**Temporarily stopping SGLT2 inhibitors if you become unwell**

**If you take an SGLT2 inhibitor and become unwell, you should temporarily stop taking it until you are feeling better.** This is called the ‘Sick Day Rules’. This rule is especially important if you are vomiting, or have diarrhoea or a fever (high temperature), or are unable to eat and drink as normal. The Sick Day Rules should also be followed if you are fasting, such as before an operation or for religious reasons.

**If you have diabetes**, and taking medication that requires you to check your blood glucose levels, then you must increase the number of times you check your blood glucose levels. If they run too high or low, please seek medical advice.

You **should restart your SGLT2 inhibitor when you are better**, but if you remain unwell after 48 hours, please seek medical advice.

If you are unsure or have any questions, please first seek medical advice from your pharmacist, specialist or NHS 111.

**Contacting us** (for local adaptation)

If you want further information, please contact your prescriber, specialist or pharmacist:

* XXXX
* XXXX

You can also contact the Medicines Information department:   
**0XXXXXXXXXXXXX** (9am to 5pm, Monday to Friday).   
This service is provided by XXXXXXX.

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**Getting the most from your SGLT2 inhibitor (‘gliflozin’) medicine**

**SERVICE NAME**

You have been given this leaflet because you are taking or are about to start taking an SGLT2 inhibitor medicine.

**What are SGLT2 inhibitors?**

The name of these drugs ends with ‘gliflozin’ and examples include: empaglaflozin (Jardiance®), dapagliflozin (Forxiga®), canagliflozin (Invokana®), and ertugliflozin (Steglatro®).

SGLT2 inhibitors are a type of medication that were first used to treat people with diabetes. They help the kidneys to remove excess glucose or sugar from your blood, which is passed out through your pee. This helps to reduce blood sugar levels.

We now know that they also have extra benefits by protecting your kidneys and heart. These kidney and heart benefits apply to all people, not just those who have diabetes.

Author: Acknowledgement to “PharmCo, the Outpatient Pharmacy company at the Royal Surrey

Approved by: Medicines Safety Committee Feb 25

**Side effects of SGLT2 Inhibitors**

Like all medicines, SGLT2 inhibitors can cause side effects; some are more likely than others, and some are rare but important to know about. Just because side effects are listed as common in the Patient Information Leaflet, it doesn’t mean that everyone who takes the medicine will get them.

**Common:**

* **Low blood sugar (hypoglycaemia or ‘a hypo’)**SGLT2 inhibitors do not usually cause low blood sugar when taken on their own, but this can happen if you have diabetes and take an SGLT2 inhibitor with other diabetes medications such as insulin or a sulphonylurea.
* **Dehydration** – because SGLT2 inhibitors increase the amount of pee you make they may cause dehydration. This means your body loses more fluids than you take in. If it's not treated, it can get worse and become a serious problem. To prevent dehydration, drink enough fluids during the day so your pee is a clear pale yellow colour. The NHS recommends aiming to drink 6 to 8 cups or glasses of fluid a day. Water, lower-fat milk and sugar-free drinks, including moderate amounts of tea and coffee, all count. You should drink fluids if you have symptoms of dehydration like feeling thirsty, dark yellow pee or dry mouth, lips and tongue.
* **Infections** – as SGLT2 inhibitors increase the sugar in your pee, this may attract germs (bacteria and fungi) and give you urinary tract infections, or more commonly genital tract infections like thrush. This is easily treated, and a pharmacist can give you advice if irritation or itching occurs in these areas.

**Important but uncommon:**

* **“Fournier’s gangrene”** – this is an extremely rare but potentially life-threatening bacterial infection of the genital or groin area. *Please seek urgent medical attention* and tell the doctor about the medication you are taking if you experience any severe pain, tenderness, redness or swelling in these areas (and you feel unwell or have a fever.
* SGLT2 inhibitors may cause substances called **ketones to build up in the blood** which can lead to a condition called **diabetic ketoacidosis (DKA).** This is a rare event in people with diabetes and extremely rare in people taking SGLT2 inhibitors without diabetes. This is **potentially life threatening and needs urgent treatment in hospital.** Symptoms include feeling thirsty, needing to pee more often, feeling sleepy or confused, stomach pain or feeling sick, and fruity smelling breath (like pear drop sweets or nail polish remover). Symptoms usually develop over 24 hours, but it can be faster. **If you believe you are developing DKA then please seek urgent medical help and tell the doctor about the medication you are taking.** The risk of DKA is increased if you do not eat for long periods, become dehydrated, drink too much alcohol, or if you inject insulin, and your dose is too low resulting in higher blood glucose levels.
* **Foot disease** - if you have been told you have an ‘at risk foot’ you should confirm with your doctor that an SGLT2 inhibitor is the right medicine for you.

If you have circulatory problems in your leg or an active foot infection and/or ulcer you should *stop taking this medicine* and seek healthcare professional advice.

In all cases, please continue to carefully follow the general foot care advice that you have been given.