

Treatment Guidance for People Living with T2DM with established CVD / at high risk of CVD

Offer structured education and **lifestyle advice** for all people with newly diagnosed T2DM, regardless of treatment options

Newly diagnosed T2DM / treatment naïve (QRISK <10% and no CVD/renal disease)

Newly diagnosed T2DM / treatment naïve (High risk of CVD or established CVD/renal disease)

Established T2DM on **oral** therapy only HbA1c >58-75

Start **Metformin** (if eGFR>30)

Start **Metformin** (titrate to maximum tolerated dose) then add **SGLT2i** irrespective of HbA1c

Start **SGLT2i**

Ensure Metformin is titrated to maximum tolerated dose, ideally 2g/day as per [BNF](#)

Consider issuing prescriptions for both Metformin and SGLT2i and ask patient, if possible, to titrate Metformin first and add SGLT2i. Review as required

1 or 2 agents: add SGLT2i to existing therapy

3 agents: switch one existing agent to SGLT2i

SGLT2i Recommendation

First choice [Empagliflozin 10mg OD](#) (if eGFR ≥ 60* at time of initiation) Titrate to **25mg OD** if eGFR remains ≥60 *patients with established CVD initiate **10mg** - eGFR >30

Second choice [Dapagliflozin 10mgOD](#) (if eGFR ≥ 15 at time of initiation) First choice in people with CKD

There is reduced glycaemic benefit when eGFR <45 and likely absent in patients with severe renal impairment, additional anti-hyperglycaemic agents may be needed.

CVD Risk Stratification

Primary Prevention High risk of CVD: e.g. DM >10yrs, QRISK>10% **or** multiple CVD risk factors

Secondary Prevention Established CVD (Stroke / PAD / CHD **or** Heart Failure)

Supporting Clinical Information

- **Do not** prescribe SGLT2i if previous history of diabetic ketoacidosis (DKA) or pregnant / breastfeeding
- If any doubt about the diagnosis of T2DM do not start SGLT2i
- SGLT2i have benefits on CVD and renal risk beyond and irrespective of their effect on HbA1c
- HbA1c levels above are for guidance and based on [NICE guideline \[NG28\]](#) , therapy decisions should be individualised
- Check SPC for when to stop SGLT2is in declining renal function
- Shared decision making with people with diabetes is essential
- When starting SGLT2i counsel risk of DKA, mycotic infections, UTIs and importance of good genital hygiene, sick day rules, increased urinary frequency, importance of hydration (unless told by a medical professional to fluid restrict)
- Involve multidisciplinary diabetes team in more complex decisions

Further Supporting Guidance

SGLT2i can be used in the following clinical conditions – but may require additional clinical monitoring / decision making – consult SPCs

- People adhering to ketogenic diets
- High HbA1c levels (>86 mmol/mol)
- History of PAD / Existing diabetic foot ulcers / Previous lower limb amputation / History of foot ulceration
- Receiving loop diuretics - Review the dose of diuretic after starting an SGLT2i (e.g. if frail, hypotensive, volume depleted, or high HbA1c)
- Osteoporosis / History of fractures
- Frail / Cognitive impairment - increased risk of volume depletion, hypotension and falls

Clinical Searches

A number of clinical searches have been created to identify patients who may be suitable for the application of this treatment guidance. The searches and full details on how to access can be found on the website.

Criteria:

- T2DM with CVD or very high / high risk of CVD
- Excludes Active Foot Disease / Lower limb amputation
- Age: 40-79
- HbA1c: 58-75 mmol/mol
- On metformin and/or 2-3 agents – Excluding Insulin
- eGFR: >60 mL/min/1.73m²
- Excluding clinical contraindications e.g.

[Red clinical situations](#)

Other Information

The guidance and supporting information has been agreed across West Yorkshire Health and Care Partnership. It should not be seen as mandatory and clinical judgement can always be exercised as usual.

A background document summarising the evidence on SGLT2i can be found on the Healthy Hearts website.

Other useful resources can also be found on the website, including information to use when communicating with patients.

For any questions please email WYHHealthyHearts@yhahsn.com

Follow us on Twitter [@WYHHealthyHeart](https://twitter.com/WYHHealthyHeart)

www.westyorkshireandharrogatehealthyheart/professionals-diabetes