DAPAGLIFLOZIN CLINICAL EXPERIENCE AND SAFETY ON PATIENTS WITH TYPE 2 DIABETES AND OBESITY

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INTRODUCTION

New treatments of diabetes, such as Dapagliflozin, improve global metabolic status beyond glycemic control.

AIM

To evaluate tolerance to Dapagliflozin and its effects on metabolic control in type 2 diabetes and obese patients attended in Endocrinology offices.

METHOD

A prospective study of patients with type 2 diabetes and obesity. In an intra-subject analysis, clinical and analytical data were evaluated at baseline and after Dapagliflozin treatment.

RESULTS

We studied 38 patients (47.4% women) with type 2 diabetes and obesity. Average age was 55.7 ± 1.5 years, average duration of diabetes was 10.7 ± 1.7 years and 40.9% and 91.3% had family history of cardiovascular disease and diabetes, respectively. At baseline, 78.9% of the patients had metformin, 39.5% others oral hypoglycemic agents, 13.2% GLP-1 agonists and 44.7% insulin. We re-evaluated the patients 3.9 ± 0.2 months after treatment with Dapagliflozin.

No changes in levels of creatinine and glomerular filtration rate were observed.

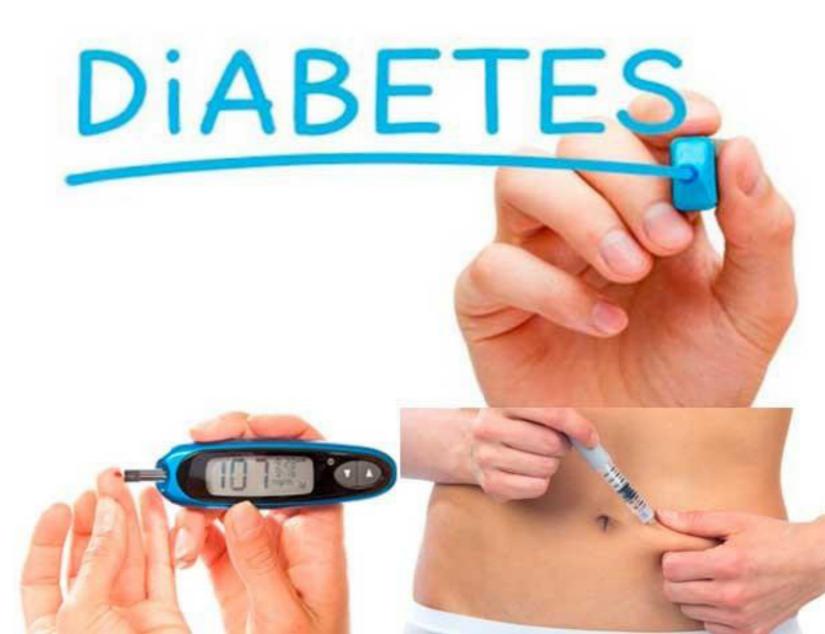Regarding tolerance to Dapagliflozin, only 7.9% developed urinary tract infections.

Table 1: Clinical and laboratory variables.

Variable	Basal	Dapagliflozin	P
Weight (kg)	96.8 ± 2.4	92.8 ± 2.4	<0.001*
BMI (kg/m2)	35 ± 0.9	33.4 ± 0.8	<0.001*
SBP (mmHg)	146.9 ± 3.6	136.5 ± 3.2	0.008*
DBP (mmHg)	83.4 ± 1.8	79.4 ± 1.8	0.030*
HR (bpm)	82 ± 1.9	79.9 ± 1.8	0.730
Fasting glucose (mg/dL)	188 ± 13.9	141.3 ± 6.7	0.001*
HbA1c (%)	8.6 ± 0.3	7.4 ± 0.2	<0.001*
Total-Chol (mg/dL)	186.1 ± 7.8	170 ± 6.6	0.011*
LDL-Chol (mg/dL)	107.8 ± 7.3	94.4 ± 5.1	0.038*
HDL-Chol (mg/dL)	41.3 ± 1.5	45.6 ± 2	0.145
TG (mg/dL)	228.6 ± 27.4	174.5 ± 13.3	0.025*
GOT (UI/L)	29.4 ± 6.8	22.6 ± 1.9	0.408
GPT (UI/L)	44.2 ± 10	31.5 ± 3.8	0.032*
GGT (UI/L)	48.5 ± 10	42.7 ± 15.2	0.135
Creatinine	0.7 ± 0.1	0.8 ± 0.1	0.336
Glomerular filtration rate	90.1 ± 2.7	84.9 ± 3.9	0.188
Albumin/creatinine ratio (mg/L)	11.9 ± 3.2	51.9 ± 33.9	0.188
Albumin/creatinine ratio (mg/g)	187.3 ± 157.2	194.7 ± 137.7	0.364
Insulin units	34.3 ± 7.6	30.4 ± 6.9	0.390
Antihypertensive drugs (%)	63.2	63.9	0,500
Lipids drugs (%)	57.9	75	<0.001*

CONCLUSIONS

1) Significant improvement of anthropometric parameters and glycemic control in terms of fasting glucose and HbA1c, and significant improvements of blood pressure, GPT and lipid profile were observed.
2) Only 7.9% developed urinary tract infections.
3) In addition, we found a significant intensification of lipid-lowering therapy.

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