

SGLT2 inhibitors may cut risk for heart failure hospitalization

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(HealthDay)—For patients with type 2 diabetes (T2D), with or without

cardiovascular disease (CVD), use of sodium-glucose cotransporter-2 (SGLT2) inhibitors compared with glucagon-like peptide-1 receptor agonists (GLP-1 RAs) is associated with a reduced risk for hospitalization for heart failure (HHF), according to a study published online Sept. 28 in the *Annals of Internal Medicine*.

Elisabetta Paterno, M.D., Dr.P.H., from Harvard Medical School in Boston, and colleagues conducted a population-based cohort study involving adult T2D patients with and without CVD (52,901 and 133,139 matched pairs) to examine whether SGLT2 inhibitors and GLP-1 RAs are associated with differential cardiovascular benefit.

The researchers found that for patients with CVD, the initiation of SGLT2 inhibitor therapy versus GLP-1 RA therapy was associated with a slightly [lower risk](#) for myocardial infarction or stroke (hazard ratio, 0.90; 95 percent confidence interval, 0.82 to 0.98); for patients without CVD, the risk was similar (hazard ratio, 1.07; 95 percent confidence interval, 0.97 to 1.18). Reductions in HHF risk were seen with initiation of SGLT2 inhibitor therapy versus GLP-1 RA therapy, regardless of baseline CVD, in patients with CVD (hazard ratio, 0.71; 95 percent confidence interval, 0.64 to 0.79) and those without CVD (hazard ratio, 0.69; 95 percent confidence interval, 0.56 to 0.85).

"These real-world clinical data support the existing guidelines, which suggest that SGLT2 inhibitors and GLP-1 RAs offer similar benefits in atherosclerotic CVD prevention to patients with T2D and that SGLT2 inhibitors offer greater efficacy in HHF prevention," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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