

COVID-19 and use of SGLT2s: Drug Safety Update advice March 2020

The MHRA have advised that SGLT2 inhibitor treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses and ketone levels measured, preferably in blood rather than urine. Treatment may be restarted when the ketone values are normal and the patient's condition has stabilised. Further information can be found in the link in the resources section.

COVID-19 and use of SGLT2s: Consensus advice from Portsmouth specialists

An early observation from anecdotal national case-sharing has been that patients with diabetes admitted with Covid-19 symptoms are at higher ketosis risk than with other infections. Those individuals with type 1 diabetes who use adjunctive SGLT2 inhibitors for control alongside their insulin are at particularly high risk for DKA if admitted with Covid-related symptoms. DKA co-existing with Covid-19 is particularly hazardous to treat because of the challenges around pulmonary fluid accumulation secondary to the high volume fluids required. There is therefore a consensus view from the Portsmouth Hospital diabetology team (Drs Cranston, Nicholson, Meeking & Butt and Professors Kar and Cummings) that:

- 1) People with type 1 diabetes and adjunctive SGLT2 inhibitor use should be advised to STOP it immediately (even if well) and rely on higher dose insulin for the short to intermediate term (**Acute trust action as this indication is RED on BSW formulary**).
- 2) People with Type 2 Diabetes treated with insulin who have previously experienced ketoacidosis during illness should similarly be advised to STOP it immediately.
- 3) People with Type 2 Diabetes on oral agents can continue to take SGLT2 inhibitors if well but should stop immediately if they develop Covid-related symptoms.
- 4) People without diabetes (or with pre-diabetes) who have high cardiovascular risk and have been offered SGLT2 inhibition as a cardiovascular risk reduction strategy should STOP it immediately (even if well).
- 5) No patient admitted to hospital with Covid-related symptoms should be prescribed an SGLT2 inhibitor.

Actions:

- We'd request that your practice pharmacist immediately searches the prescribing records of the practice to ensure that anyone being prescribed an SGLT2 inhibitor is provided with this information as soon as possible.
- The specialty team will try to contact those individuals with type 1 diabetes known to the local diabetes teams to be taking SGLT2 inhibitors.
- Report suspected adverse drug reactions to SGLT2 inhibitors to the Yellow Card Scheme <https://www.gov.uk/report-problem-medicine-medical-device>

Resources:

Drug Safety Update Volume 13 Issue 8 March 2020. **SGLT2 inhibitors: monitor ketones in blood during treatment interruption for surgical procedures or acute serious medical illness.**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873524/March-2020-PDF.pdf

Working together:

NHS Bath and North East Somerset Clinical Commissioning Group

NHS Swindon Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group

Medicines Optimisation

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