol Dial Transplant*. 2019;34:1803-1805

Close Association Between Cardiac and Kidney Pathophysiology^{1,2}

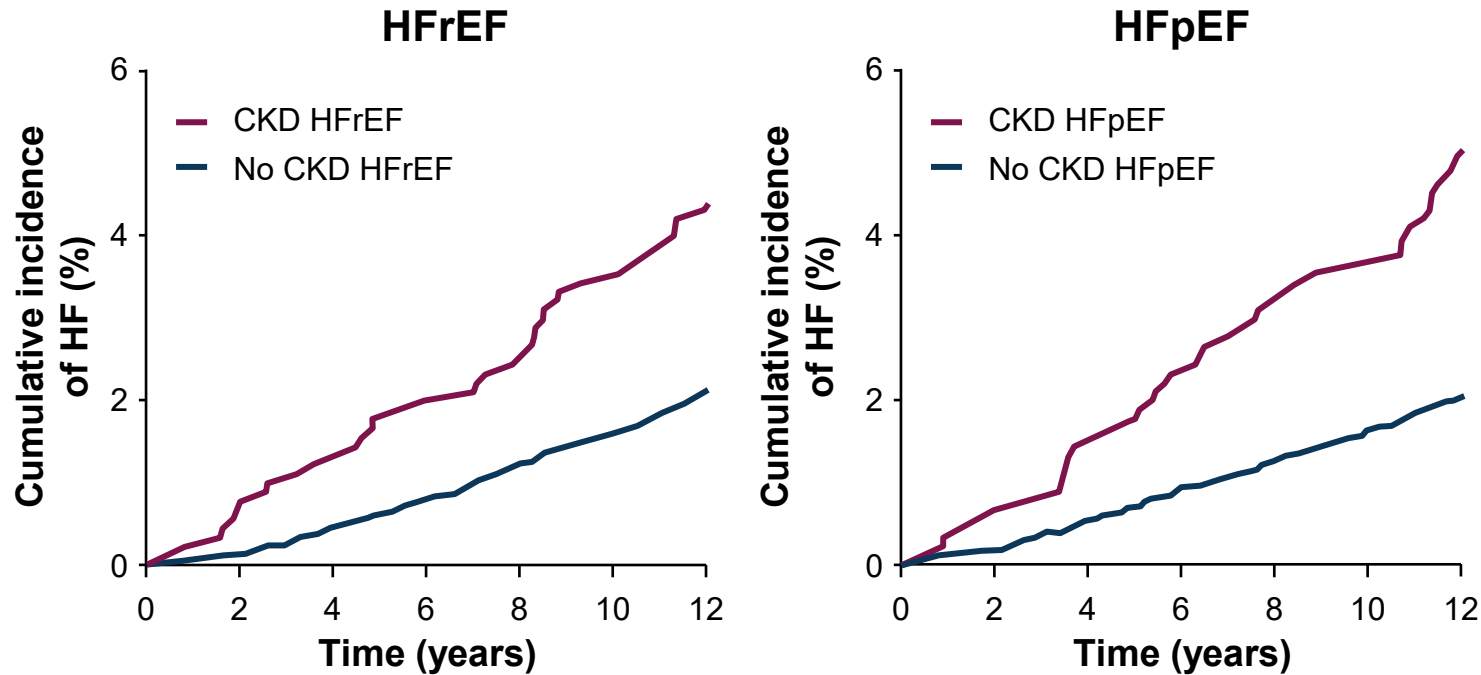


CKD = chronic kidney disease; CV = cardiovascular; RAAS = renin-angiotensin aldosterone system; SNS = sympathetic nervous system.

1. Adapted from Raina R et al. *Cardiol Res.* 2020;11:76-88; 2. Adapted from Yogasundaram H et al. *Can J Cardiol.* 2019;35:1208-1219; 3. Damman K et al. *J Am Coll Cardiol.* 2014;63:853-871; 4. Metra M et al. *Eur Heart J.* 2012;33:2135-2143.

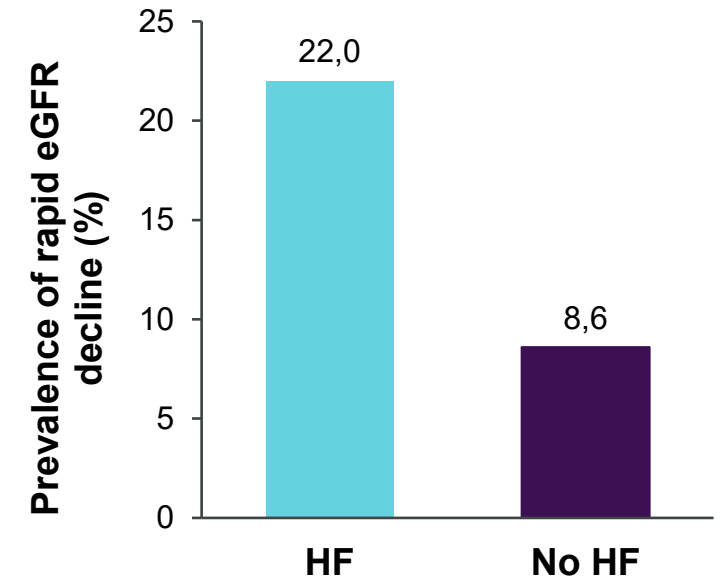
CKD and HF Are Interconnected: CKD Is Associated With Increased Risk of HF and Conversely HF Is Associated With Risk of eGFR Decline

Incidences of HF are higher in those with CKD than those without¹



CKD is associated with incident HF

HF is associated with rapid decline in eGFR^{2,a}



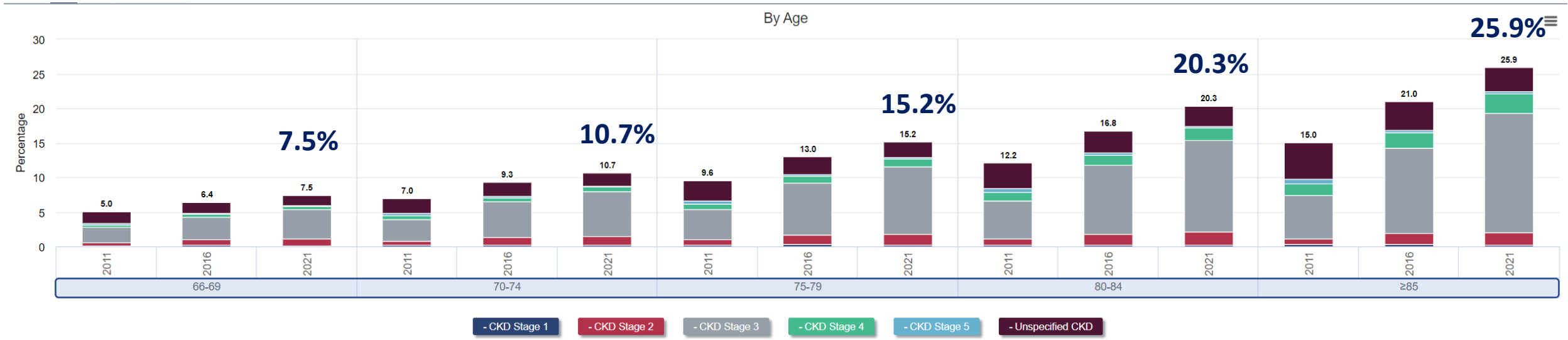
HF is associated with the risk of kidney function decline

^aRapid rate of eGFR decline was defined as slopes steeper than $-5 \text{ mL/min/1.73 m}^2/\text{year}$.

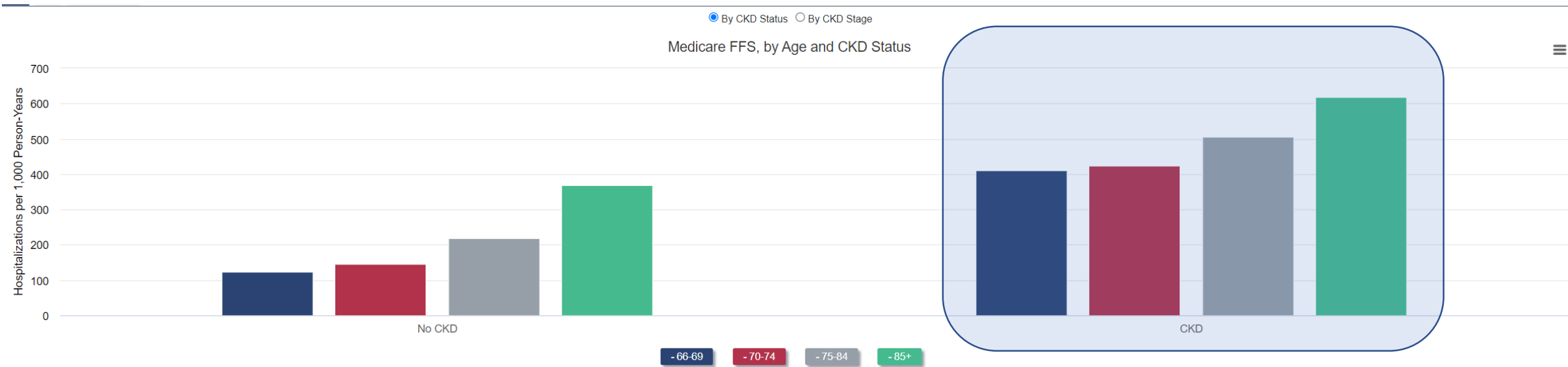
CKD = chronic kidney disease; eGFR = estimated glomerular filtration rate; HF = heart failure; HFpEF = heart failure with preserved ejection fraction; HFrEF = heart failure with reduced ejection fraction.

1. Naylor M et al. *Eur J Heart Fail.* 2017;19:615-623; 2. George LK et al. *Circ Heart Fail.* 2017;10:e003825.

Prevalence of CKD overall and by stage in older adult Medicare FFS beneficiaries, 2011-2021



Adjusted all-cause **hospitalization** rates in older adults, by Age and CKD, 2021





Chronic kidney disease

outlook



The surprise blockbuster

Drugs called SGLT2 inhibitors have transformed the care of many people with chronic kidney disease. More data could extend the benefits. **By Amanda Keener**

During his 25 years as a nephrologist, Hans-Joachim Anders has travelled to many conferences on kidney disease. On his return, his patients often ask him if he has learnt anything relevant to them. For more than two decades, “I had to tell them no”, says Anders, who is at the Ludwig Maximilian University of Munich in Germany. But over the past three years, a class of drugs called sodium-glucose co-transporter 2 (SGLT2) inhibitors have completely changed that. Originally designed to treat high blood sugar in people with diabetes, these drugs have also brought hope to people with chronic kidney disease (CKD). SGLT2 inhibitors protect the kidneys and reduce the risk of death from cardiovascular disease – the biggest cause of death for people with CKD.

Anders says SGLT2 inhibitors, also called flozins, have given many of his patients the

chance to live dialysis-free for much of their lives. “It has totally changed the paradigm,” he says. By one estimate, an SGLT2 inhibitor called canagliflozin has the potential to delay end-stage renal disease and the need for dialysis by 15 years¹.

SGLT2 inhibitors are a staple in many nephrology and diabetes clinics, and understanding of their usefulness continues to expand as data emerge. In 2022, researchers reported promising results from the trial of an SGLT2 inhibitor called empagliflozin². The phase III trial, called EMPA-KIDNEY, showed that the drug helped to preserve kidney function in people with a wide range of CKD types and severity.

“It’s an exciting time for nephrology,” says Adeera Levin, a nephrologist at the University of British Columbia in Vancouver, Canada, and executive director of BC Renal, an organization that oversees kidney services

in British Columbia. Levin, who worked on EMPA-KIDNEY as well as other trials of SGLT2 inhibitors, says her patients get satisfaction from watching the drugs slow down their loss of kidney function on their test results. “They can see the line plateau,” she says. “They get quite excited about that.”

Still, many people with CKD are waiting to find out if SGLT2 inhibitors will be recommended for their particular type of disease. In the meantime, clinicians are prescribing them off-label, providing opportunities to learn who else can benefit from this new drug class.

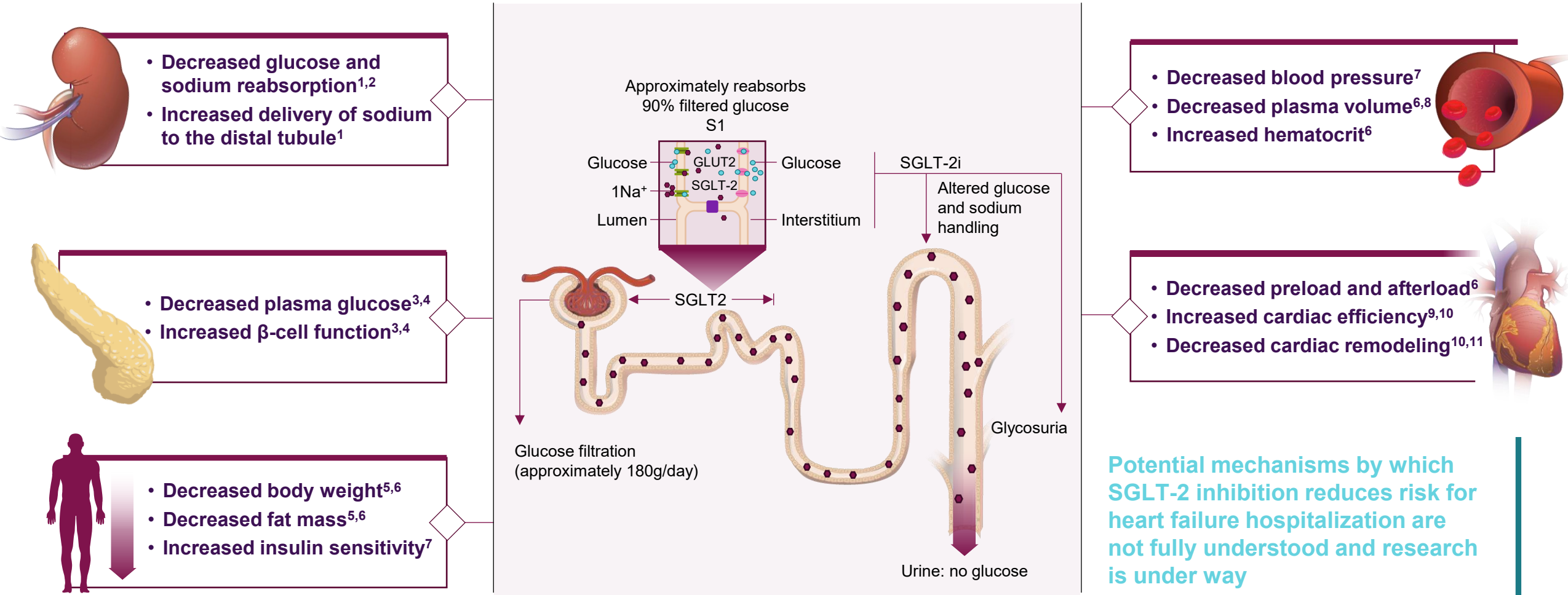
An unexpected success

The protein SGLT2 sits on the inner surfaces of the kidneys’ million or so winding tubes, known as nephrons. These take the waste that has been filtered out of the blood and carry it to collecting ducts that lead to the urethra and ultimately

EVAN AGOSTINI FOR NATURE

SGLT2-i
I Campioni di incassi a sorpresa

Evidence Supports Glycemic and Non-glycemic Effects of SGLT-2i



Dapagliflozin is not indicated for weight loss or hypertension.

1. FARXIGA® (dapagliflozin) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2020. 2. Eickhoff MK, et al. *J Clin Med*. 2019;8(6):779. 3. Merovci A, et al. *J Clin Endocrinol Metab*. 2015;100(5):1927-1932. 4. Kaneto H, et al. *J Diabetes*. 2017;9(3):219-225. 5. Bolinder J, et al. *J Clin Endocrinol Metab*. 2012;97(3):1020-1031. 6. Heerspink HJL, et al. *Kidney Int*. 2018;94(1):26-39. 7. Kalra S, et al. *Indian J Endocrinol Metab*. 2017;21(1):210-230. 8. Lambers Heerspink HJ, et al. *Diabetes Obes Metab*. 2013;15(9):853-862. 9. Verma S, et al. *JACC Basic Transl Sci*. 2018;3(5):575-587. 10. Tamargo J. *Eur Cardiol*. 2019;14(1):23-32. 11. Lee TM, et al. *Free Radic Biol Med*. 2017;104:298-310.

Cardio-renal & metabolic *continuum*



Patient Population	T2D	HFrEF with or without T2D	HFmrEF/HFpEF with or without T2D	CKD with or without T2D
Mean eGFR	85 mL/min/1.73 m ²	66 mL/min/1.73 m ²	61 mL/min/1.73 m ²	43 mL/min/1.73 m ²
Primary Endpoint	<ul style="list-style-type: none"> hHF or CV death 0.83 (0.73, 0.95) p=0.005 	<ul style="list-style-type: none"> CV death or worsening HF 0.74 (0.65, 0.85) p<0.001 	<ul style="list-style-type: none"> CV death or worsening HF 0.82 (0.73, 0.92) p<0.001 	<ul style="list-style-type: none"> ≥50% eGFR decline, ESKD, or renal or CV death 0.61 (0.51, 0.72) p=0.000000028
Key Secondary Endpoints	<ul style="list-style-type: none"> eGFR decrease ≥40% to <60, ESKD or renal death 0.53 (0.43, 0.66) p<0.0001 	<ul style="list-style-type: none"> All-cause mortality 0.83 (0.71, 0.97) p=0.022 	<ul style="list-style-type: none"> Total worsening HF and CV death 0.77 (0.67, 0.89) p<0.001 	<ul style="list-style-type: none"> All-cause mortality 0.69 (0.53, 0.88) p=0.0035
				<ul style="list-style-type: none"> CV death or hHF 0.71 (0.55, 0.92) p=0.0089
Primary Endpoint	<ul style="list-style-type: none"> CV death 0.86 (0.76, 0.97) p=0.01 			
Additional Endpoints	<ul style="list-style-type: none"> All-cause mortality 0.90 (0.82, 0.99) p=0.03 			
	<ul style="list-style-type: none"> CV death or hHF 0.78 (0.72, 0.86) p<0.001 			

Benefit was consistent across the full range of LVEF

- Renal
- CV
- Mortality

ORIGINAL ARTICLE

Cardiac Effects of Dapagliflozin in People with Chronic Kidney Disease

LAVi, left atrial volume index
LVEF, left ventricular ejection fraction
LVM, left ventricular mass
LVMi, left ventricular mass index

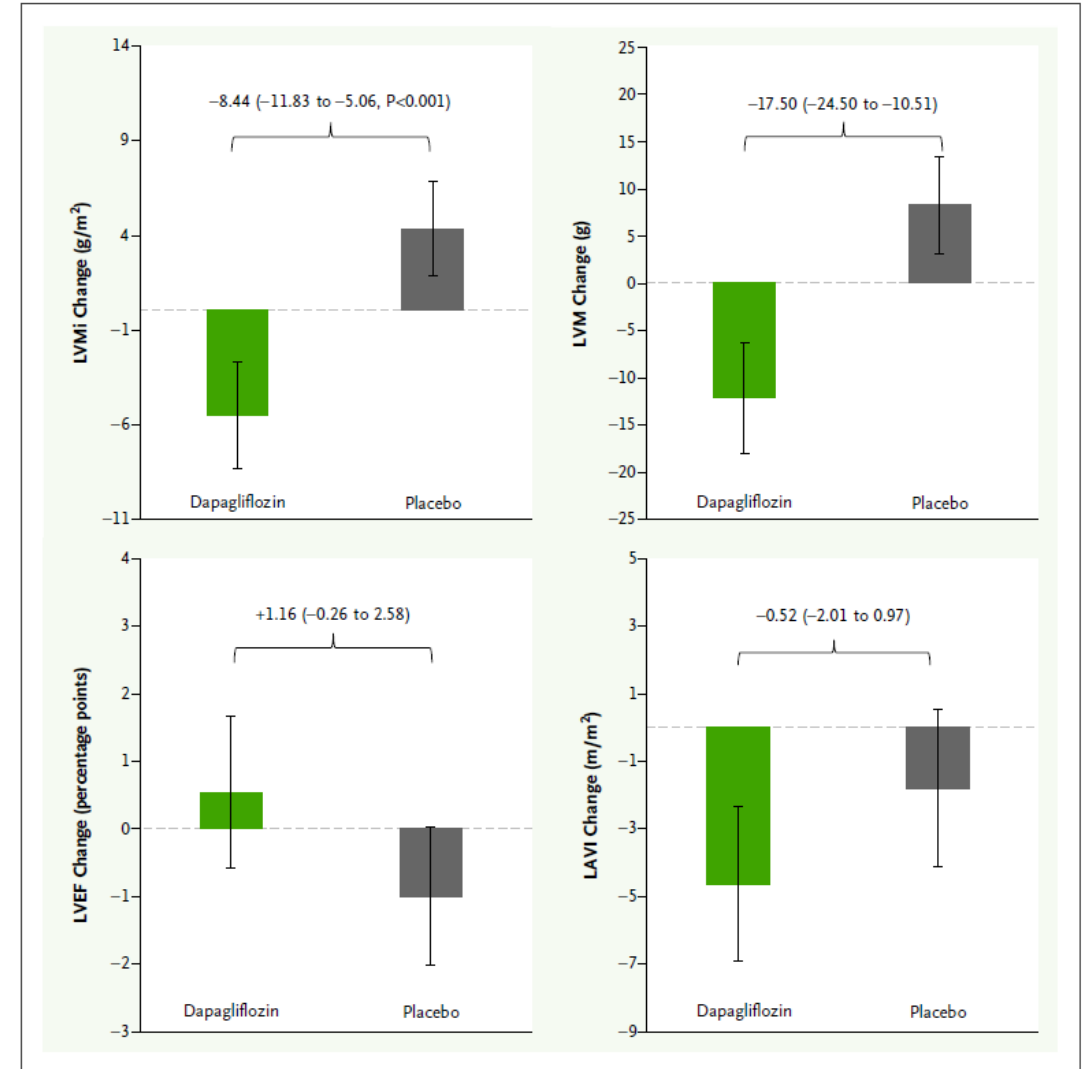
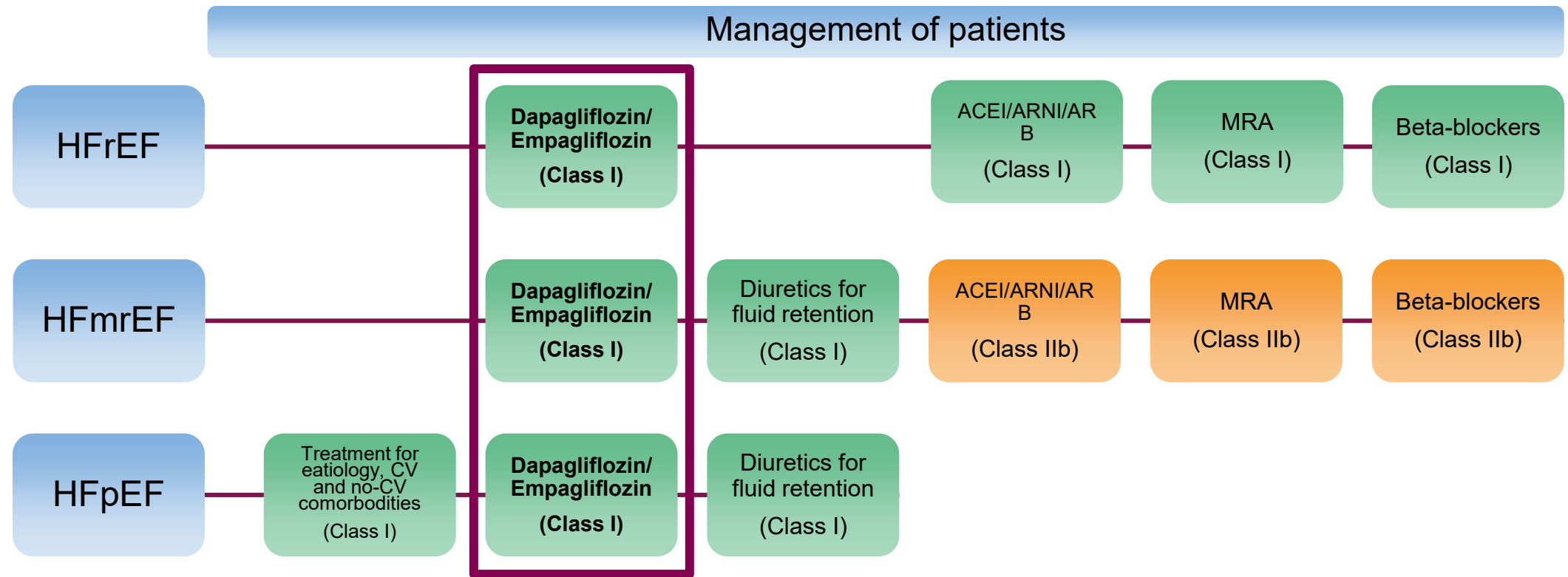


Figure 2. Effects of SGLT2 inhibitors on Echocardiographic Parameters.

ESC Heart Failure Guidelines: Class IA Recommendation for Dapagliflozin in Patients With HF



Circulation

ORIGINAL RESEARCH ARTICLE



Dapagliflozin in Patients Hospitalized for Heart Failure: Primary Results of the DAPA ACT HF-TIMI 68 Randomized Clinical Trial and Meta-Analysis of Sodium-Glucose Cotransporter-2 Inhibitors in Patients Hospitalized for Heart Failure

David D. Berg¹, MD, MPH; Siddharth M. Patel², MD, MPH; Paul M. Haller³, MD, PhD; Abby L. Cange, BS; Michael G. Palazzolo⁴, MS; Andrea Bellavia⁵, PhD; Julia F. Kuder, MA; Akshay S. Desai⁶, MD, MPH; Silvio E. Inzucchi⁷, MD; John J.V. McMurray⁸, MD; Eileen O'Meara⁹, MD; Subodh Verma¹⁰, MD, PhD; Jan Bělohávek¹¹, MD, PhD; Jarosław Drożdż¹², MD, PhD; Béla Merkely¹³, MD, PhD; Modele O. Ogunniyi¹⁴, MD, MPH; Tomáš Drasnar, MD; Joseph L. Izzo¹⁵, MD; Balázs Sarman, MD; John E. McGinty, MD; Krishnan Ramanathan, MB, ChB, FRACP, FRCPC; Angel J. Mulkay, MD; Andrzej Przybylski, MD, PhD; Christian T. Ruff¹⁶, MD, MPH; Michelle L. O'Donoghue¹⁷, MD, MPH; Sabina A. Murphy¹⁸, MPH; Marc S. Sabatine¹⁹, MD, MPH*; Stephen D. Wiviott²⁰, MD*; on behalf of the DAPA ACT HF-TIMI 68 Trial Committees and Investigators

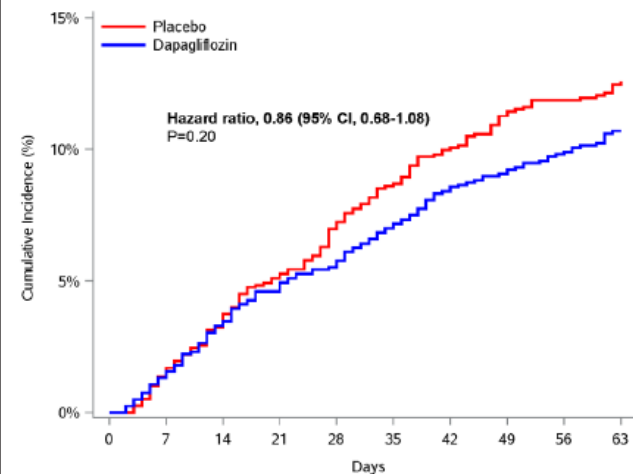
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Table 3. Safety Outcomes

Safety End Point	Dapagliflozin (n=1210)	Placebo (n=1179)
SAE related or probably related to study drug	2 (0.2%)	1 (0.1%)
SAE related, probably related, or possibly related to study drug	24 (2.0%)	21 (1.8%)
Adverse event leading to study drug discontinuation	58 (4.8%)	56 (4.7%)
Symptomatic hypotension*	43 (3.6%)	26 (2.2%)
Worsening kidney function†	71 (5.9%)	55 (4.7%)
Major hypoglycemia‡	3 (0.2%)	3 (0.3%)
Diabetic ketoacidosis§	0 (0.0%)	0 (0.0%)

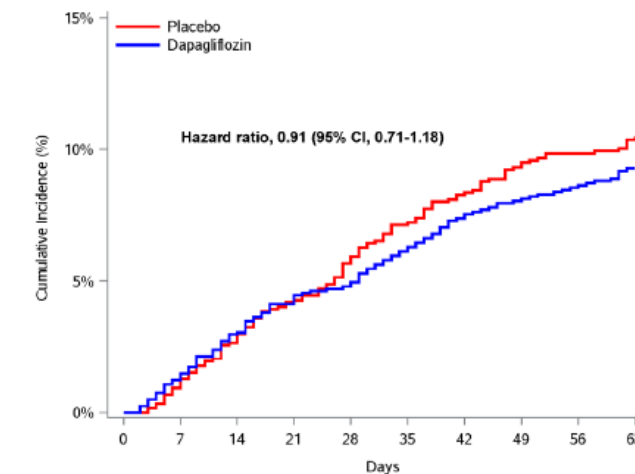
A Primary Outcome



Number at risk:

Placebo	1183	1163	1137	1113	1089	1068	1049	1031	1016	698
Dapagliflozin	1218	1201	1175	1157	1146	1127	1109	1098	1082	701

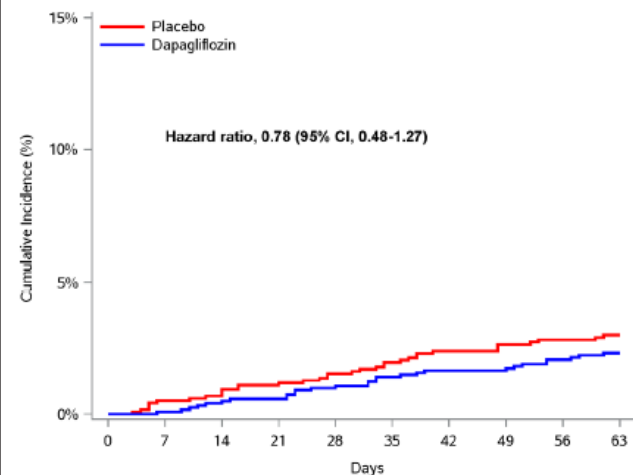
B Worsening Heart Failure Event



Number at risk:

Placebo	1183	1163	1137	1113	1089	1068	1049	1031	1016	698
Dapagliflozin	1218	1201	1175	1157	1146	1127	1109	1098	1082	701

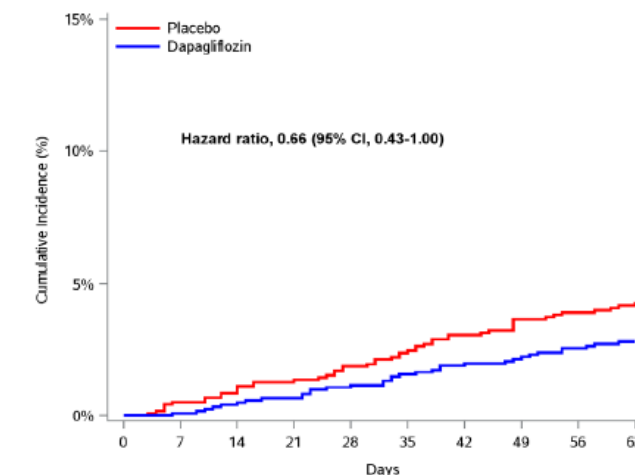
C Cardiovascular Death



Number at risk:

Placebo	1183	1173	1167	1160	1153	1146	1137	1130	1119	770
Dapagliflozin	1218	1216	1210	1205	1200	1194	1190	1187	1175	773

D All-Cause Mortality



Number at risk:

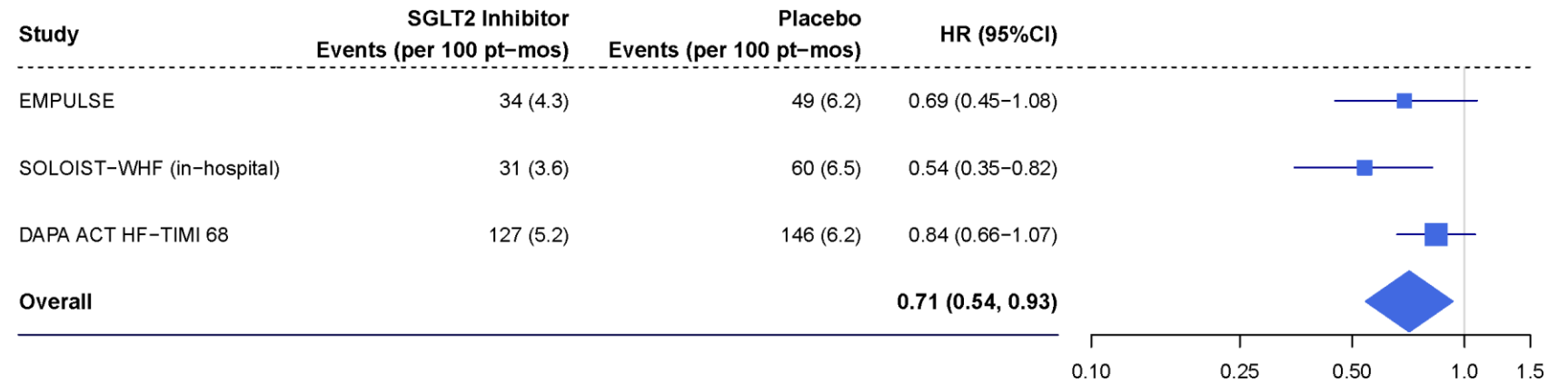
Placebo	1183	1173	1167	1160	1153	1146	1137	1130	1119	770
Dapagliflozin	1218	1216	1210	1205	1200	1194	1190	1187	1175	773

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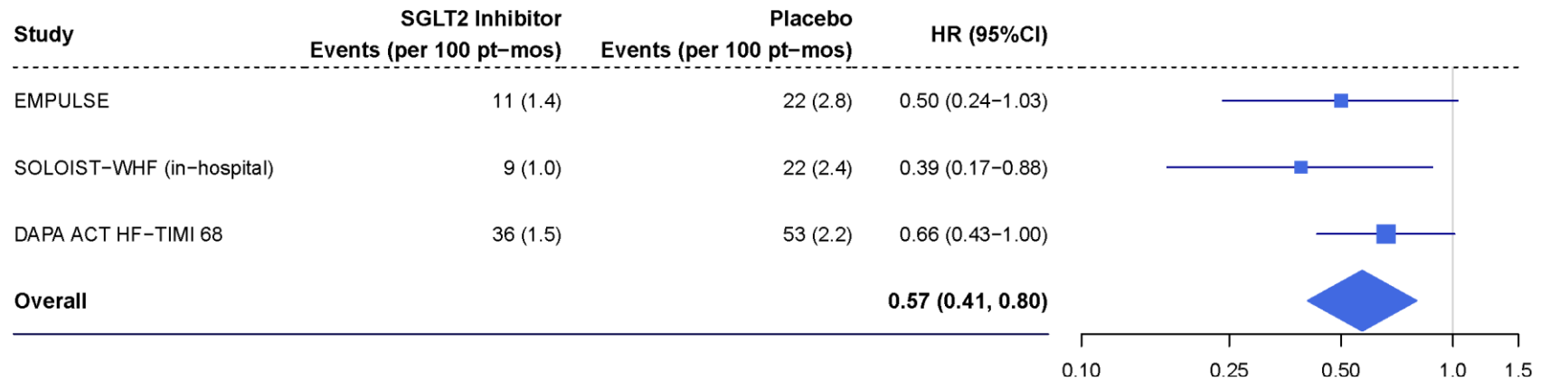
David D. Berg¹, MD, MPH; Siddharth M. Patel², MD, MPH; Paul M. Heiser³, MD, PhD; Abby L. Cargio, BS; Michael G. Palazzolo⁴, MS; Andrea Bellarosa⁵, PhD; Julia F. Kusler, MA; Akshay S. Desai⁶, MD, MPH; Silvio E. Inzucchi⁷, MD; John J.V. McMurray⁸, MD; Eileen D. Weir⁹, MD; Sabooth Verma¹⁰, MD, PhD; Jan Bahlmann¹¹, MD, PhD; Jaroslaw Drazdzic¹², MD, PhD; Boris Merkley¹³, MD, PhD; Modesto O. Quiroz¹⁴, MD, MPH; Tomislav Drazner, MD; Joseph L. Cox¹⁵, MD; Balraj Sarnam, MD; Jovin E. McGinty, MD; Krishnan Ramamurthi, MB, ChB, FRACP, FRCP; Angel J. Mukoy, MD; Andrey Prokopyev, MD, PhD; Christian T. Ruoff¹⁶, MD, MPH; Michele L. O'Donoghue¹⁷, MD, MPH; Sabrina A. Murphy¹⁸, MPH; Marc S. Sabatine¹⁹, MD, MPH; Stephen D. Wertz, MD; on behalf of the DAPA ACT HF-TIMI 68 Trial Committees and Investigators

Meta-analysis of randomized trials of in-hospital initiation of sodium-glucose cotransporter-2 inhibitors

A Cardiovascular Death or Worsening Heart Failure




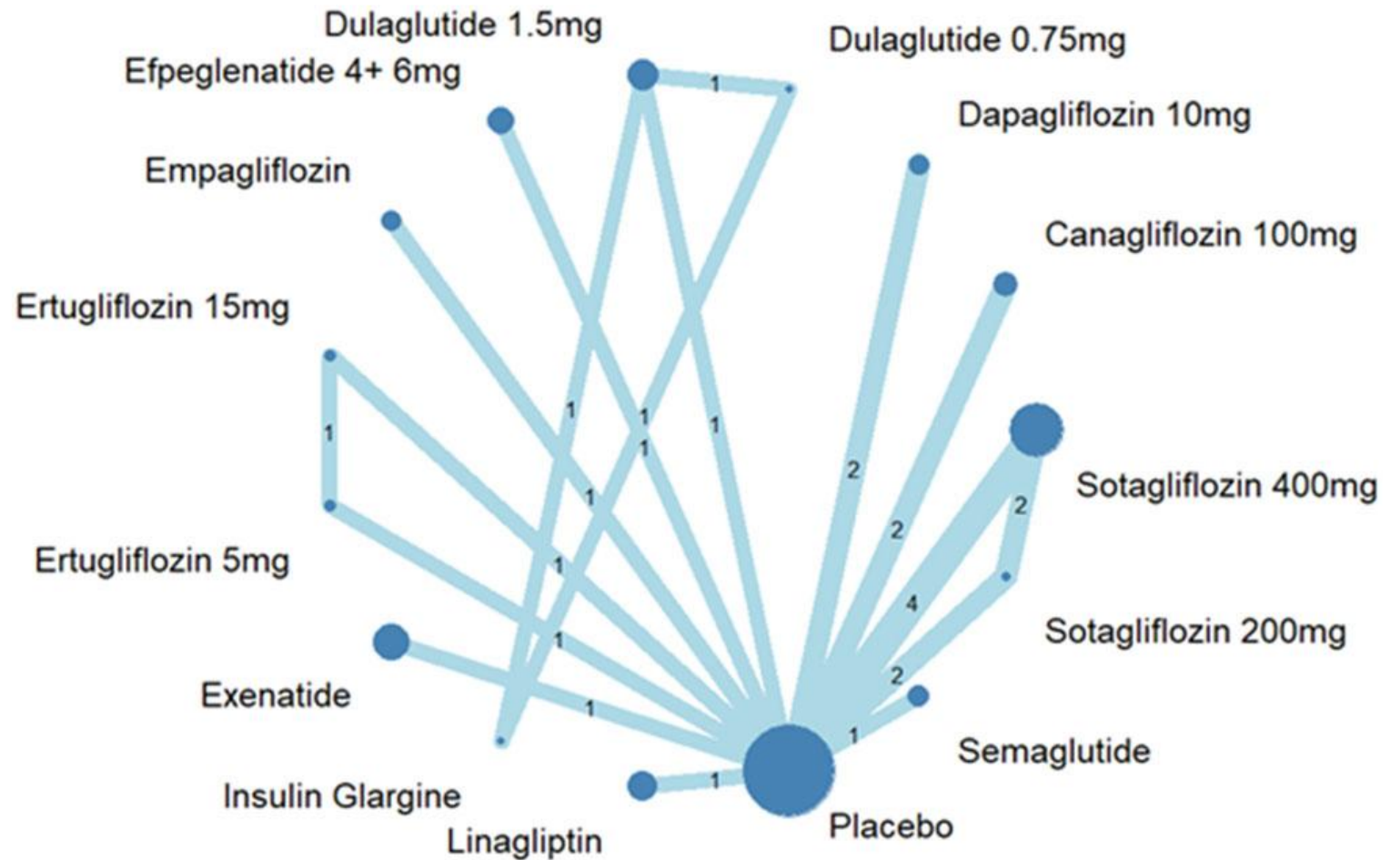
B All-Cause Mortality



Comparison of the renal outcomes of novel antidiabetic agents in patients with type 2 diabetes with chronic kidney disease: A systematic review and network meta-analysis of randomized controlled trials

Diabetes Obes Metab. 2026;28:518–528.

Rong Lin MD¹ | Chia-Li Hsu MD² | Ming-Chieh Shih PhD³ |
Kuo-Liong Chien PhD^{4,5} | Hon-Yen Wu PhD^{1,4,5,6} 



Comparison of the renal outcomes of novel antidiabetic agents in patients with type 2 diabetes with chronic kidney disease: A systematic review and network meta-analysis of randomized controlled trials

Diabetes Obes Metab. 2026;28:518–528.


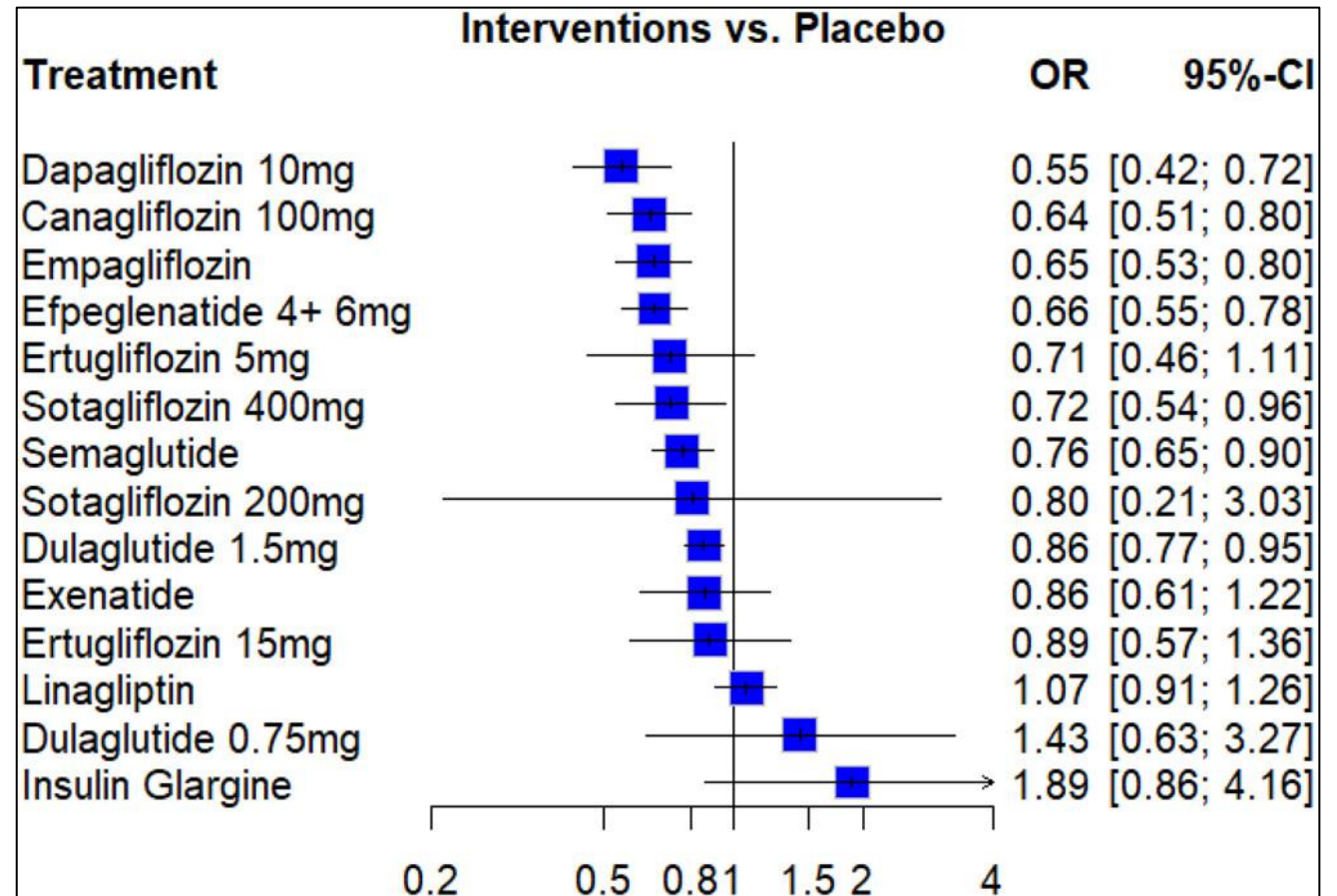
Rong Lin MD¹ | Chia-Li Hsu MD² | Ming-Chieh Shih PhD³ |
Kuo-Liong Chien PhD^{4,5} | Hon-Yen Wu PhD^{1,4,5,6} 

FIGURE 2 Forest plot of the network meta-analysis comparing interventions with placebo for the renal composite outcome.



JAMA Health Forum™

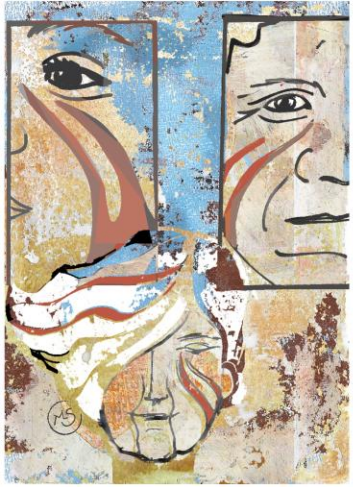
Original Investigation

When to Start Population-Wide Screening for Chronic Kidney Disease A Cost-Effectiveness Analysis

Marika M. Cusick, MS; Rebecca L. Tisdale, MD, MPA; Glenn M. Chertow, MD, MPH; Douglas K. Owens, MD, MS;
Jeremy D. Goldhaber-Fiebert, PhD; Joshua A. Salomon, PhD

JAMA Health Forum. 2024;5(11):e243892

CONCLUSIONS AND RELEVANCE This study found that, based on conventional benchmarks for cost-effectiveness in medicine, initiating population-wide CKD screening with SGLT2 inhibitors at age 55 years would be cost-effective.



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SOCIETÀ ITALIANA
DI GERONTOLOGIA
E GERIATRIA


LA CIRCOLARITÀ NEL PAZIENTE CON SINDROME CARDIO-NEFRO-METABOLICA: **L'ETÀ NON È PIÙ UN LIMITE**

Quali dati per l'anziano?

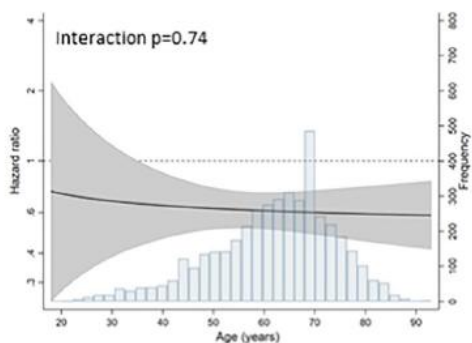


Età

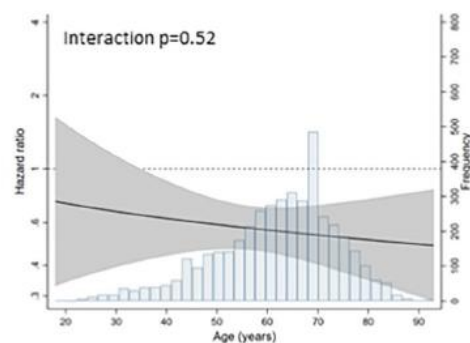
Effects of Dapagliflozin in Chronic Kidney Disease Across the Spectrum of Age and by Sex

Margaret K. Yu, MD¹, Priya Vart, PhD^{2,3}, Niels Jongs, PhD², Ricardo Correa-Rotter, MD⁴, Peter Rossing, MD^{5,6}, John J.V. McMurray, MD⁷, Fan-Fan Hou, MD⁸, Walter Douthat, MD⁹, Dinesh Khullar, MD¹⁰, Anna Maria Langkilde, MD¹¹, David C. Wheeler, MD¹², Hiddo J. L. Heerspink, PhD^{2,13}, and Glenn M. Chertow, MD^{1,14,15} 

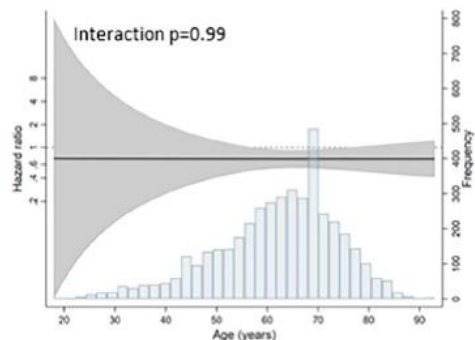
A. Primary endpoint



B. Kidney endpoint



C. Cardiovascular endpoint



D. All-cause mortality

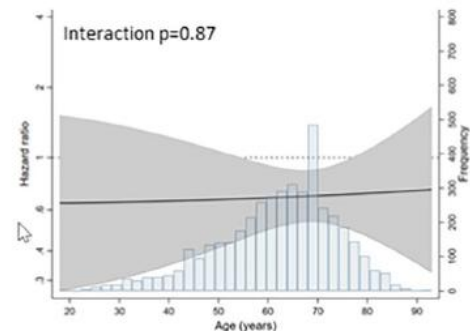
















Figure 1 A–D Interaction between treatment and age for primary endpoint and secondary endpoints.

In summary, dapagliflozin reduced the risks of mortality, cardiovascular events, and CKD progression in women and men, and among patients across the spectrum of age.

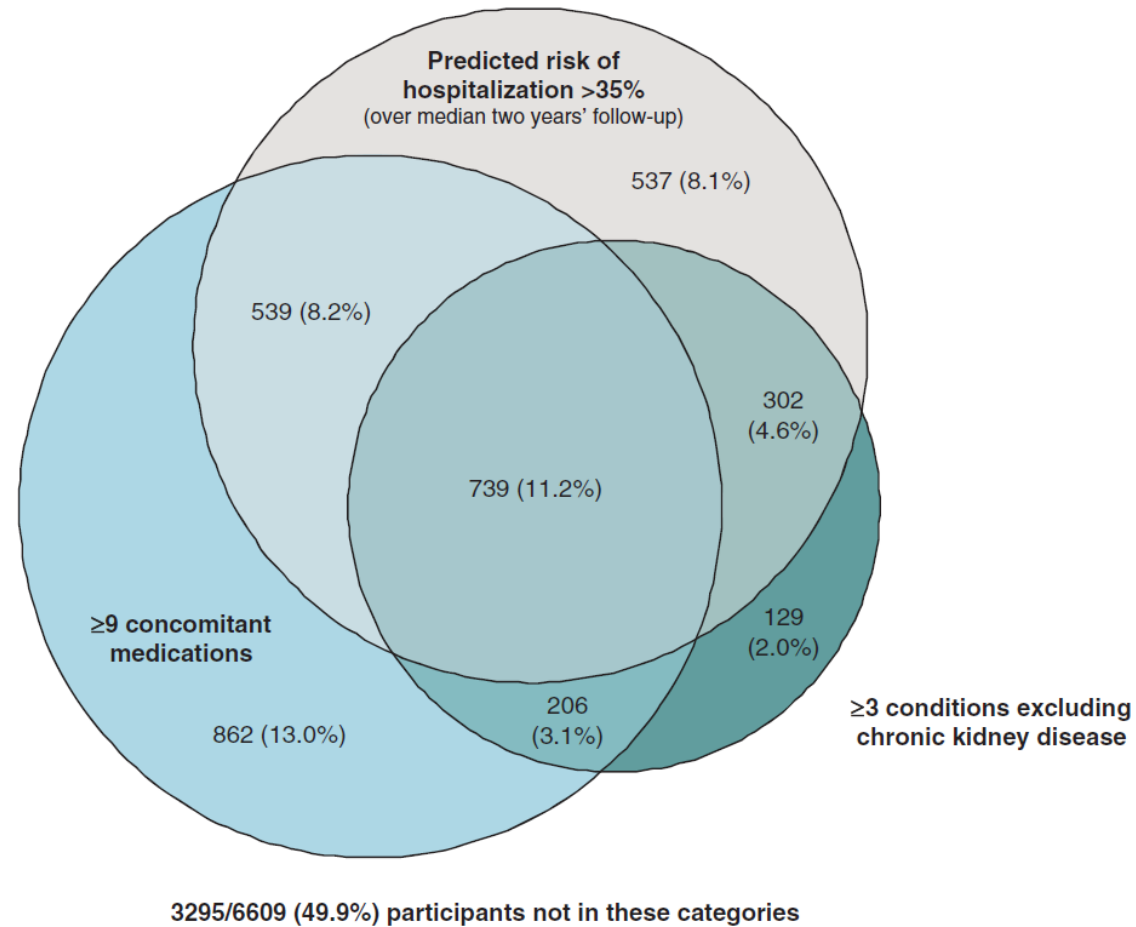
Perhaps most importantly, older patients, including in septuagenarians and octogenarians who comprised more than 25% of the participants enrolled in DAPA-CKD, experienced clinically meaningful relative and absolute benefits related to treatment. Ageism and/or therapeutic nihilism should not discourage the use of dapagliflozin in older women and men who are likely to experience considerable benefit.

Frailty, Multimorbidity, and Polypharmacy

Exploratory Analyses of the Effects of Empagliflozin from the EMPA-KIDNEY Trial

Kaitlin J. Mayne ^{1,2} Rebecca J. Sardell,¹ Natalie Staplin ¹ Parminder K. Judge ^{1,3} Doreen Zhu,^{1,3} Emily Sammons ¹
David Z.I. Cherney,⁴ Alfred K. Cheung,⁵ Aldo P. Maggioni ⁶ Masaomi Nangaku ⁷ Xavier Rossello ⁸
Katherine R. Tuttle ^{9,10} Katsuhito Ihara ¹¹ Tomoko Iwata,¹² Christoph Wanner ¹ Jonathan Emberson ¹ David Preiss ¹
Martin J. Landray ¹ Colin Baigent,¹ Richard Haynes ^{1,3} and
William G. Herrington^{1,3}, on behalf of the EMPA-KIDNEY Collaborative Group*

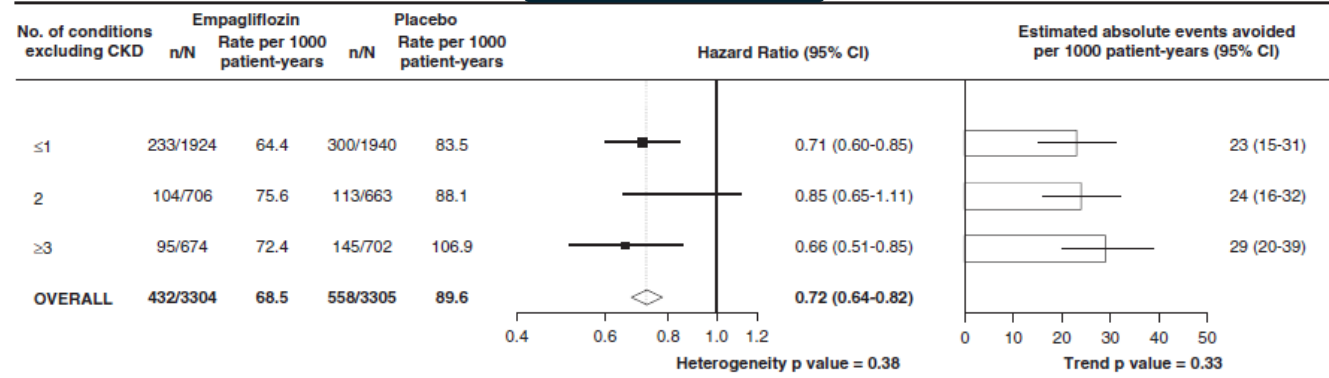
Fragilità
Multimorbidità
Politerapia



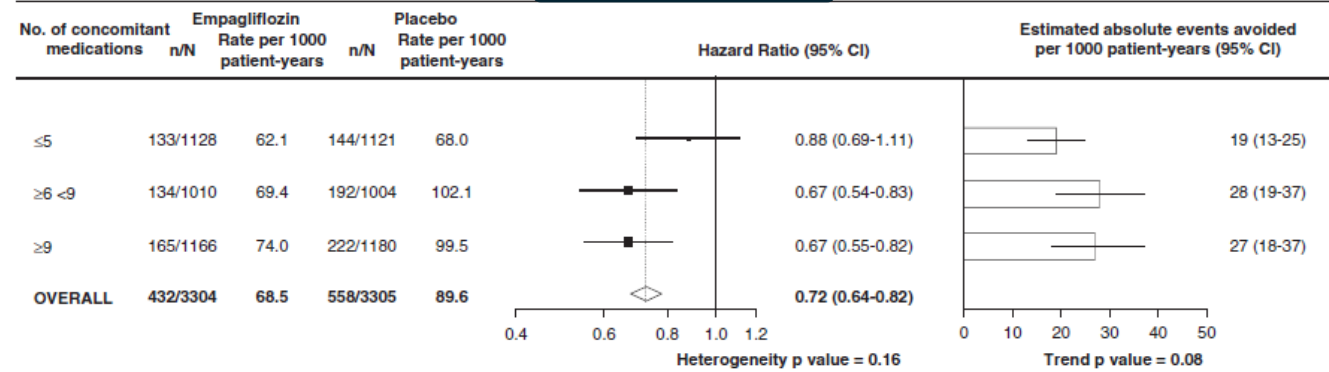
Kaitlin J. Mayo^{1,2}, Rebecca J. Sardell¹, Natalie Staplin³, Parminder K. Judge^{1,3}, Doreen Zhu^{1,3}, Emily Sammons¹, David Z.L. Cherney⁴, Alfred K. Cheung⁵, Aldo P. Maggioni⁶, Masaomi Nangaku⁷, Xavier Rossello⁸, Katherine R. Tuttle^{9,10}, Katsuhito Ihara¹¹, Tomoko Iwata¹², Christoph Wanner¹, Jonathan Emberson¹, David Preiss¹, Martin J. Landray¹, Colin Baigent¹, Richard Haynes^{1,3}, and William G. Herrington^{1,3}, on behalf of the EMPA-KIDNEY Collaborative Group*

Fragilità
Multimorbidity
Politerapia

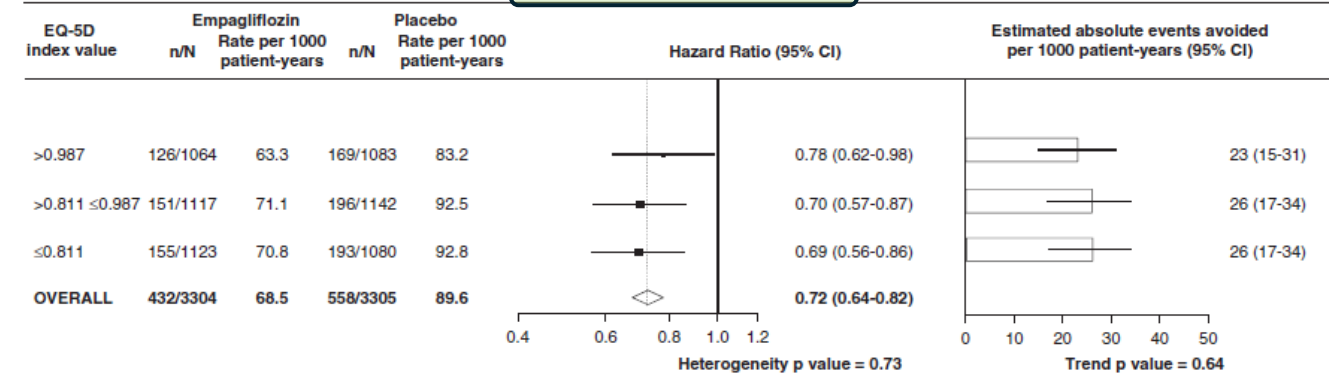
MULTIMORBIDITY



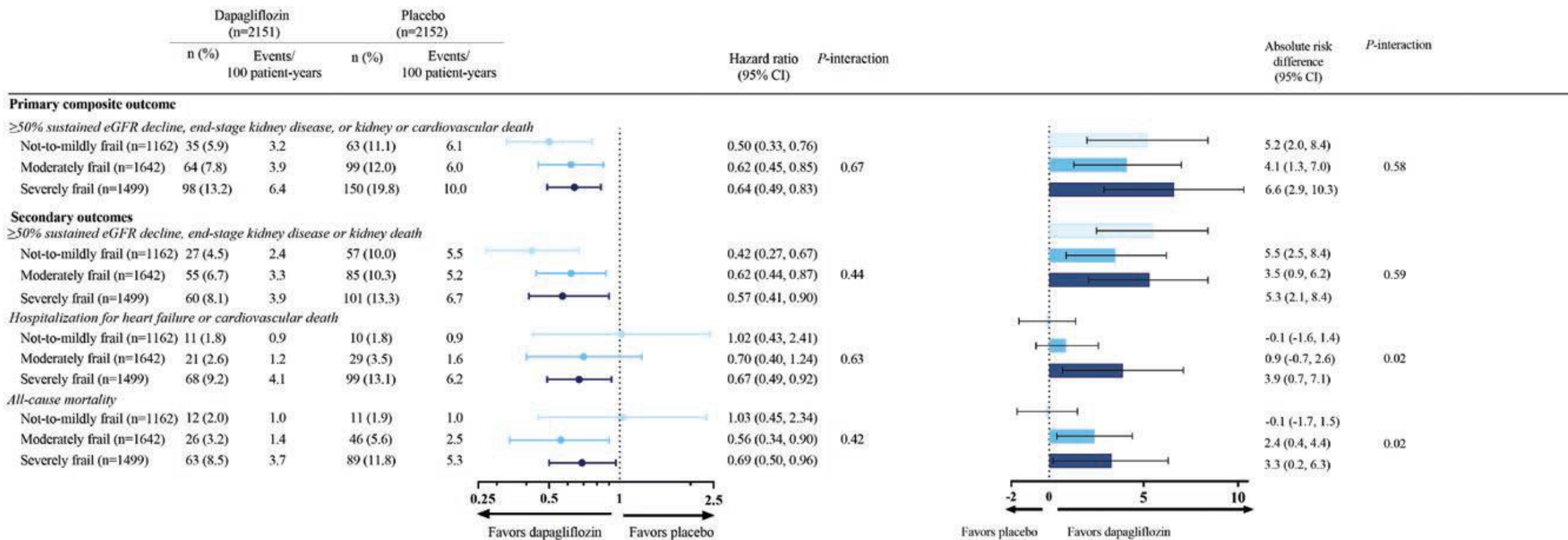
POLYPHARMACY



HEALTH-RELATED QUALITY OF LIFE



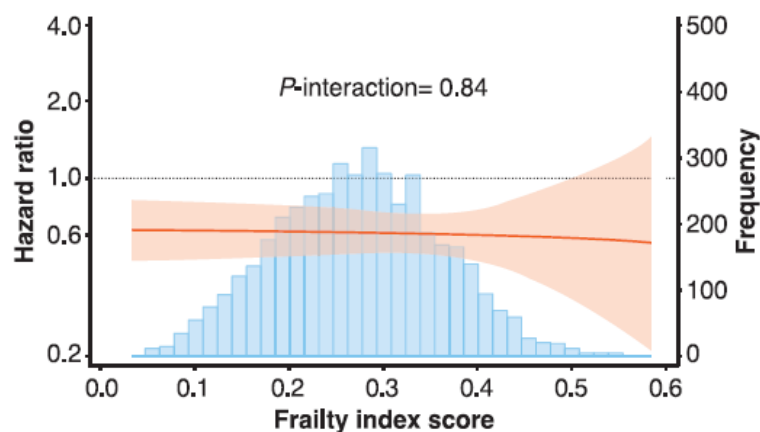
Efficacy and Safety of Dapagliflozin in Patients With Chronic Kidney Disease Across the Spectrum of Frailty



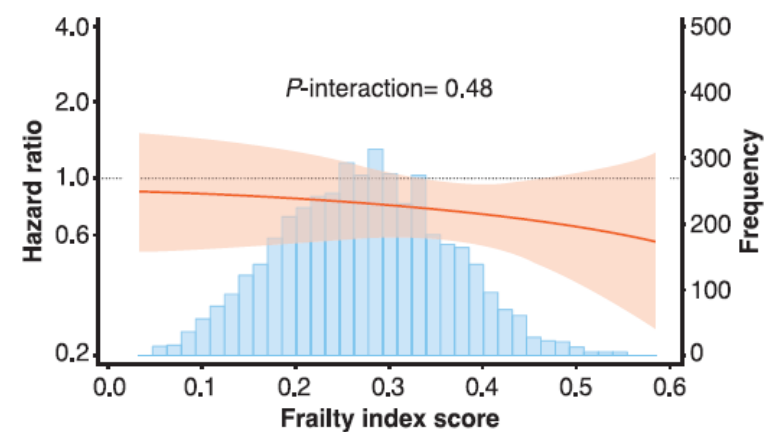
FI ≤0.210 (not-to-mildly frail), FI 0.211–0.310 (moderately frail), and FI ≥0.311 (severely frail)

Efficacy and Safety of Dapagliflozin in Patients With Chronic Kidney Disease Across the Spectrum of Frailty

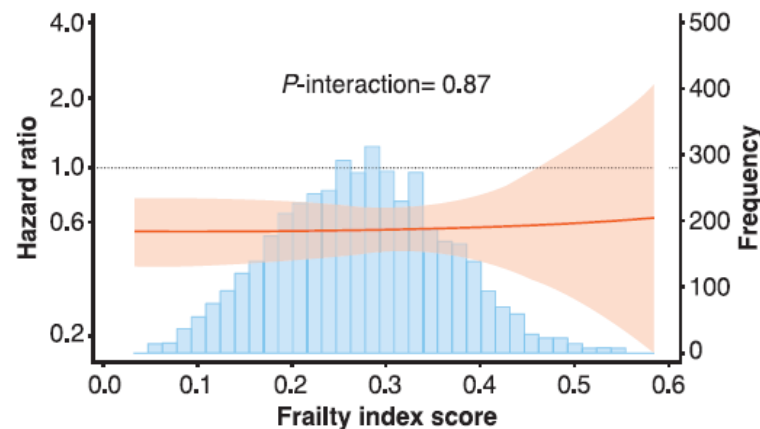
A) Primary endpoint



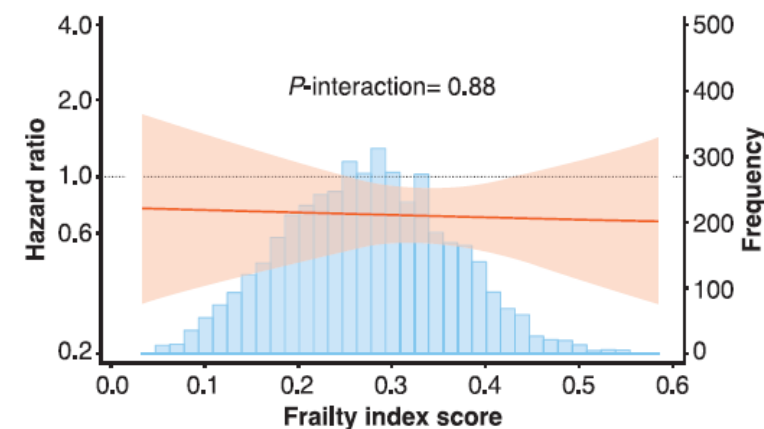
C) Cardiovascular death or hospitalization for heart failure



B) Kidney endpoint



D) All-cause mortality



Comorbidità

Dapagliflozin and Anemia Outcomes: A Systematic Review and Meta-Analysis of Effects on Hemoglobin Levels, Anemia Correction, and Incidence in Patients With and Without Heart Failure

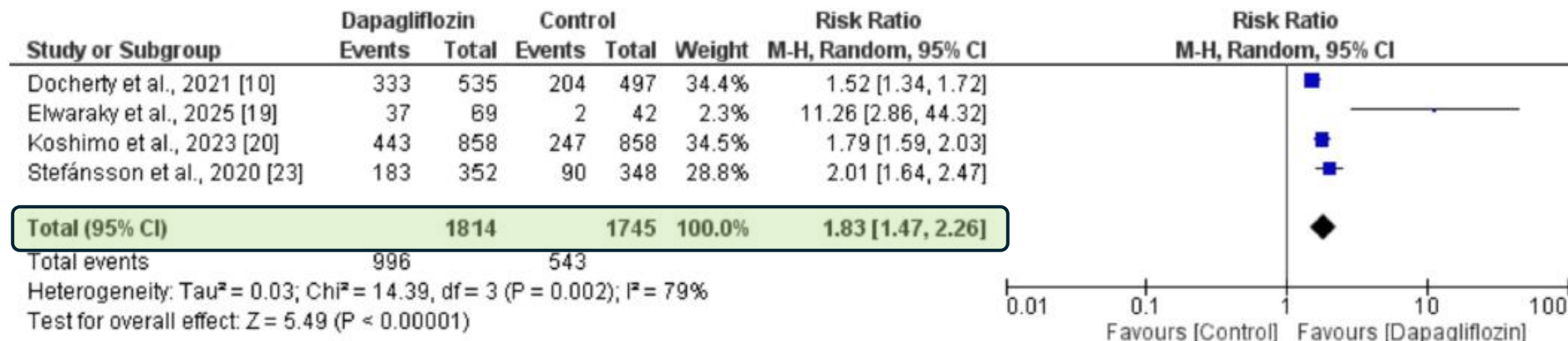
Rehman H et al, October 20, 2025. *Cureus* 17(10): e95004

Huzaifa Rehman^{1,2}, Anastasia Postoev³, Anurag Rawat⁴, Mandeep Kaur⁵, Fikadu Woreta⁶, Sonalben Chaudhary⁷, Mohammed Qasim Rauf⁸, Areeba Khan⁹

Anemia incidence between two groups



Anemia correction between two groups

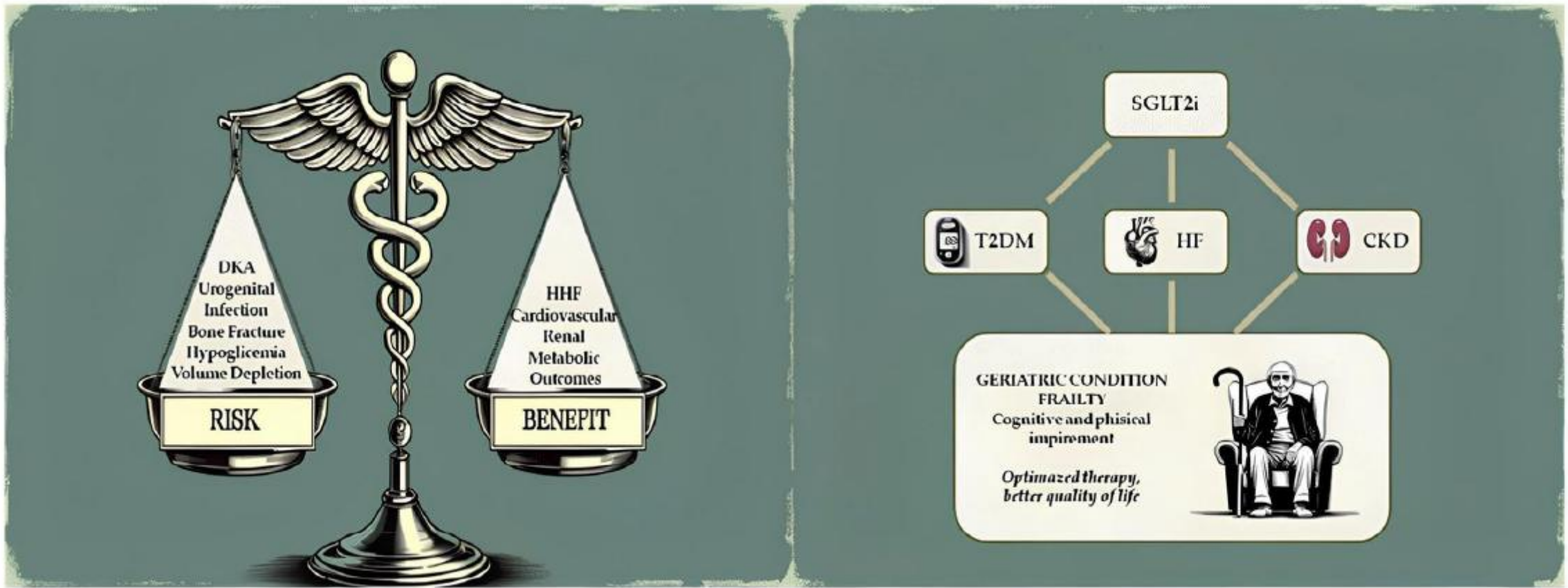




Comorbidity

The use of SGLT2 inhibitors in older people: What is important?

Giuseppe Armentaro¹ · Raffaele Maio¹ · Leonardo Bencivenga² · Chukwuma Okoye^{3,4} · Giandomenico Severini¹ · Velia Cassano⁵ · Valeria Zanobbi² · Valentino Condoleo¹ · Giuseppe Bellelli^{3,4} · Giuseppe Rengo² · Andrea Ungar⁶ · Dario Leosco² · Angela Sciacqua^{1,5}

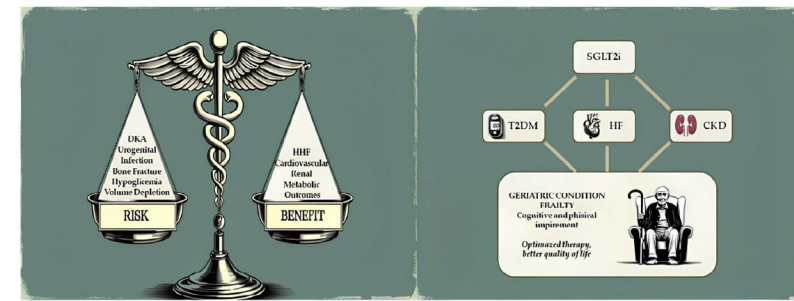




The use of SGLT2 inhibitors in older people: What is important?

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Comorbidità




Other clinical conditions (SAS – COPD – aortic stenosis)

- Sleep apnea syndrome ++ (better profile)
- Chronic Obstructive Pulmonary Disease ++ (reduced risk of COPD exacerbations)
- Aortic stenosis ++ (less progression)

Efficacy and safety of dapagliflozin in patients with CKD: real-world experience in 93 Italian renal clinics

Safety

Roberto Minutolo ¹, Silvio Borrelli¹, Andrea Ambrosini², Luigi Amoroso³,

KEY LEARNING POINTS

What was known:

- In patients with chronic kidney disease (CKD), treatment with dapagliflozin is associated with a significant improvement of cardio-renal outcome.
- Data supporting their use mainly derive from randomized clinical trials but real-world data on the efficacy and the safety of these drugs in CKD population followed in nephrology setting are lacking.

This study adds:

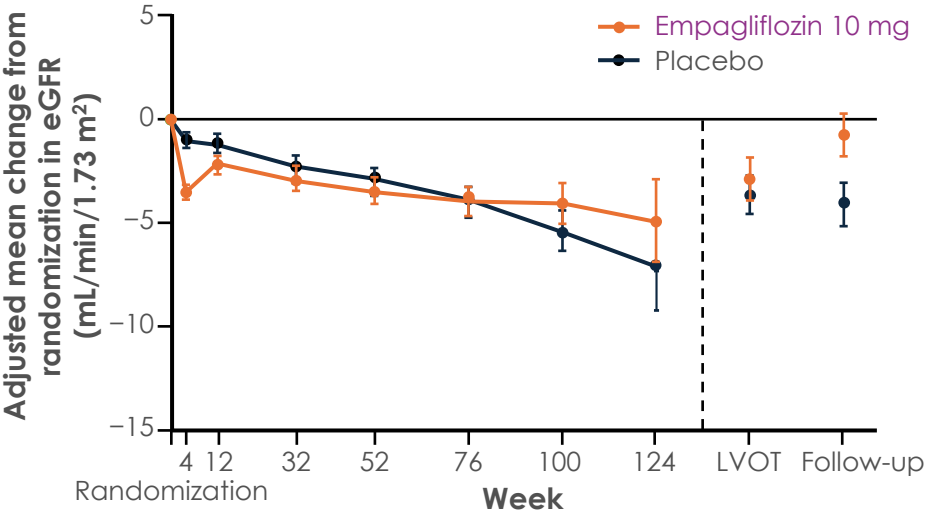
- In large cohort of patients with CKD followed in the real-world nephrology practice ($n = 1724$), dapagliflozin significantly declined albuminuria by 25%. A clinically relevant albuminuria reduction from baseline $\geq 30\%$ occurred in 48.3% of patients.
- Older age, female sex, use of mineral-receptor antagonists, higher eGFR, and higher albuminuria were significant predictors of an effective anti-albuminuric response ($\geq 30\%$) to dapagliflozin.
- In this real-world experience, adverse events of dapagliflozin leading to drug discontinuation occurred in 2% of patients.

Potential impact:

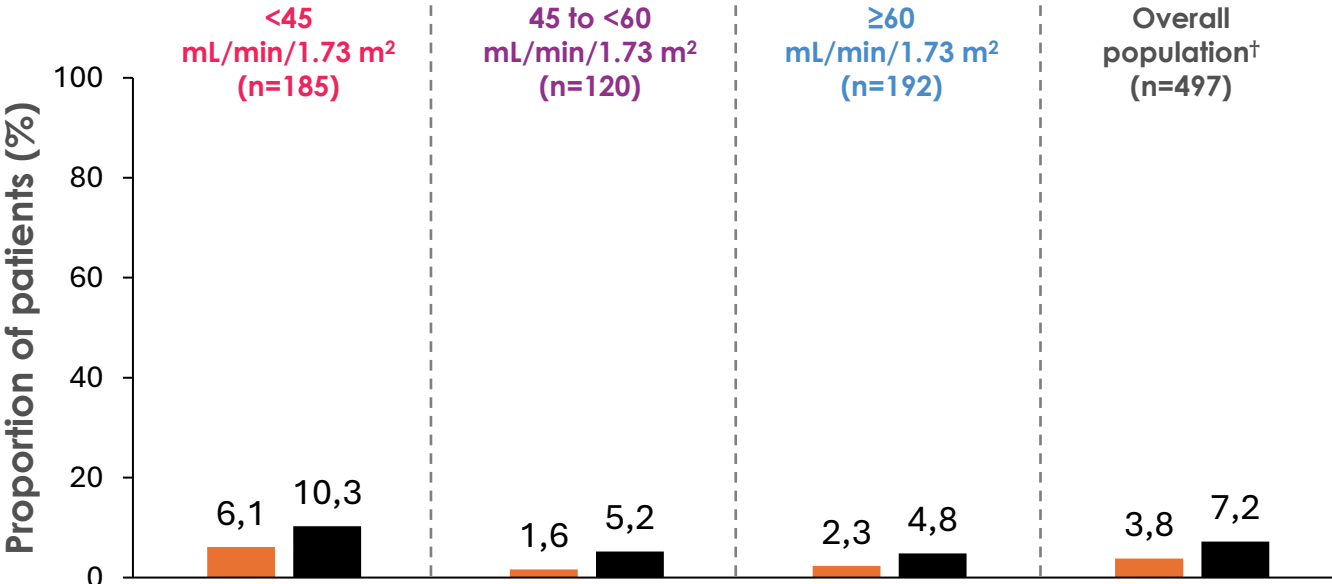
- These data may reassure nephrologists on the efficacy and safety of SGLT2i in their everyday clinical practice and possibly contribute to abating the clinical inertia toward this class of drug that, despite the solid evidence on cardiovascular and renal protection, still remains largely under prescribed.

SGLT2 inhibitors, such as empagliflozin, significantly slow kidney function decline vs placebo, with numerically fewer AKI events observed when started in the hospital

eGFR change in EMPEROR-Reduced¹



AKI events by treatment group and baseline eGFR following initiation in the hospital setting*³



Following an initial eGFR decrease, SGLT2 inhibitors significantly slow kidney function decline

Empagliflozin is indicated in adults for the treatment of chronic kidney disease,⁵ down to an eGFR of 20 mL/min/1.73 m².
 *EMPULSE: During the 90-day treatment period. †p=0.0935.

An initial eGFR decrease with SGLT2 inhibitors does not equal AKI or kidney failure

Empagliflozin
 Placebo

RESEARCH

Open Access

Effect of SGLT-2 inhibitors on acute kidney injury in patients with heart failure: a systematic review and meta-analysis



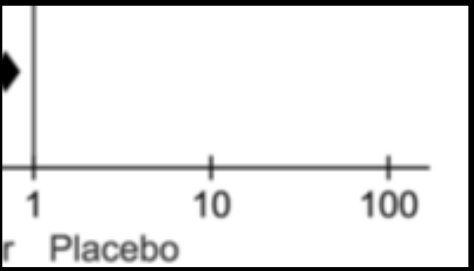
Wang et al. *Diabetology & Metabolic Syndrome* (2024) 16:207
<https://doi.org/10.1186/s13098-024-01446-1>

(2024) 16:207

Conclusions

In summary, this meta-analysis indicates that the use of SGLT-2 inhibitors does not increase the occurrence of AKI and has no impact on hypotension and hypovolemia, regardless of the ejection fraction environment (chronic and acute), type of SGLT-2 inhibitors, or patient age. These results provide substantial evidence for the use of SGLT-2 inhibitors in patients with HF.

Total (95% CI)
Total events
Heterogeneity: $\text{Chi}^2 = 9.84$
Test for overall effect: $Z = 3.90$



Heterogeneity: $\text{Chi}^2 = 9.84$, $df = 15$ ($P = 0.83$); $I^2 = 0\%$
Test for overall effect: $Z = 3.90$ ($P < 0.0001$)


0.01 0.1 1 10 100
SGLT2 inhibitor Placebo

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Original research

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Research
& Care

Kidney outcomes of SGLT2 inhibitors among older patients with diabetic kidney disease in real-world clinical practice: the Japan Chronic Kidney Disease Database Ex

Kaori Kitaoka ,¹ Yuichiro Yano,^{1,2} Hajime Nagasu,³ Hiroshi Kanegae,⁴ Noriharu Chishima,⁵ Hiroki Akiyama,⁵ Kouichi Tamura,⁶ Naoki Kashihara⁷

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BMJ Open Diab Res Care 2024

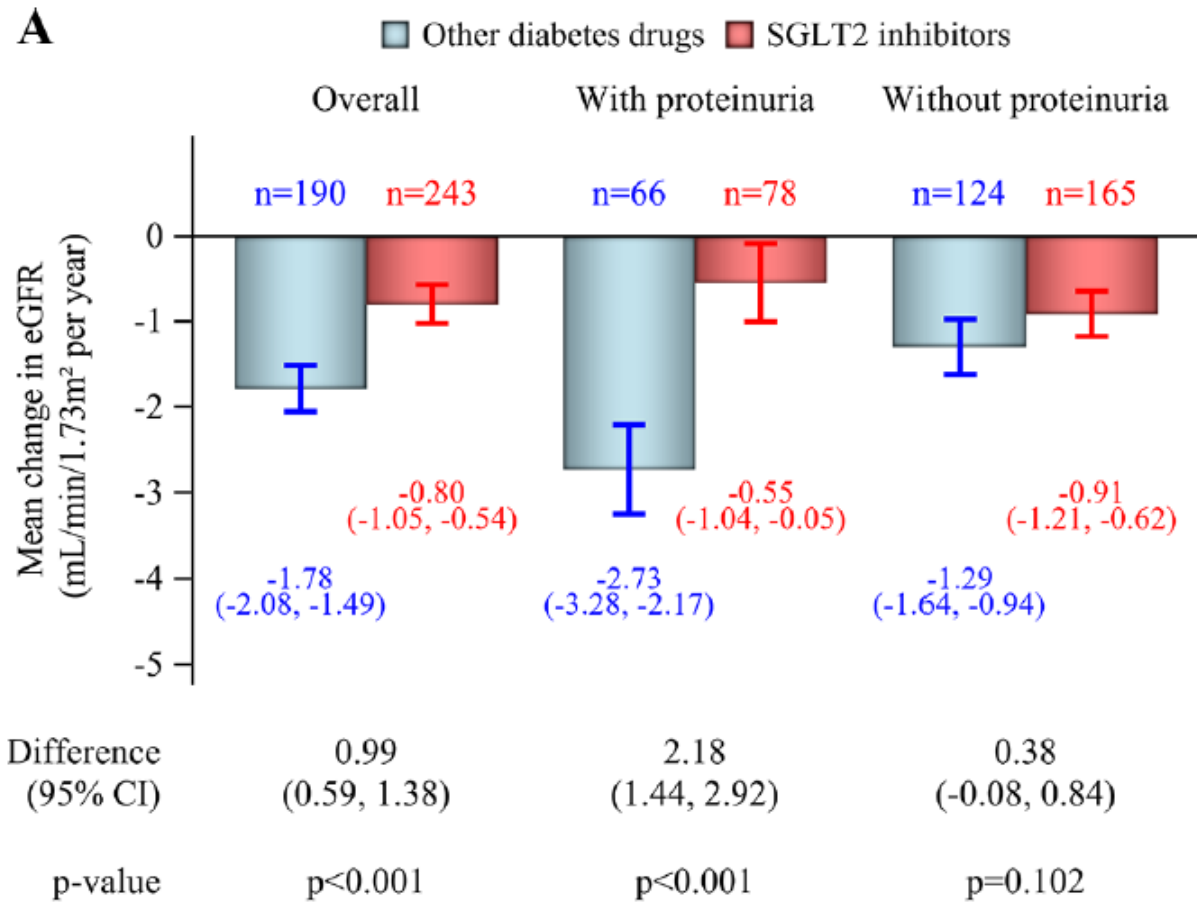
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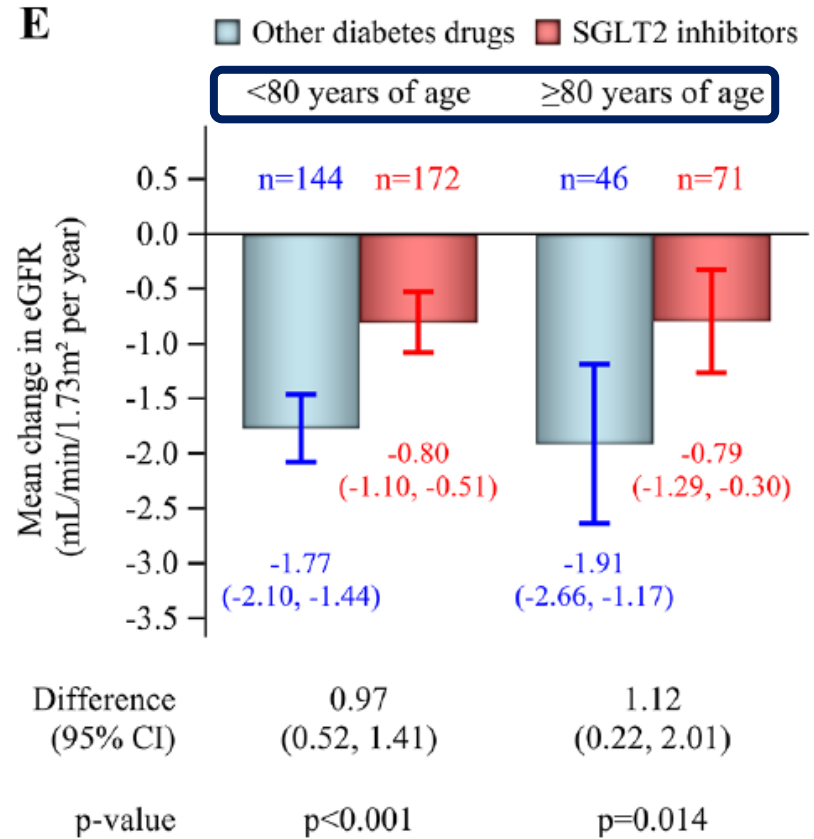
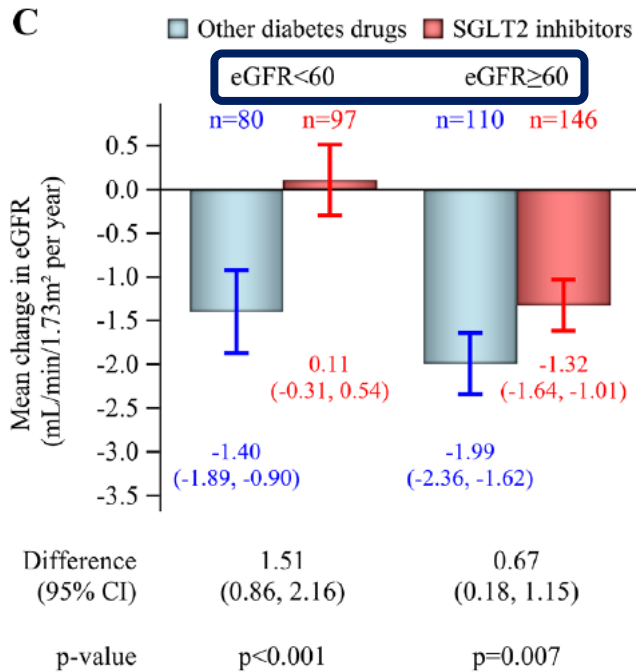
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BMJ Open Diabetes Research & Care

Kidney outcomes of SGLT2 inhibitors among older patients with diabetic kidney disease in real-world clinical practice: the Japan Chronic Kidney Disease Database Ex






> 75 anni

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SGLT2 inhibitors do not cause de novo urinary incontinence in diabetic female patients with chronic kidney disease

Özant Helvacı¹  · Ayşegül Karaoğlan²  · Burçak Cavnar Helvacı³  · Galip Güz¹  · Hatice Paşaoğlu² 

Received: 27 December 2024 / Accepted: 15 June 2025 / Published online: 1 July 2025

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Abstract

Purpose SGLT2 inhibitors have demonstrated significant cardiovascular and renal benefits, increasing their use in diabetic patients with chronic kidney disease (CKD). Concerns have been raised about their potential to exacerbate urinary incontinence (UI). This study evaluates the impact of SGLT2 inhibitors on de novo UI in female diabetic patients with CKD who were initially UI-free.

Methods This single-center, prospective cohort study was conducted from March 2023 to March 2024 at Gazi University Faculty of Medicine Hospital. Female diabetic patients with stage 2–4 CKD, who were UI-free, were included. Participants were assessed using the International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF) and Incontinence Impact Questionnaire (IIQ-7) before and after initiating SGLT2 inhibitors (dapagliflozin 10 mg or empagliflozin 25 mg). Follow-up visits occurred between 30 and 90 days post-initiation. The primary outcome was the incidence of de novo UI, with secondary outcomes including the severity of UI and the occurrence of UTIs or genital infections.

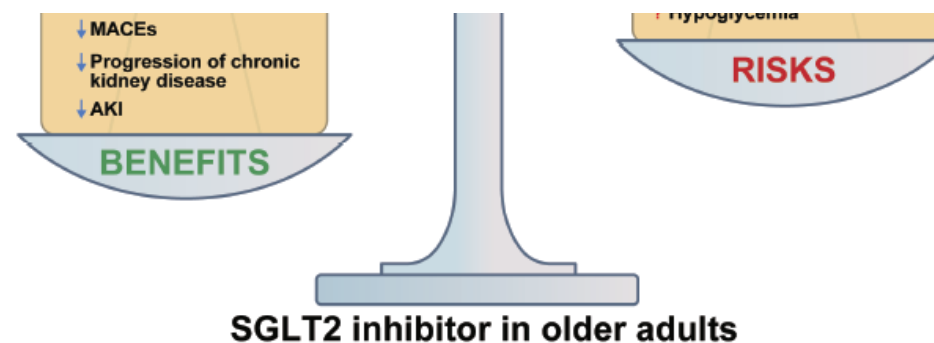
Results and discussion Among the 250 participants, only 4 (1.6%) reported mild UI symptoms after a mean follow-up of 50 ± 16 days. No symptomatic UTIs were observed, and two patients developed genital candidiasis. These findings challenge the concern that SGLT2 inhibitors exacerbate UI, even in an older, high-risk population.

Conclusion SGLT2 inhibitors do not significantly increase the risk of de novo UI in elderly female diabetic patients with CKD, supporting their continued use for their cardiovascular and renal benefits.

Benefit and Safety of Sodium-Glucose Co-Transporter 2 Inhibitors in Older Patients with Type 2 Diabetes Mellitus

Highlights

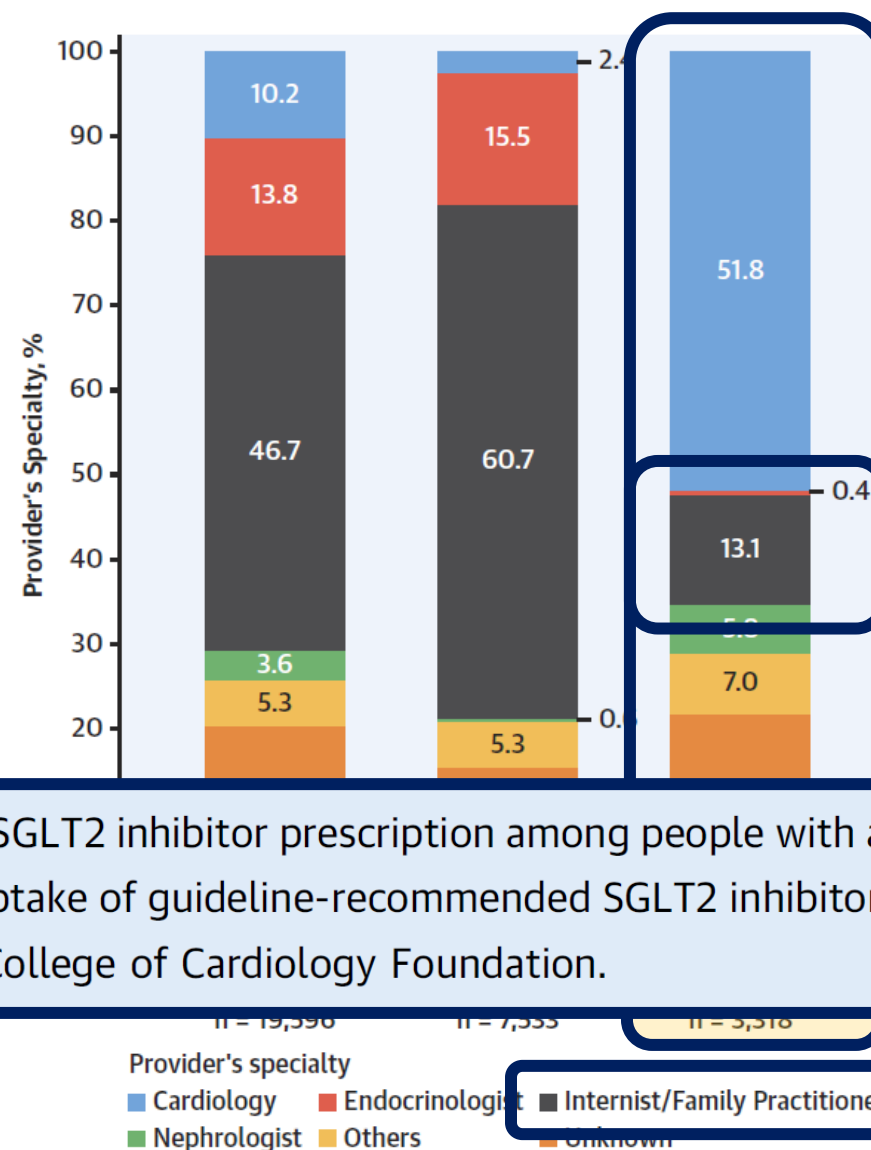
- SGLT2 inhibitors provide similar cardio-renal benefits in older and younger adults.
- Adverse reactions to SGLT2 inhibitors are similar in younger patients.
- SGLT2 inhibitors are a favorable treatment option for older patients with T2DM.



Prescription Patterns for Sodium-Glucose Cotransporter 2 Inhibitors in U.S. Health Systems

J Am Coll Cardiol 2024;84:683–693

Specialty of Providers who initiate SGLT2 inhibitor prescriptions



CONCLUSIONS In this analysis of U.S. data from 2022 to 2023, SGLT2 inhibitor prescription among people with a Class 1a recommendation is low. Interventions are needed to increase uptake of guideline-recommended SGLT2 inhibitor use. (J Am Coll Cardiol 2024;84:683–693) © 2024 by the American College of Cardiology Foundation.



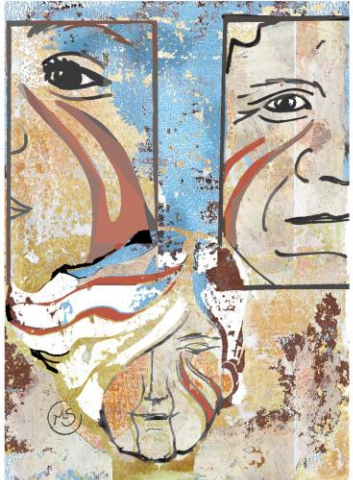
Survey **CARDIOGER – OLD-HFpEF**

Caro Collega,

segue un breve questionario che intende raccogliere le abitudini di pratica clinica relative alla diagnosi di insufficienza cardiaca a frazione di eiezione preservata (HFpEF) nei pazienti anziani (> 75 anni) in reparti ospedalieri e ambulatorî di Medicina Interna e Geriatria.

La survey, promossa dalla Società Italiana di Gerontologia e Geriatria (SIGG), è rivolta a tutti i medici specialisti di qualsiasi disciplina che operino in questi contesti e il tempo di compilazione è di circa 10 minuti.

La partecipazione allo studio è volontaria e non prevede alcun compenso. Le informazioni che fornirà saranno confidenziali, nel rispetto delle norme sulla privacy e le risposte fornite verranno trattate in forma aggregata.



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LA CIRCOLARITÀ NEL PAZIENTE CON SINDROME CARDIO-NEFRO-METABOLICA: **L'ETÀ NON È PIÙ UN LIMITE**

Non solo non è un limite, ma è una maggiore indicazione.

Stop all'inerzia terapeutica !!!