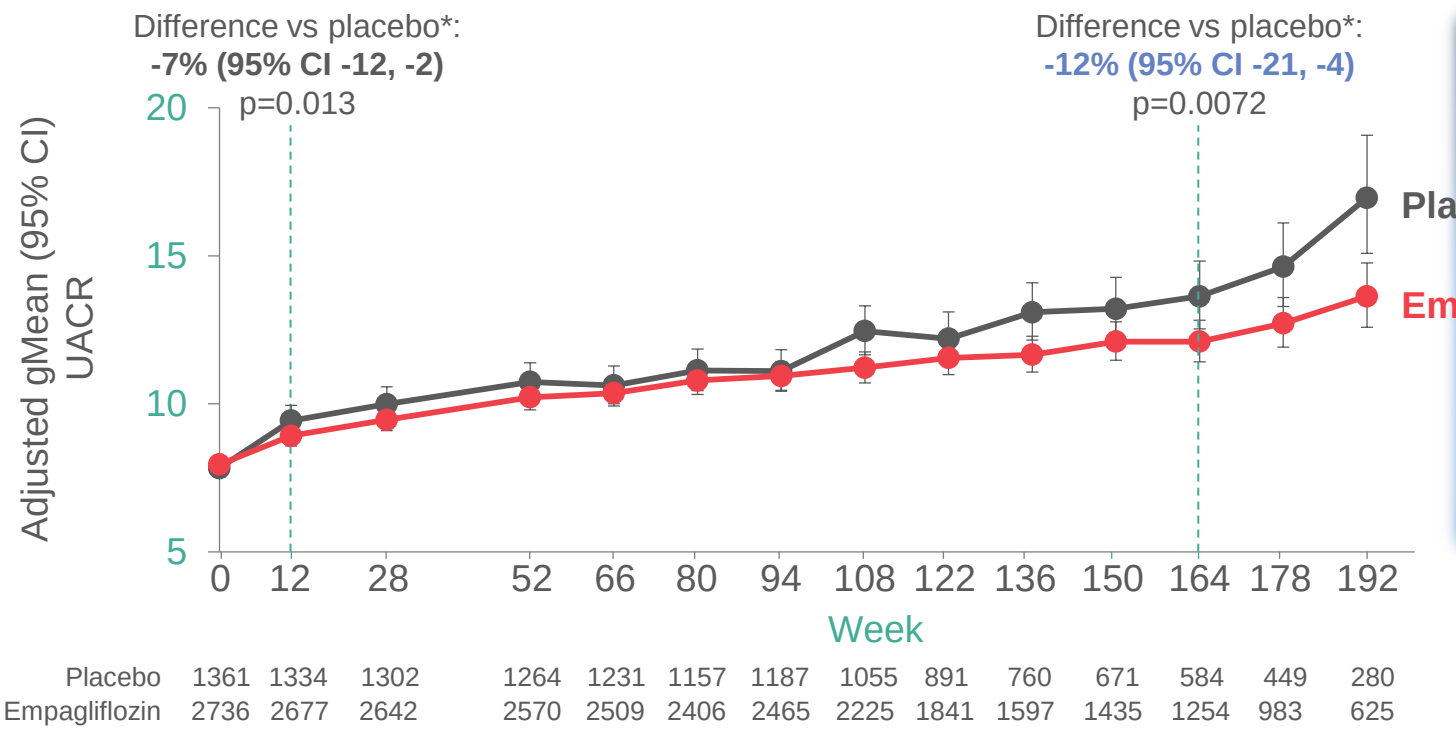
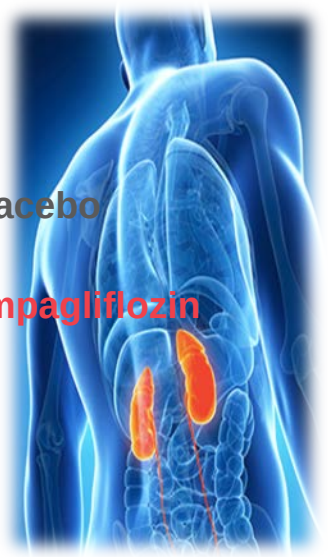
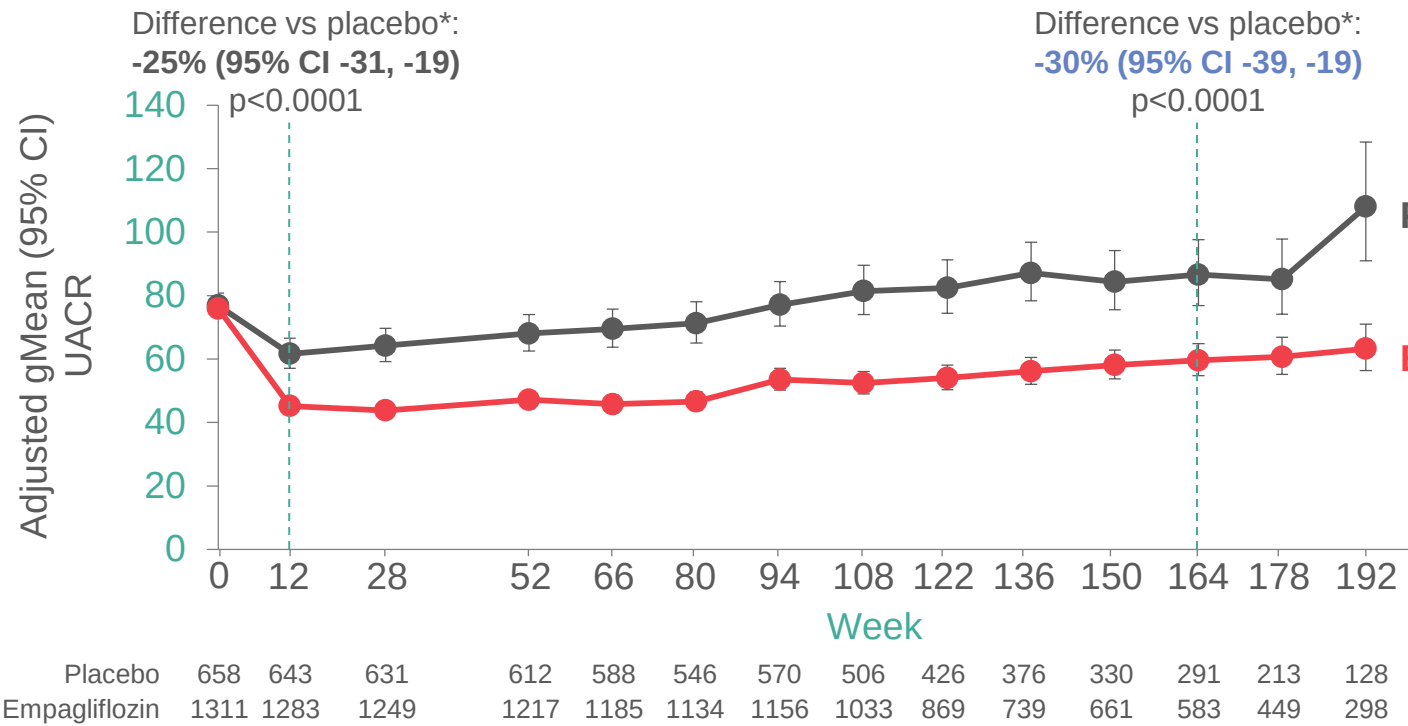
UACR over 192 weeks:
Patients with normoalbuminuria at baseline





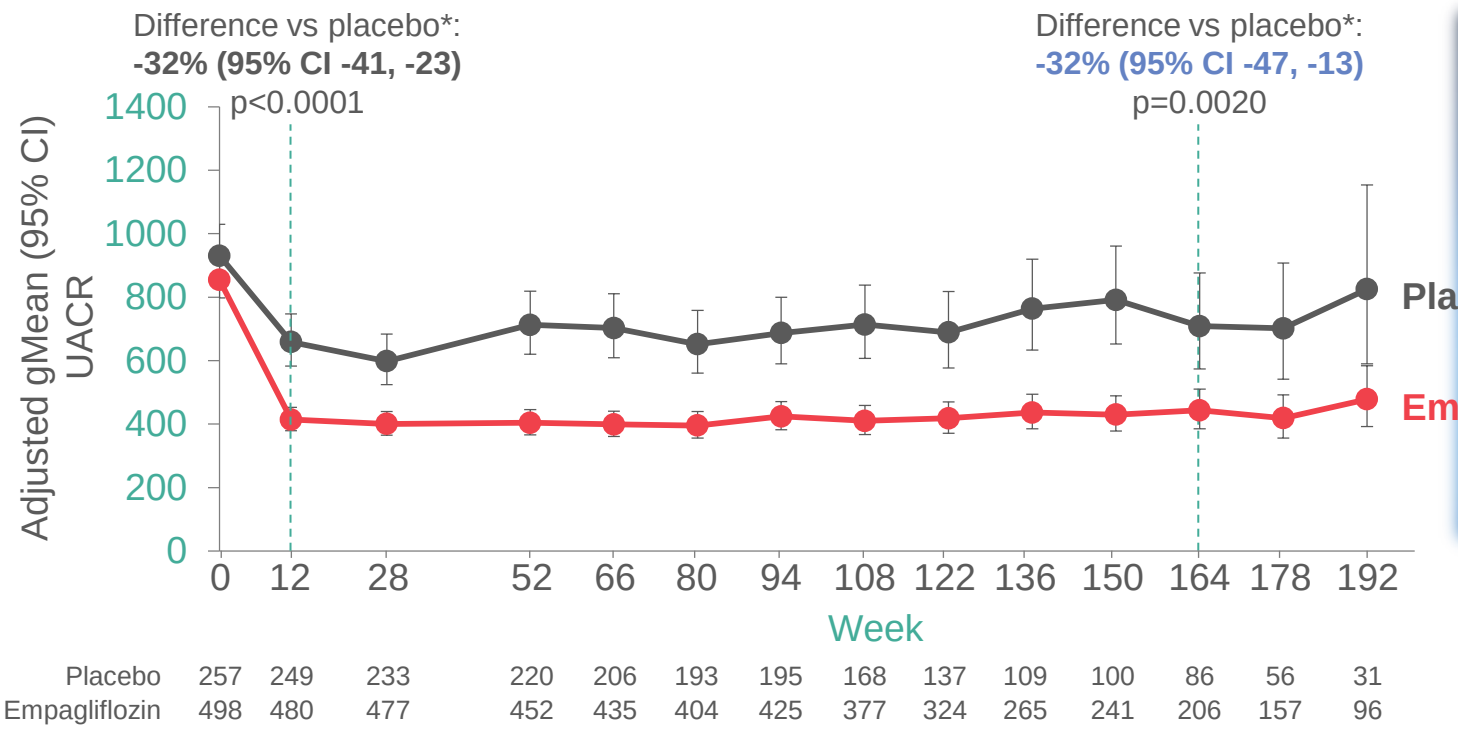
Lancet Diabetes Endocrinol 2017;5:610-621

UACR over 192 weeks:
Patients with microalbuminuria at baseline



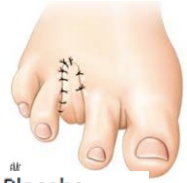
Lancet Diabetes Endocrinol 2017;5:610-621

UACR over 192 weeks:
Patients with macroalbuminuria at baseline



Lancet Diabetes Endocrinol 2017;5:610-621

Lower- Extremity Amputations



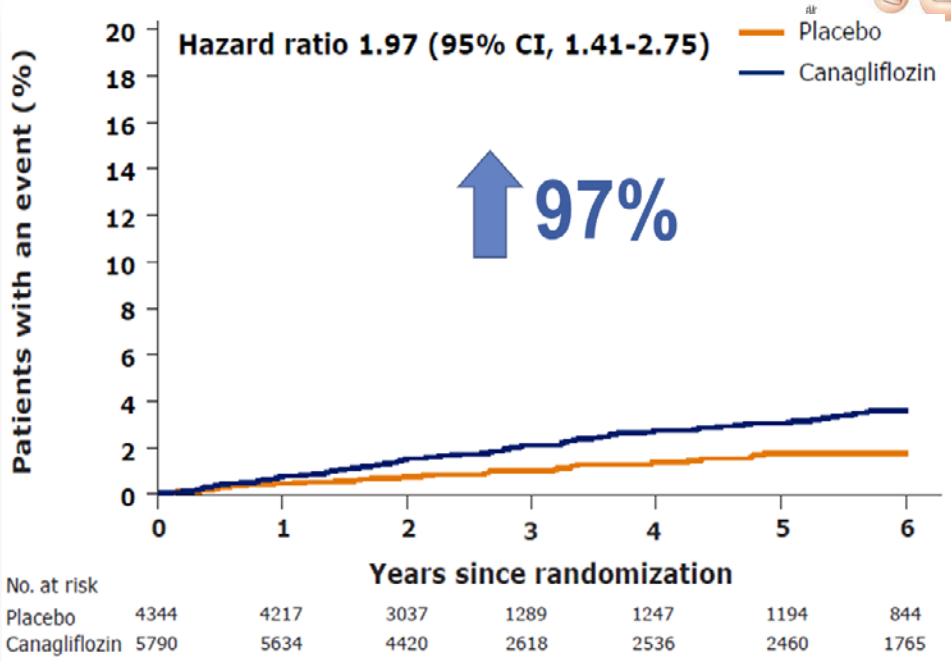
U.S. Food and Drug Administration
Protecting and Promoting Your Health

Drug Safety Communications

Interim clinical trial results find increased risk of leg and foot amputations, mostly affecting the toes, with the diabetes medicine canagliflozin (Invokana, Invokamet); FDA to investigate

Safety Announcement

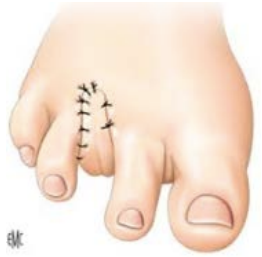
[5-18-2016] The U.S. Food and Drug Administration (FDA) is alerting the public about interim safety results from an ongoing clinical trial that found an increase in leg and foot amputations, mostly affecting the toes, in patients treated with the diabetes medicine canagliflozin (Invokana, Invokamet). We have not determined whether canagliflozin increases the risk of leg and foot amputations. We are currently investigating this new safety issue and will update the public when we have more information.

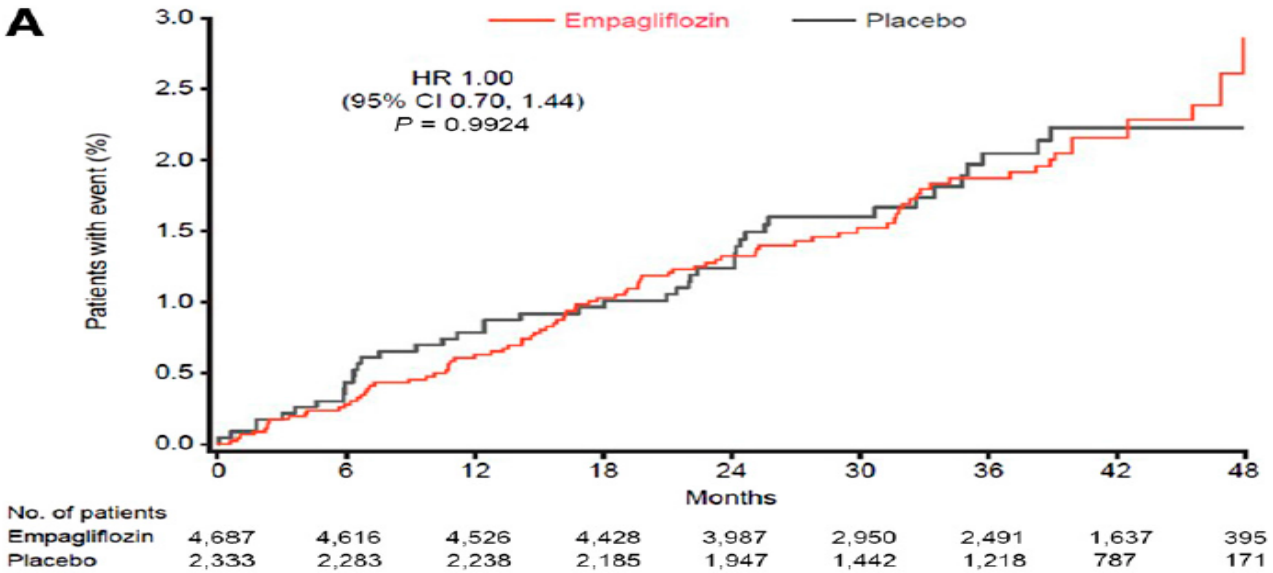


CANVAS Program

Diabetes Care

Empagliflozin and Assessment of Lower-Limb Amputations in the EMPA-REG OUTCOME Trial



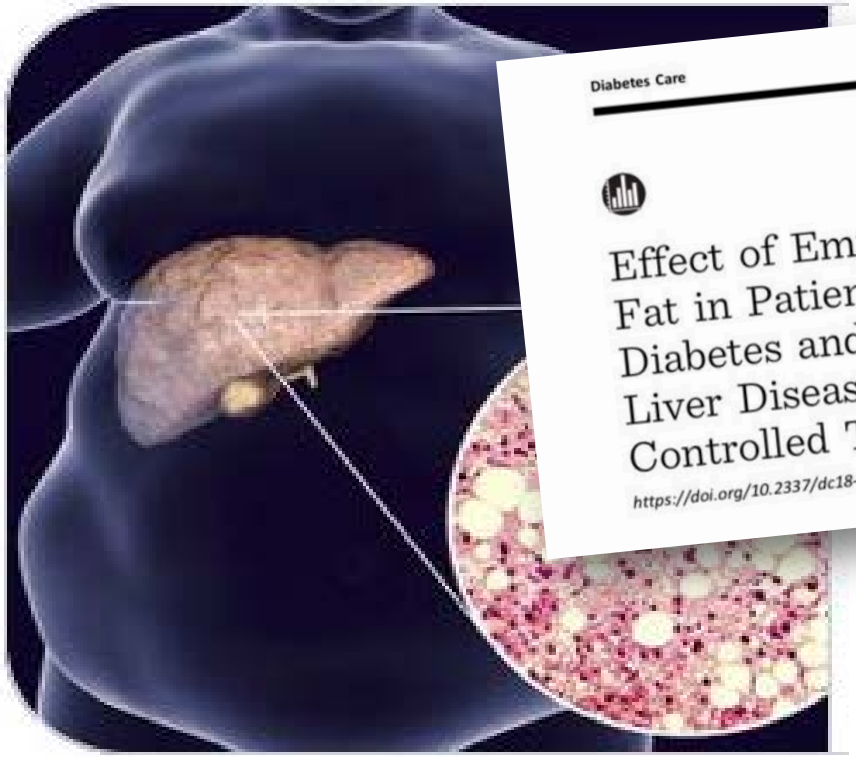


Silvio E. Inzucchi,[1] Hristo Iliev,[2] Egon Pfarr,[2] and Bernard Zinman[3]

https://doi.org/10.2337/dc17-1551

E-LIFT trial

Empa reduces liver fat in nonalcoholic fatty liver disease



Diabetes Care

Effect of Empagliflozin on Liver Fat in Patients With Type 2 Diabetes and Nonalcoholic Fatty Liver Disease: A Randomized Controlled Trial (E-LIFT Trial)

Mohammad Shafi Kuchay,[1] Sonal Krishan,[2] Sunil Kumar Mishra,[1] Khalid Jamal Farooqui,[1] Manish Kumar Singh,[3] Jasjeet Singh Wasir,[1] Beena Bansal,[1] Parjeet Kaur,[1] Ganesh Jevalikar,[1] Harmendeep Kaur Gill,[1] Narendra Singh Choudhary,[4] and Ambrish Mithal[1]

https://doi.org/10.2337/dc18-0165

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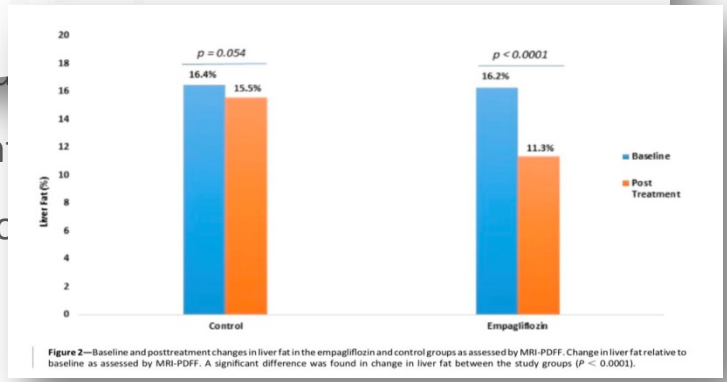

Figure 2—Baseline and posttreatment changes in liver fat in the empagliflozin and control groups as assessed by MRI-PDFF. Change in liver fat relative to baseline as assessed by MRI-PDFF. A significant difference was found in change in liver fat between the study groups ($P < 0.0001$).

Ambrish Mithal, M.D., chair of the Division of Endocrinology and Diabetes at Medanta The Medicity Hospital, Gurugram, India
The Endocrine Society's 100th Annual Meeting & Expo

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Año 2048. **Rafa Nadal**, con 62 años, gana su 40º Roland-Garros 😂🤪
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3.881 154 comentarios 642 veces compartido

Jun 2048

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

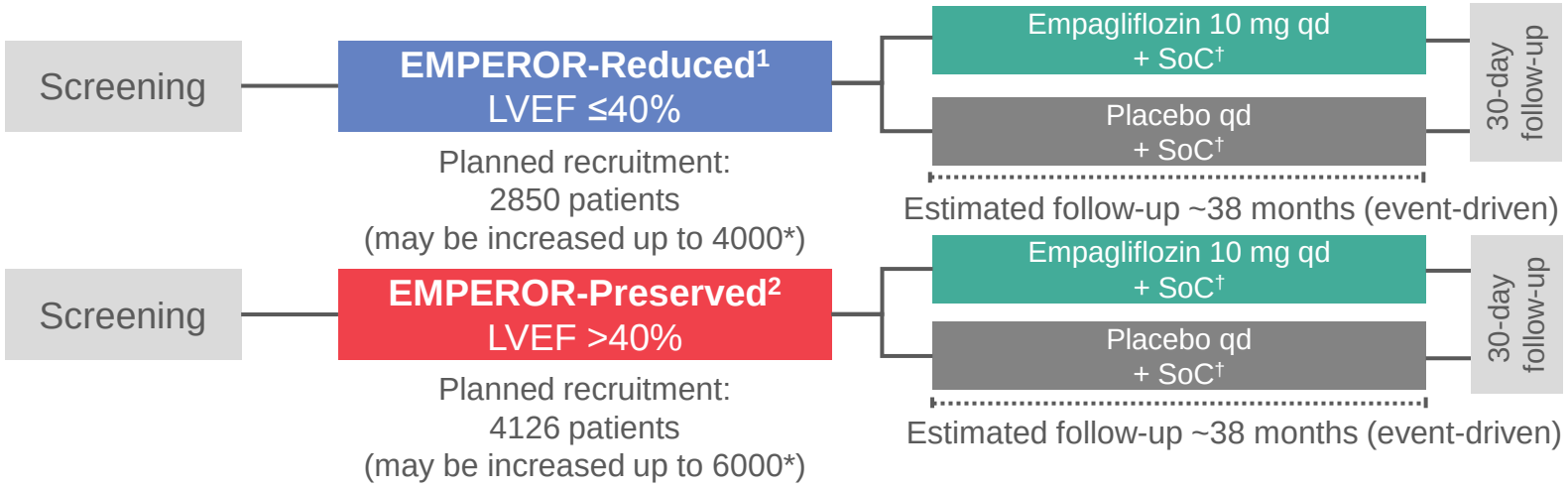
Empagliflozina, y Eventos Cardiovasculares en pacientes que han pagado la hipoteca o no

Subestudio del Empa-Reg Outcomes

Bernard Zinman, M.D., Christoph Wanner, M.D., John M. Lachin, Sc.D., David Fitchett, M.D., Erich Bluhmki, Ph.D., Stefan Hantel, Ph.D., Michaela Mattheus, Dipl. Biomath., Theresa Devins, Dr.P.H., Odd Erik Johansen, M.D., Ph.D., Hans J. Woerle, M.D., Uli C. Broedl, M.D., and Silvio E. Inzucchi, M.D., for the EMPA-REG OUTCOME Investigators

EMPEROR
HEART FAILURE STUDIES

- **Aim:** To investigate the **safety and efficacy of empagliflozin** versus placebo on top of guideline-directed medical therapy in patients with HF with **reduced**[1] or **preserved**[2] **ejection fraction, with/without T2D.**
- **Primary Objective:** Time to first event of adjudicated CV death or adjudicated HHF.



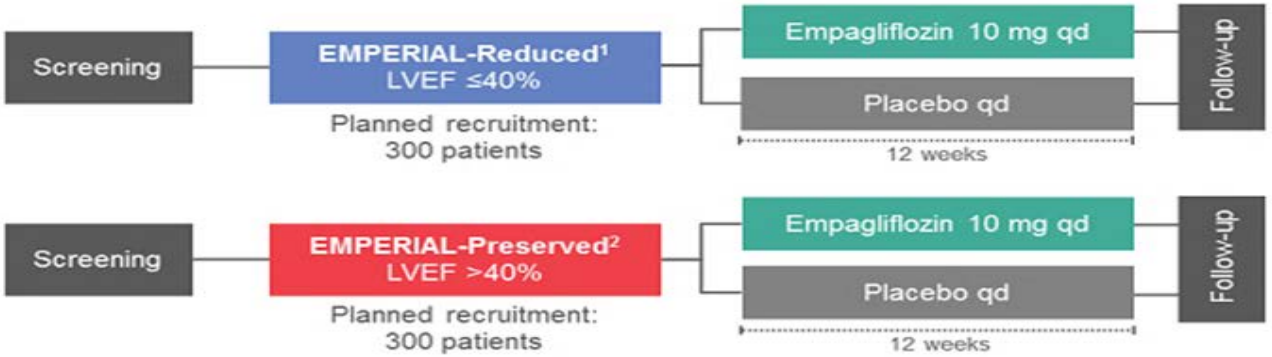
*Based on blinded assessment of event rate; †Guideline-directed medical therapy; LVEF, left ventricular ejection fraction; NYHA, New York Heart Association; qd, once daily; SoC, standard of care; 1. ClinicalTrials.gov NCT03057977; 2. ClinicalTrials.gov NCT03057951

EMPERIAL
HEART FAILURE STUDIES

Aim: To investigate the effects of **empagliflozin 10mg on exercise ability, heart failure symptoms and quality of life** in patients with chronic **heart failure** with HFrEF and HFpEF, with/without T2D.

Planned to start in March 2018

Primary Objective:
Change from baseline to 12W in exercise capacity (6MWT).



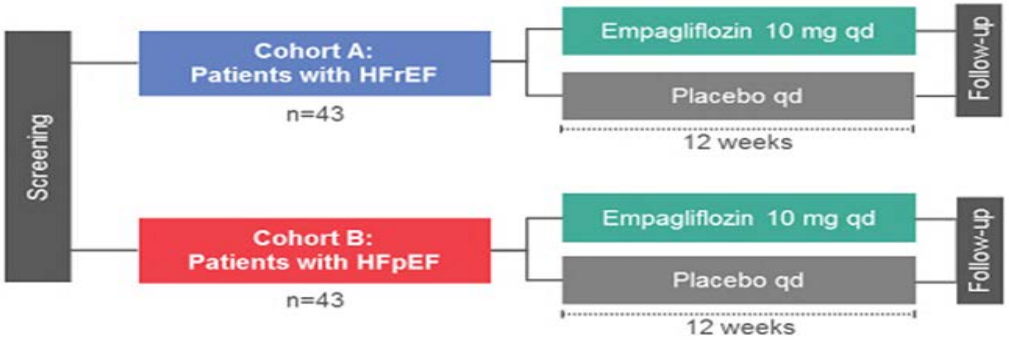
EMPA-VISION

HEART FAILURE STUDIES

Aim: To investigate the effects of **empagliflozin 10mg on cardiac energetics** in patients with chronic heart failure with reduced or preserved ejection fraction (**HFrEF and HFpEF**).

Planned to start in March 2018

Primary Objective:
Change from baseline to 12W in PCr/ATP ratio in resting state.



Boehringer Ingelheim

Boehringer Ingelheim and Lilly announce an academic collaboration with University of Oxford to investigate the effects of empagliflozin in people with chronic kidney disease

- *ple with chronic kidney disease*
- *xplores the efficacy and safety of*

EMPA-KIDNEY

The study of heart and kidney protection with empagliflozin

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Dr Petra Kienle

ACTUALIZACION TERAPEUTICA EMPAGLIFLOZINA

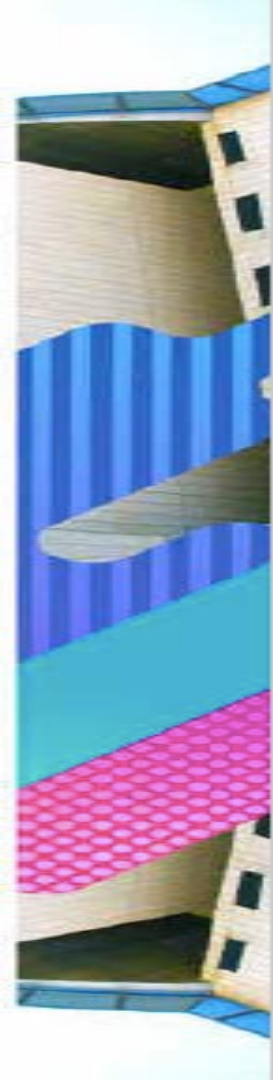
@Cristob_morales

INTRO: DM2 Y ECV

EECC CLASICOS Y DE SEGURIDAD CV EN DIABETES

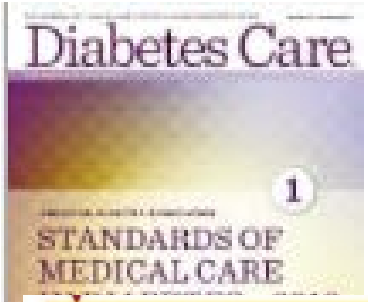
NUEVAS PUBLICACIONES

GUIAS CLINICAS



GUIAS DE DIABETES


Aquí Centro de Ayuda con las Guías de Diabetes, si quieres tratar a tu paciente según ADA pulse 1, según AACE pulse 2, según SEEN pulse 3, según GDPS pulse 4, según G.Canadienses pulse 5, según SEMI pulse 6, según CardiologiaP2 pulse 7 ... etc . Si desea dejar al paciente como está cuelgue el teléfono
11:13:45AM
Diabetes Ca
Estándares para la atención médica de la diabetes 201
@CRISTOB_MORALES



Antihyperglycemic Therapy in Adults with Type 2 Diabetes

At diagnosis, initiate lifestyle management, set A1C target, and initiate pharmacologic therapy based on A1C:

- A1C is less than 9%, **consider Monotherapy.**
- A1C is greater than or equal to 9%, **consider Dual Therapy.**
- A1C is greater than or equal to 10%, blood glucose is greater than or equal to 300 mg/dL, or patient is markedly symptomatic, **consider Combination Injectable Therapy** (See Figure 8.2).

Monotherapy — Lifestyle Management + Metformin

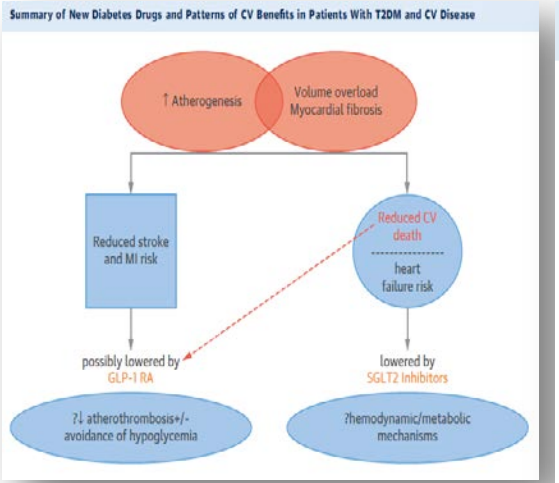
Dual Therapy — Lifestyle Management + Metformin + Additional Agent

ASCVD?

Yes: - Add agent proven to reduce major adverse cardiovascular events and/or cardiovascular mortality (see recommendations with * on p. S75 and **Table 8.1**)

No: - Add second agent after consideration of drug-specific effects and patient factors (See Table 8.1)

		Efficacy*	Hypoglycemia	Weight Change	CV Effects		Cost	Oral/SQ	Renal Effects		Additional Considerations
					ASCVD	CHF			Progression of DKD	Dosing/Use considerations	
Metformin		High	No	Neutral (Potential for Modest Loss)	Potential Benefit	Neutral	Low	Oral	Neutral	▪ Contraindicated with eGFR <30	▪ Gastrointestinal side effects common (diarrhea, nausea) ▪ Potential for B12 deficiency
SGLT-2 Inhibitors		Intermediate	No	Loss	Benefit: canagliflozin, empagliflozin†	Benefit: canagliflozin, empagliflozin	High	Oral	Benefit: canagliflozin, empagliflozin	▪ Canagliflozin: not recommended with eGFR <45 ▪ Dapagliflozin: not recommended with eGFR <60; contraindicated with eGFR <30 ▪ Empagliflozin: contraindicated with eGFR <30	▪ **FDA Black Box:** Risk of amputation (**canagliflozin**) ▪ Risk of bone fractures (canagliflozin) ▪ DKA risk (all agents, rare in T2DM) ▪ Genitourinary infections ▪ Risk of volume depletion, hypotension ▪ ↑LDL cholesterol
GLP-1 RAs		High	No	Loss	Neutral: lixisenatide, exenatide extended release Benefit: liraglutide†	Neutral	High	SQ	Benefit: liraglutide	▪ Exenatide: not indicated with eGFR <30 ▪ Lixisenatide: caution with eGFR <30 ▪ Increased risk of side effects in patients with renal impairment	▪ **FDA Black Box:** Risk of thyroid C-cell tumors (**liraglutide, albiglutide, dulaglutide, exenatide extended release**) ▪ Gastrointestinal side effects common (nausea, vomiting, diarrhea) ▪ Injection site reactions ▪ ?Acute pancreatitis risk
DPP-4 Inhibitors		Intermediate	No	Neutral	Neutral	Potential Risk: saxagliptin, alogliptin	High	Oral	Neutral	▪ Renal dose adjustment required; can be used in renal impairment	▪ Potential risk of acute pancreatitis ▪ Joint pain
Thiazolidinediones		High	No	Gain	Potential Benefit: pioglitazone	Increased Risk	Low	Oral	Neutral	▪ No dose adjustment required ▪ Generally not recommended in renal impairment due to potential for fluid retention	▪ **FDA Black Box:** Congestive heart failure [**pioglitazone, rosiglitazone**] ▪ Fluid retention (edema; heart failure) ▪ Benefit in NASH ▪ Risk of bone fractures ▪ Bladder cancer (pioglitazone) ▪ ↑LDL cholesterol (rosiglitazone)
Sulfonylureas (2nd Generation)		High	Yes	Gain	Neutral	Neutral	Low	Oral	Neutral	▪ Glyburide: not recommended ▪ Glipizide & glimepiride: initiate conservatively to avoid hypoglycemia	▪ FDA Special Warning on increased risk of cardiovascular mortality based on studies of an older sulfonylurea (tolbutamide)
Insulin	**Human Insulin**	Highest	Yes	Gain	Neutral	Neutral	Low	SQ	Neutral	▪ Lower insulin doses required with a decrease in eGFR; titrate per clinical response	▪ Injection site reactions ▪ Higher risk of hypoglycemia with human insulin (NPH or premixed formulations) vs. analogs
	Analogs						High	SQ			



CENTRAL ILLUSTRATION Novel Paradigm for Care of the Patient With CV Disease and T2DM

Patient with established cardiovascular (CV) disease but no prior Type 2 diabetes mellitus (T2DM):
Cardiologist to perform routine, systematic measurement of HbA1c to evaluate presence of T2DM

And/or

Eligible patients with CV disease and prior T2DM

Consider recommending treatments if no contraindication:

SGLT2 inhibitor: empagliflozin

Decreased CV mortality and decreased heart failure hospitalizations
+ Decreased blood glucose
+ Promotes weight loss
+ Renal benefits

or

GLP-1 receptor agonist: liraglutide

Decreased CV mortality
+ Decreased blood glucose
+ Promotes weight loss
+ Potential renal benefits

Refer to primary care physician or endocrinologist

Follow CV and T2DM progress in tandem

Sattar et al. JACC. 69, NO. 21, 2017 MAY 30, 2017:2646–56

2018 Clinical Practice Guidelines

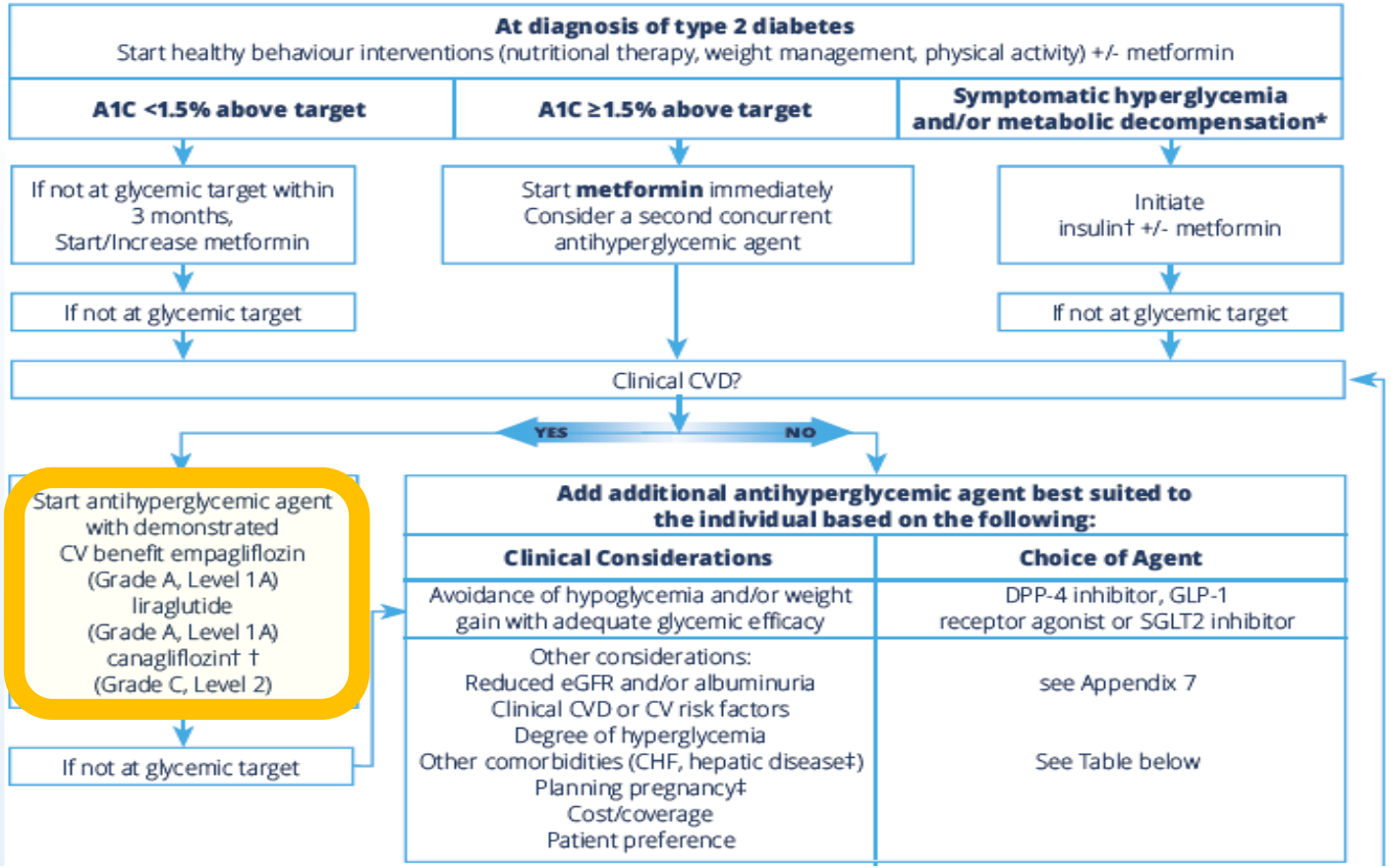
Quick Reference Guide

DIABETES CANADA

guidelines.diabetes.ca

diabetes.ca | 1-800-BANTING (226-8464)

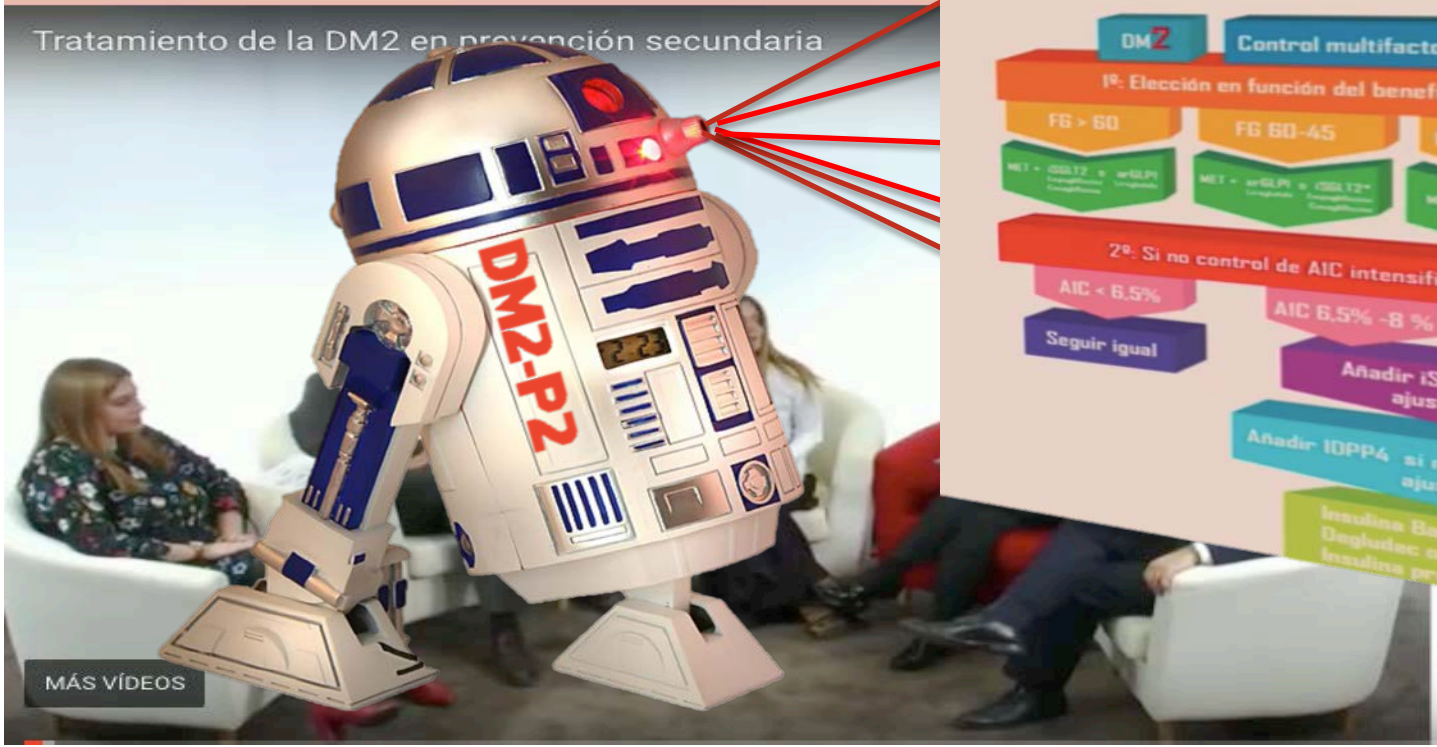
4156569-18



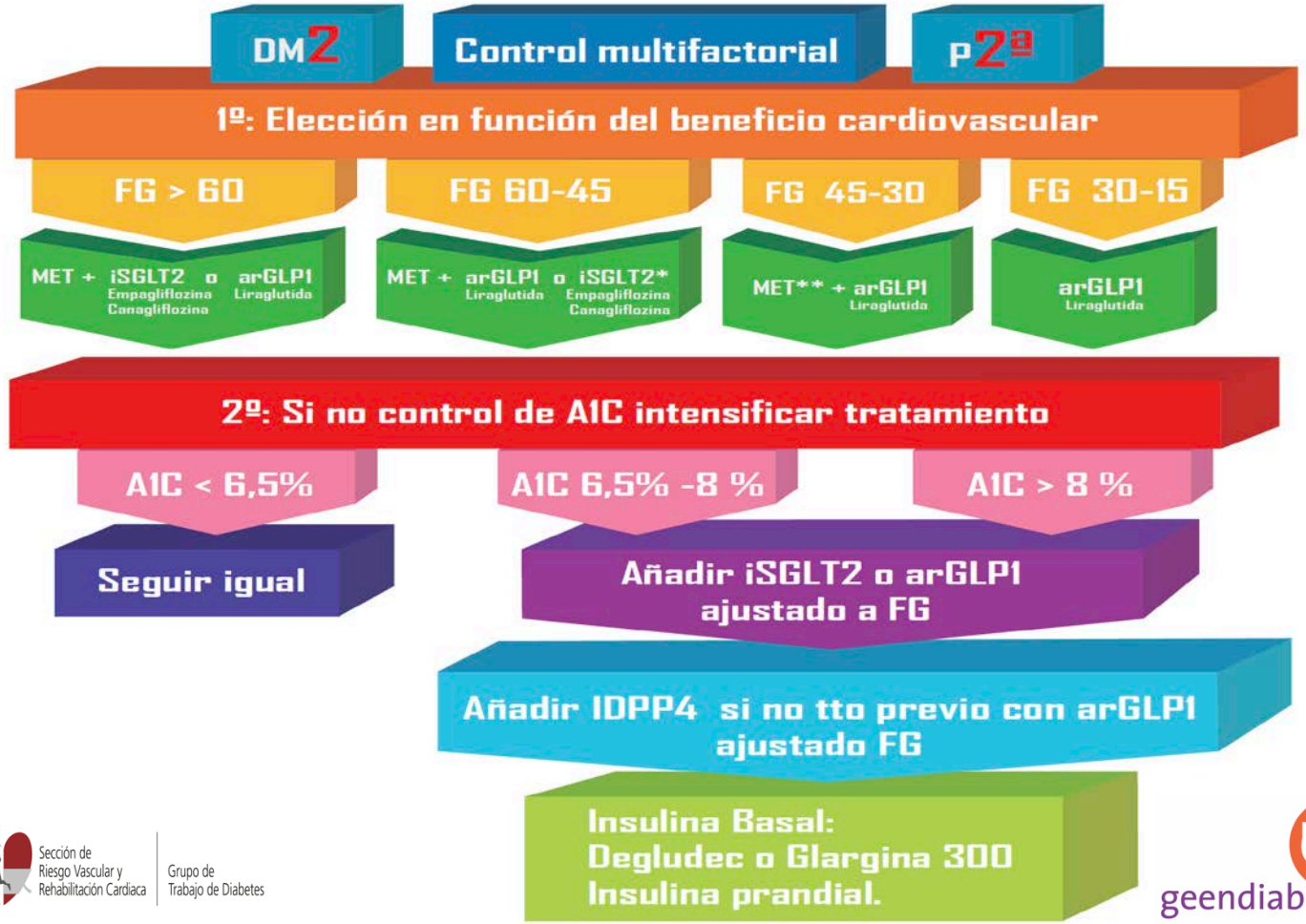
*Canadian Diabetes Association Treatment Guidelines updated to include CV risk reduction information for Empagliflozin and Liraglutide, 2018

Directos online SECardiología 28 de noviembre 19:00 h

Tratamiento de la DM2 en prevención secundaria



Tratamiento de la DM2 en Prevención Secundaria

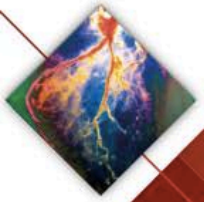


SOCIEDAD ESPAÑOLA DE CARDIOLOGÍA

Sección de Riesgo Vascular y Rehabilitación Cardiaca | Grupo de Trabajo de Diabetes

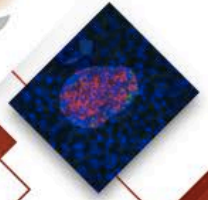
geendiab

Grupo Español de Estudio de la Nefropatía Diabética



SEEN

Sociedad Española de Endocrinología y Nutrición



DOCUMENTO DE ABORDAJE INTEGRAL DE LA DIABETES TIPO 2

GRUPO DE TRABAJO DE DIABETES MELLITUS DE LA SOCIEDAD ESPAÑOLA DE ENDOCRINOLOGÍA Y NUTRICIÓN

REBECA REYES-GARCÍA*
ÓSCAR MORENO-PÉREZ*
CRISTINA TEJERA-PÉREZ
DIEGO FERNÁNDEZ-GARCÍA
VIRGINIA BELLIDO-CASTAÑEDA
MARTÍN LÓPEZ DE LA TORRE CASARES
PEDRO ROZAS-MORENO
JOSÉ CARLOS FERNÁNDEZ-GARCÍA
AMPARO MARCO MARTÍNEZ
JAVIER ESCALADA-SAN MARTÍN
MANUEL GARGALLO-FERNÁNDEZ
MANUEL BOTANA-LÓPEZ
JUDITH LÓPEZ-FERNÁNDEZ
JOSE MIGUEL GONZALEZ-CLEMENTE
ESTEBAN JÓDAR-GIMENO
PEDRO MEZQUITA-RAYA
EN REPRESENTACIÓN DEL GRUPO DE DIABETES – SEEN