

Diabetes, Heart Failure and CKD- three pillars of CRM (Part 1)

Wednesday 30 November 2022

DM/CKD/HF - bringing management together and future directions'

Prof Ketan Dhatariya

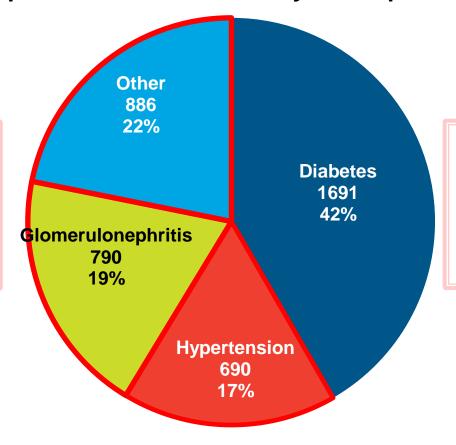
This webinar was funded by Boehringer Ingelheim and Lilly Diabetes Alliance (The Alliance).



## Most Cases of CKD Are Not Due to Diabetes

Age-standardised global prevalence rate of CKD by cause per 100,000 persons in 2016<sup>1</sup>

58%
of CKD cases are
not caused by type 2
diabetes

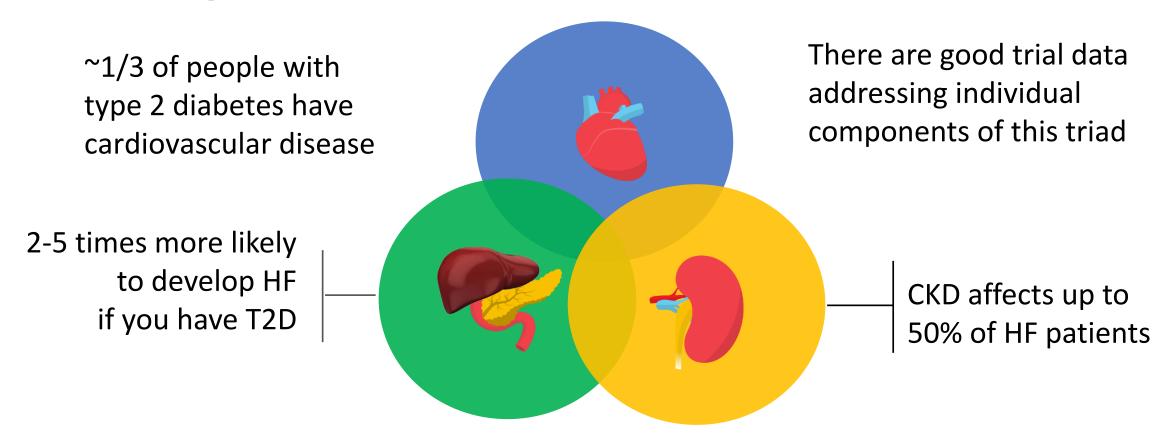


42%
of CKD cases are
caused by type 2
diabetes





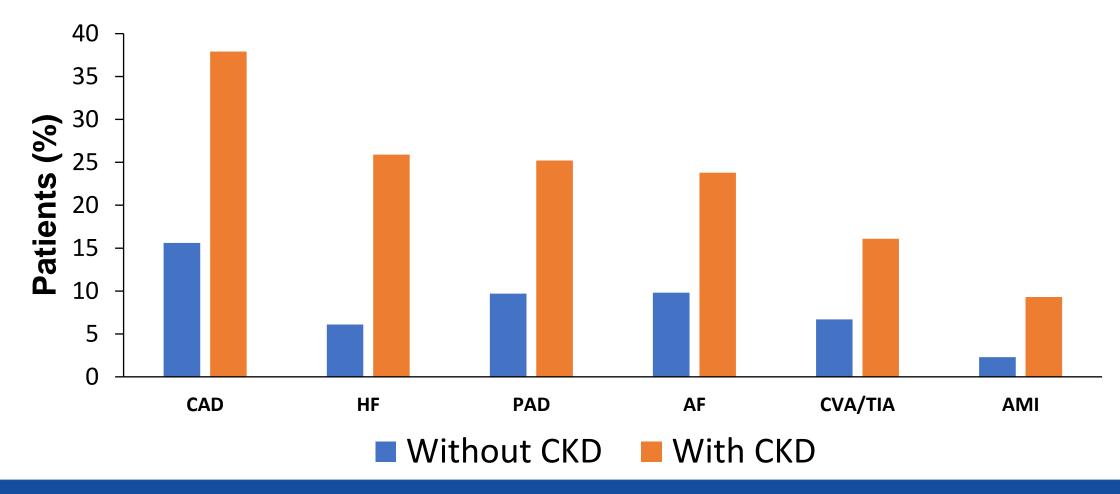
## Overlap Between Co-Morbidities



~30-40% of adults with diabetes have CKD

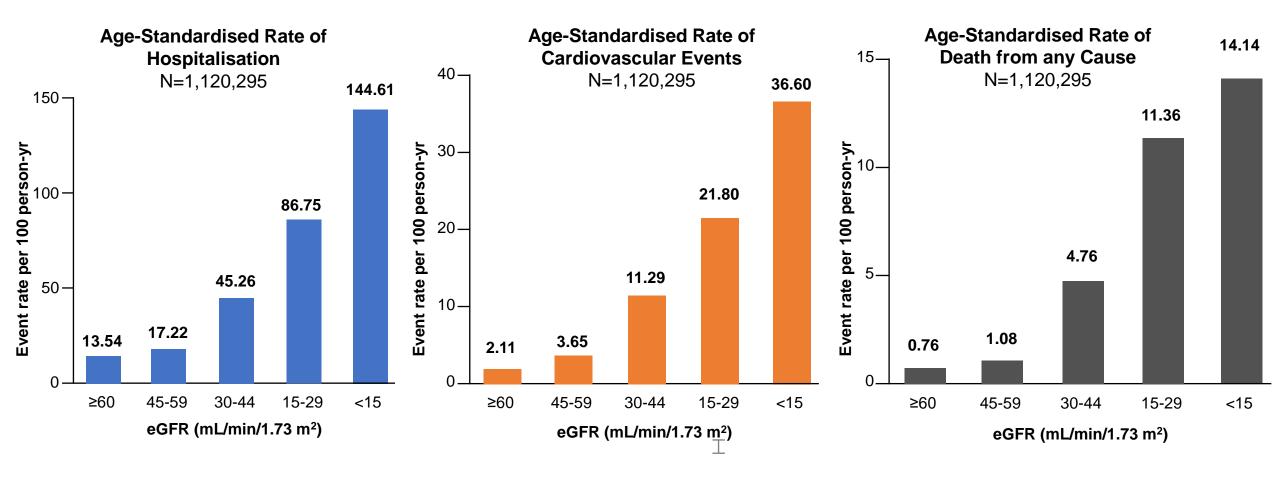


## CVD Prevalence in those + CKD





#### Outcomes Worsen as eGFR Deteriorates

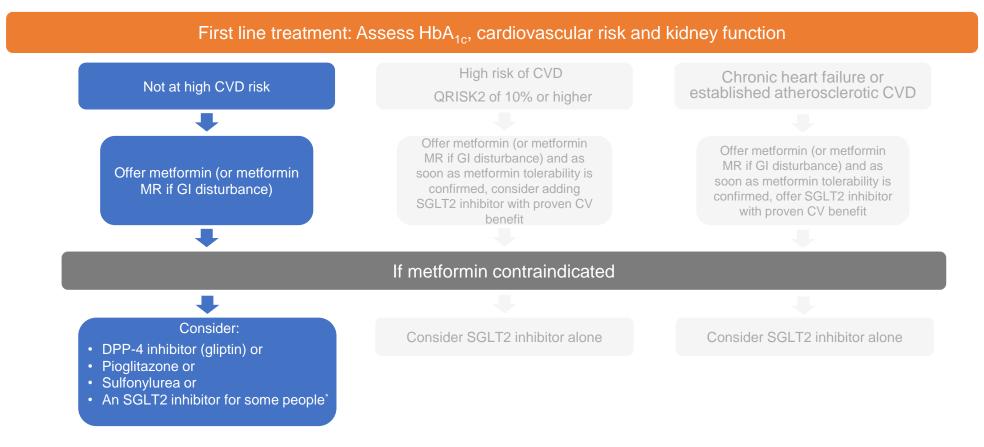






#### NG28

NICE recommends metformin only as first line treatment for type 2 diabetes patients not at high risk of cardiovascular disease

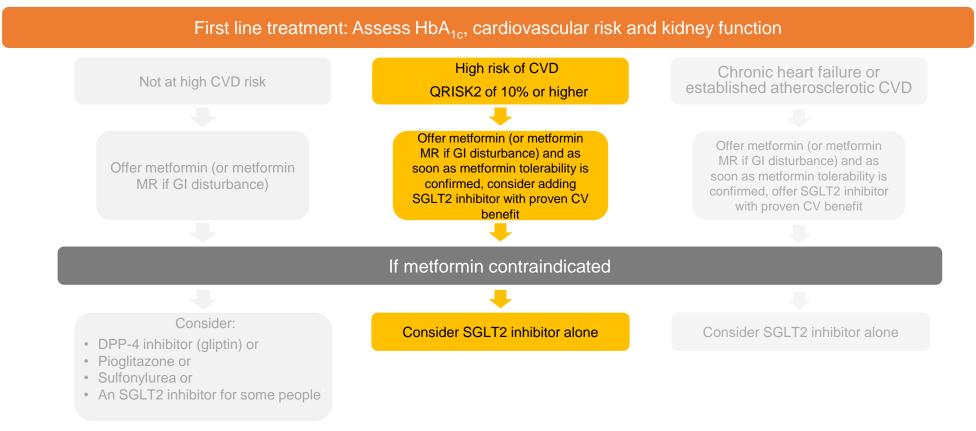






#### NG28

NICE recommends SGLT2i's as a first-line treatment with metformin for type 2 diabetes patients at high-risk of CVD







#### NG28

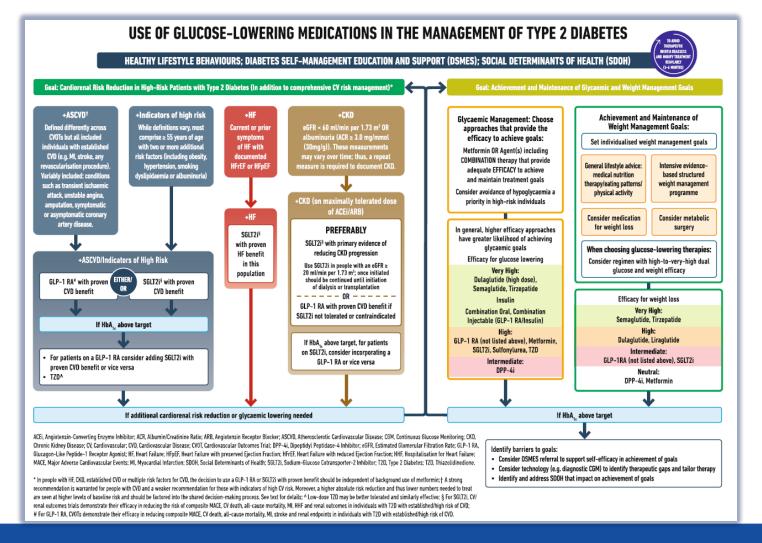
NICE recommends SGLT2i's as a first-line treatment with metformin for type 2 diabetes patients with established CVD





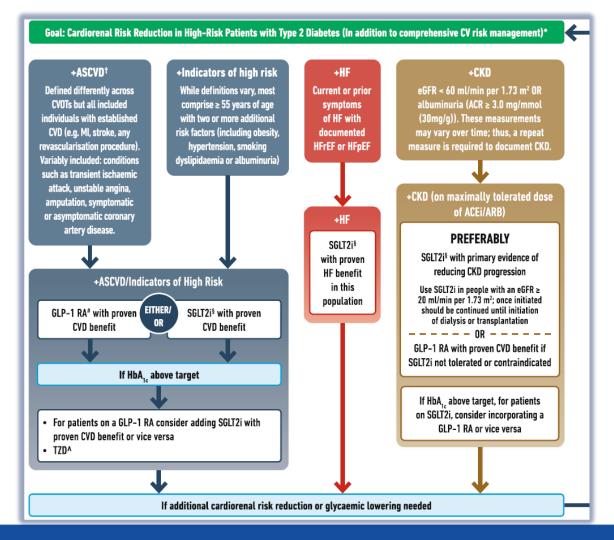


#### EASD/ADA Consensus 2022



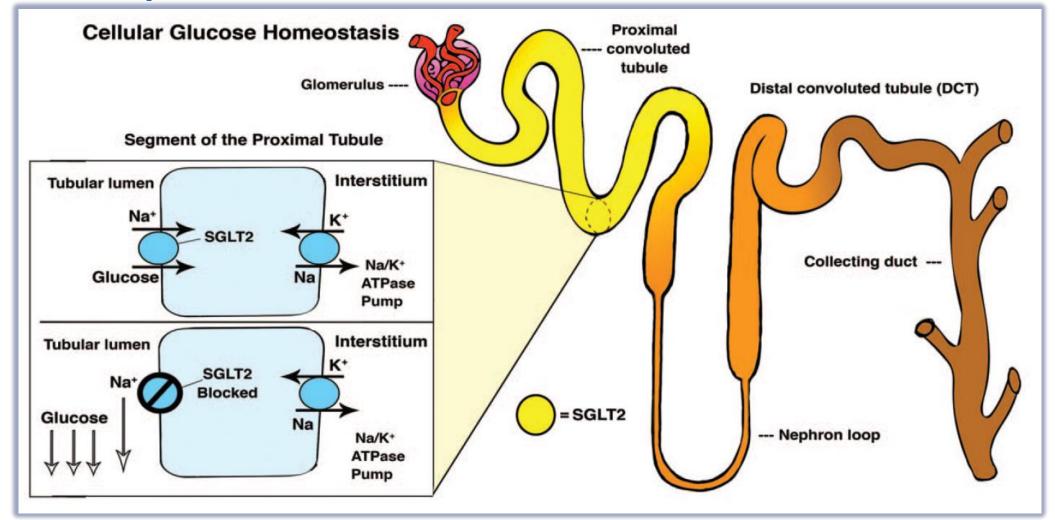


#### EASD/ADA Consensus 2022



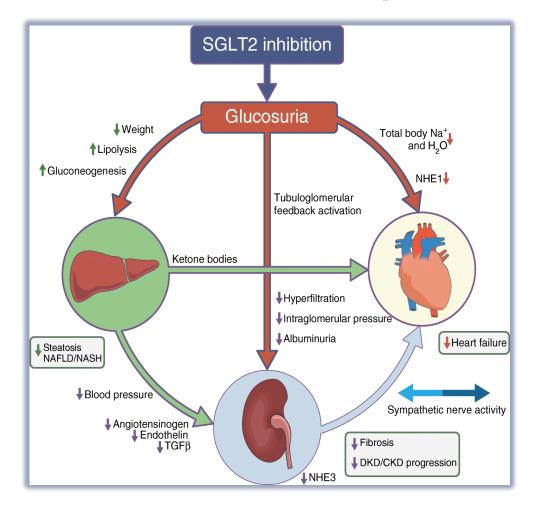


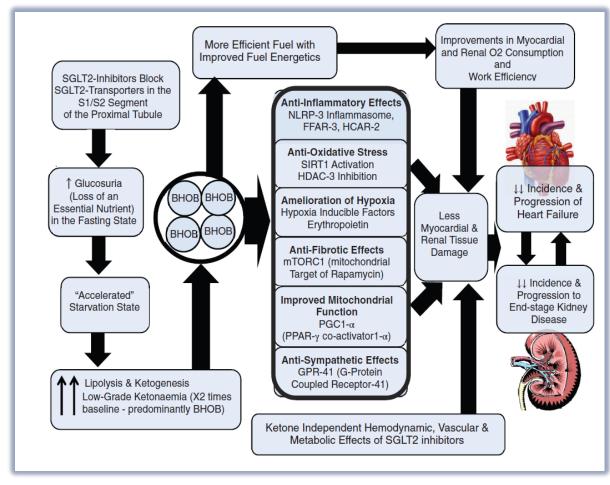
### But Why?? How Do SGLT2 Inhibitors Work?





## How Are They Beneficial?

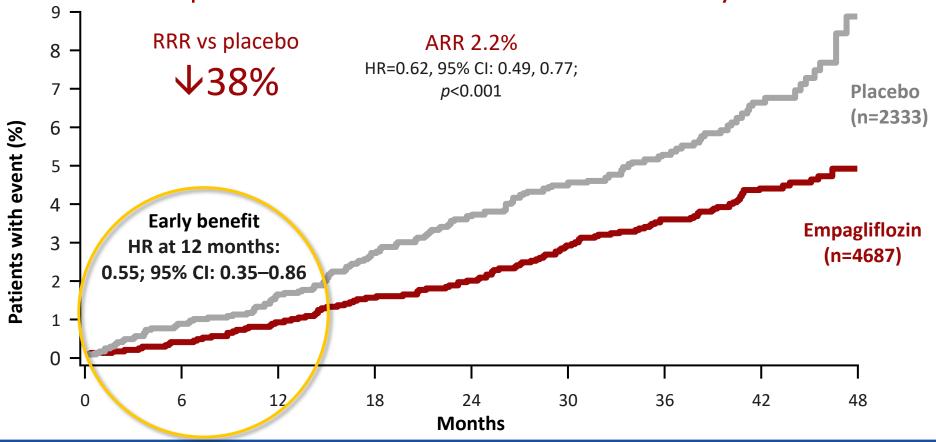






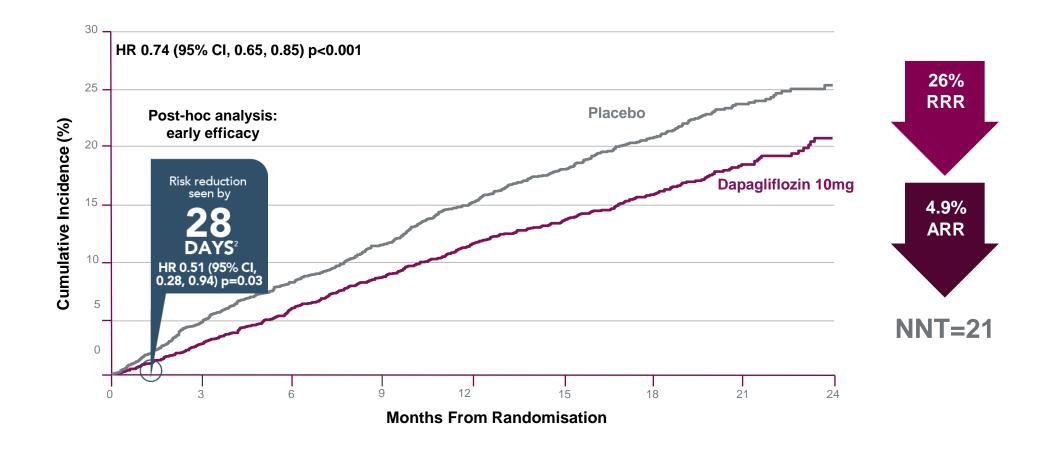
# Empagliflozin – Mortality Benefit Within 60 Days

NNT to prevent one cardiovascular death over 3 years: 46



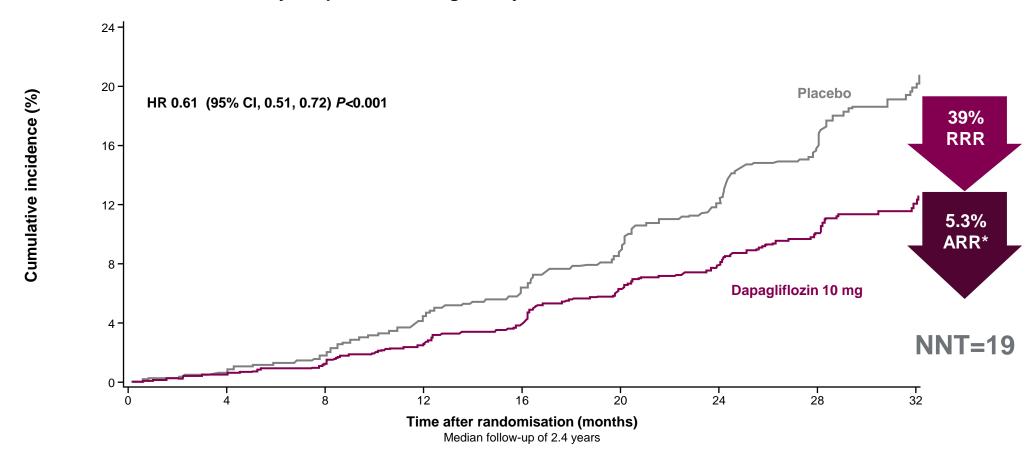


## Dapagliflozin - Reduces CV Death and HF



## Dapagliflozin - Reduces Progression of CKD

Primary endpoint: declining kidney function, ESKD and renal or CV death





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