

**Three Chequers Medical Practice**

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Dear Patient,

**Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors**

Your health records show that you are currently taking a SGLT2 inhibitor. This letter is a reminder of the safe way to take the medication, information about side-effects that have been linked to SGLT2 inhibitors and signs to look out for whilst taking this medication.

Take this medication according to the instructions from your prescriber. Please make sure you understand how to take the medicine and ask if you have any questions.

This is an effective treatment for a number of conditions; diabetes, heart failure or chronic kidney disease. As with all medications, it can have some side effects. These can include:

- Hypoglycaemia (low blood glucose) – This usually only occurs if taken in combination with other diabetes medicines and your prescriber may therefore need to alter the dose.
- Dehydration – This medicine increases your urine volume so may cause dehydration. To prevent dehydration, you must drink at least two litres of non-sugary drinks a day, unless directed otherwise.
- Genital infections – As this medicine increases the glucose (sugar) in your urine, there is an increased risk of infection, such as genital thrush. Wash your genital area with warm water using non-perfumed soap and avoid wearing tight underwear to reduce the risk of infection.

In rare cases, SGLT2 Inhibitors can cause more serious side effects or complications, including diabetic ketoacidosis (DKA), Fournier's gangrene and lower-limb amputation. Please seek medical advice immediately if you have any of the following:

- Rapid weight loss
- Feeling or being sick, or stomach pain
- Fast and deep breathing
- Sweet or metallic taste in the mouth
- Different odour to your breath, urine or sweat
- Severe pain, tenderness, redness, or swelling in the genital area, accompanied by fever or feeling unwell

If you are taking canagliflozin, or are diabetic, it is important you attend for regular foot checks whilst taking this medication.

If you become unwell and have vomiting, diarrhoea, or fever, you should stop this medication. You can restart when you are better (eating and drinking normally), however if you remain unwell after 48 hours seek medical advice from your GP, Pharmacist or NHS 111.

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Register for Systmonline - The services are open 24/7/365 and can be accessed from your home PC, Tablet or Mobile phone

The following blood tests are required to monitor your treatment, at least once a year. If you haven't had one in the last year, please book a blood test with your GP practice.

**Blood tests required: Annual U&E (kidney test) and HbA1c (if diabetic). This should all be done with your annual review within your birth month.**

## **Medicines and Dehydration**

You can become dehydrated from vomiting, diarrhoea or fever (high temperature, sweats, shaking). If you are sick or have diarrhoea **once**, then you are unlikely to become dehydrated. Having **two or more** episodes of vomiting or diarrhoea or having a **prolonged** fever can lead to dehydration. Taking certain medicines when you are dehydrated can result in you developing a more serious illness.

### **Medicines that make dehydration more likely are:**

Diuretics, sometimes called "water pills" such as Furosemide, Spironolactone, Bendroflumethiazide

### **Medicines that can stop your kidneys working if you are dehydrated are:**

- ACE inhibitors - Medicine names ending in "pril" such as Lisinopril, Perindopril, Ramipril
- ARBs - Medicine names ending in "sartan" such as Losartan, Candesartan, Valsartan
- DRIs - Medicine working on the kidneys such as A lisikirene
- NSAIDs - Anti-inflammatory pain killers such as Ibuprofen, Diclofenac, Naproxen

### **Medicines that make you more likely to have a side effect called lactic acidosis if dehydrated are:**

Metformin, a medicine for diabetes.

### **Medicines that make you more likely to have a side effect called diabetic ketoacidosis (DKA) if dehydrated are:**

SGLT2's - Medicine names ending in "gliflozin" such as Canagliflozin, Dapagliflozin, Empagliflozin

## **Medicine Sick Day Guidance**

If you develop a dehydrating illness, then it is important that you discuss your condition with a medical professional. This may be your GP, Nurse or Pharmacist. You may be advised to discontinue taking medications which lower your blood pressure for a short time and a blood test will be arranged to check your kidney function. Remember to keep drinking small amounts of fluid regularly on your sick days too. If you are only passing small amounts of urine, you may need admission to hospital and you should alert your GP or Out of hours service to this.

Please cut out the alert card on the following page and place in your wallet.

Kind regards,

Dr Niall Caerns

**Three Chequers Medical Practice**

**I am on the following medications that put me at risk of acute kidney injury/lactic acidosis or diabetic ketoacidosis (DKA) if I am dehydrated:**

“Medicine Sick Day Guidance” Alert Card	Medicines that need medical advice if you are ill:	
When you are unwell with any of the following:	<input type="checkbox"/> ACE inhibitors	Medicines ending in “pril” eg. Lisinopril, perindopril, ramipril
<ul style="list-style-type: none"> <li>• Vomiting and diarrhoea (unless very minor)</li> <li>• Fevers, sweats and shaking</li> <li>• Contact a medical professional, this may be your GP, Nurse or Pharmacist.</li> <li>• If advised, <b>STOP</b> taking the medicines highlighted overleaf.</li> <li>• Restart when you are well (usually 24-48 hours of eating + drinking normally)</li> </ul>	<input type="checkbox"/> ARBs	Medicines ending in “sartan” eg. Candesartan, losartan, valsartan
	<input type="checkbox"/> Diuretics	Sometimes called “Water pills” eg. Furosemide, spironolactone, bendroflumethiazide, indapamide
	<input type="checkbox"/> DRIs	Aliskiren
	<input type="checkbox"/> NSAID	Anti-inflammatory pain killers eg. Ibuprofen, naproxen, diclofenac
	<input type="checkbox"/> Metformin	Medication for Diabetics
	<input type="checkbox"/> SGLT2 inhibitors	Medicines ending in “gliflozin” Eg. Canagliflozin, dapagliflozin