SGLT2i at patient with CABG, metabolic syndrome and T2DM

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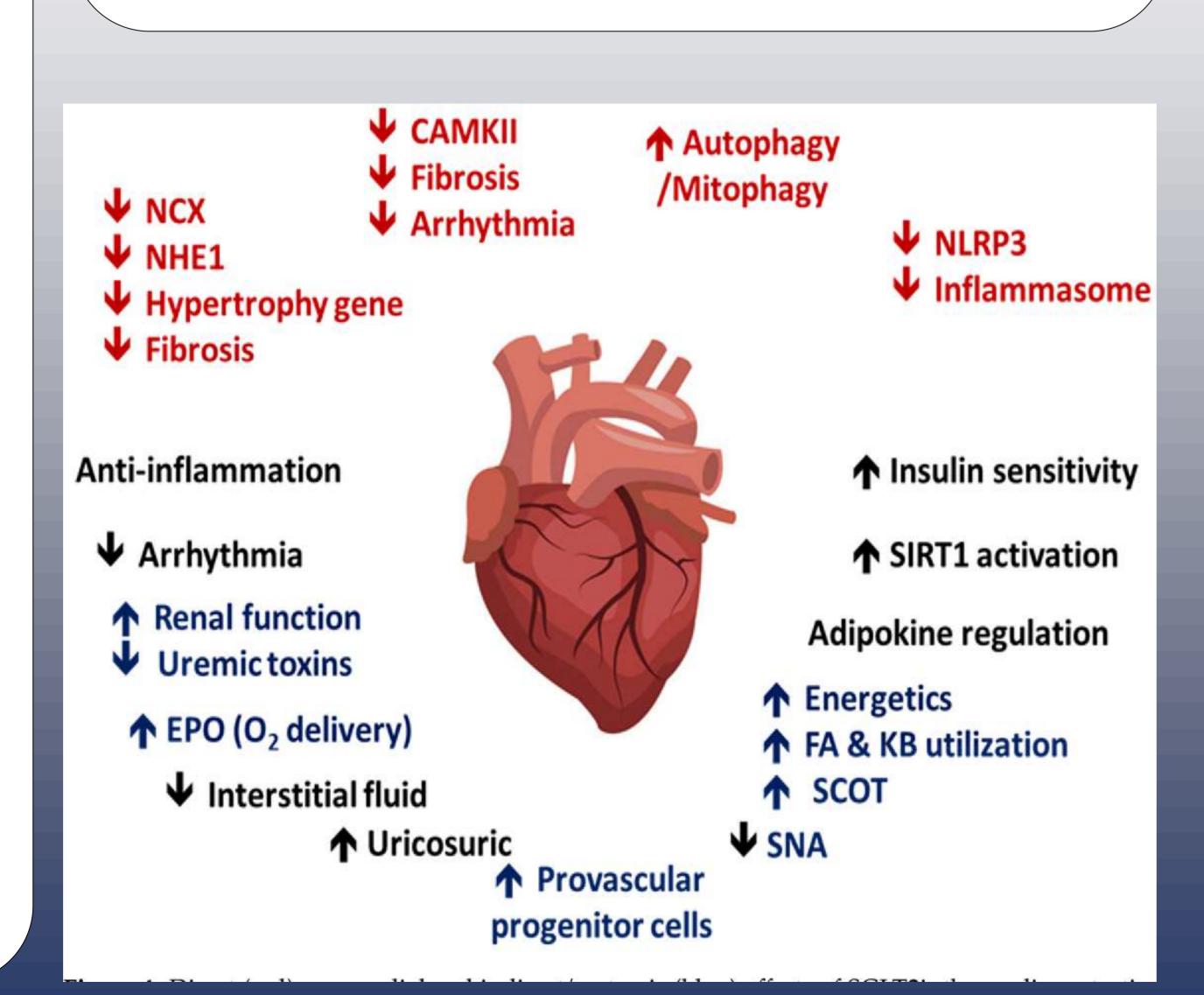
Introduction

SGLT2i are associated with a reduction in adverse major cardiac and cerebrovascular events especially in patients with heart failure and T2DM.

Effect and safety in treatment using this new drugs results in a greater reduction in HBA1C,TT,FPG,PPG,SBP, BMI,LDL and is recommended in a patient with poor glicoregulation after a previously performed aorto-coronary bypass and metabolic syndrome (obesity, hypertension, diabetes, hypertriglyceridemia).

Aim

The high potencial of mechanism of SGLT2i in patient with heart failure, T2DM and many comorbidities reduce the risk for hospitalization and cardiovascular mortality.



Material and Methods

Male patient 53, with T2DM more than 3 years, CABGX5 before 4 months on a therapy with Insulin Humulin N 26+12, HBA1C=15%, poor glicoregulation, FPG=16,6...trig=3,6, creatinin=96,TT=110, GFR=81, urine=normal, TA 150/100, HR/112, EF=44% with fatigue, ringing in the ears and dizziness came at internal department. The therapy was changed with:Tbl.Siofor 2x1000,Insulin Ryzodeg 24ie+22ie s.c.Tbl.Jardiance+statin, beta blocker, antihypertensive and antiagregation drugs. It was recommended to take more care of hygiene of the genitourinary tract and diet.

Results

After 1 month patient didn't show up on control, after 6 months was done another echocardiography EF=47%, fpg=8,8, trig=1,9, creatinin=90, hba1c=11,37%, tt=106,TA 135/90, subjectively feels better and has no new hospitalizations.

Conclusions

SGLT2i improved endothelial function, glicoregulation, contractility, reduction of blood pressure, cardiac metabolism, reduction of albuminuri, glomerular pressure and renal protection.

All these characteristrics place it highly in the treatment of patients with HF, T2DM and many comorbidities.