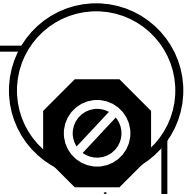
Who should avoid SGLT2 inhibitors?



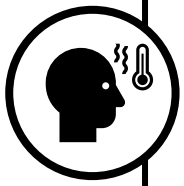
Certain people should avoid taking SGLT2 inhibitors.
These include people who are; receiving dialysis, have Type 1 diabetes, are pregnant or breastfeeding, have problematic urine infections, or who have had ketoacidosis in the past. People who have a kidney transplant or other organ transplant, or who have CKD due to polycystic kidneys, lupus nephritis, ANCA vasculitis or, take drugs which suppress the immune system. People with these kidney conditions were not included in medical studies of SGLT2 inhibitors, meaning these drugs are not currently recommended for these conditions, but this may change in the future.

People with CKD who do not have protein in the urine may not take SGLT2 inhibitor unless they have diabetes or heart failure. This also may change in the future.

When to stop or hold SGLT2 inhibitors – Sick Day Guidance

SGLT2 inhibitors should usually be temporarily stopped if you are more unwell than usual, including:

- Dehydration, for example through diarrhoea, vomiting, or a high temperature
- Low blood pressure, particularly if you feel dizzy or lethargic
- During admission to hospital when unwell
- Before an operation
- If you suspect ketoacidosis or Fournier's gangrene
    - See page 3 for details and signs of these conditions
- If you have a urine infection or severe thrush
- If you start dialysis or undergo a kidney transplant
- If you develop active foot disease



Diuretics, (sometimes referred to as "water tablets" and some blood pressure medications are also usually suspended if you are dehydrated or have low blood pressure.

If you have diabetes, you must increase the number of times you check your blood sugar when unwell.

Most people can restart SGLT2 inhibitors 48 hours after a short-term illness, especially if eating and drinking fluids normally again. But you should ask your Doctor, Pharmacist or Nurse if you are unsure, or if you think the SGLT2 inhibitor made you unwell. There are no concerns or risks associated with temporarily not taking your SGLT2 inhibitor when unwell.

What are the side effects of SGLT2 inhibitors?

Many people will not experience side effects with these drugs. However, some common side effects include:

- *Dehydration:* You may find you make more urine when you take these drugs. This can sometimes lead to dehydration, though this is more likely for people also taking water tablets (diuretics) such as furosemide, bumetanide or metolazone. It is important that you drink water if dehydrated. Speak to your Doctor if you are taking water tablets whilst on an SGLT2 inhibitor.

- *Low blood sugar:* This is more likely to happen in people with diabetes that are already taking other diabetes medications. You doctor or diabetes nurse should be informed when you start an SGLT2 inhibitor, as a change in your diabetes medicines might be needed.

- *Urine and fungal infections:* You may get urine and fungal infections. This includes thrush, around the vagina or penis. These should be reported to your doctor, pharmacist or nurse and are usually treatable. Maintaining good hygiene of the genital area should reduce your risk.

Far less common, but more important side effects of SGLT2 inhibitors include:

- *Ketoacidosis:* Acids called ketones can build up in the bloodstream. You may feel sick, dehydrated, confused, drowsy, dizzy, breathless and your breath may smell like nail varnish remover. Ketoacidosis risk is increased if you go for long periods without eating, become dehydrated, or drink excess alcohol. Very low carbohydrate diets should be avoided. You should seek urgent medical attention if you have any of these symptoms or think you may have developed ketoacidosis.
- *Foot disease:* There may be a small theoretical risk of worsening foot ulcers, gangrene or severe foot infections or toe amputations, particularly among people with diabetes or who have or have had foot disease. People with diabetes should continue regular preventative foot care including podiatry appointments and seek medical attention if they develop foot ulcers.
- *Fournier's gangrene:* This is a severe deep skin infection that often causes pain, swelling and/or redness around the genital area. If you develop such symptoms whilst taking these drugs, you should seek urgent medical attention

If you suspect these more important side effects are present, immediately stop the SGLT2 inhibitor and seek urgent medical attention.

What about driving?

Inform the DVLA if your doctor has told you that you are at risk of low blood sugar or if you experience low blood sugar.

Do I need to be monitored?

Specific monitoring after starting an SGLT2 inhibitors is not required.

Your medical team will continue to monitor your kidney function as part of your routine care.

Unless you feel unwell, there is usually no need to have extra blood tests after starting an SGLT2 inhibitor.

Leaflet supported by NTAG June 2022 (reviewed July 2025)

SGLT2-inhibitors and Chronic Kidney Disease - Patient Information Leaflet

NHS North East and North Cumbria Renal Operational Delivery Network

What are SGLT2 inhibitors?

SGLT2 inhibitors stands for Sodium Glucose Co-transporter-2 inhibitors. These drugs are sometimes also called ‘gliflozins’ or ‘flozins’ based on their naming. For example, DAPAGLIFLOZIN, CANAGLIFLOZIN and EMPAGLIFLOZIN are all SGLT2 inhibitors. SLGT2 inhibitors act on the kidney, causing loss of salt and sugar from the body.

How do I take it?

The medicine is taken once daily, at the same time each day, with or without food. If you miss a tablet and remember later in the day you can take it. If you remember the following day, do not take two tablets together.

Why should I be prescribed an SGLT2 inhibitor?

These drugs are used to treat diabetes, heart failure, and chronic kidney disease (CKD). Many people will feel no day-to-day difference from taking SGLT2 inhibitors. Large medical studies have shown for many people with CKD, type 2 diabetes or heart failure taking SGLT2 inhibitors alongside other medications can improve life expectancy and reduce risk of their condition getting worse.

Studies of SGLT2 inhibitors were undertaken in people already taking certain blood pressure medications. It is therefore likely that your Doctor will check that you are taking the correct doses of these medications, even if your blood pressure is normal, before staring an SGLT2 inhibitor.