

Use of Gliflozins in Eligible Patients in a Large Community Cardiology Practice

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BACKGROUND

In order to optimize vascular risk across the broad-spectrum of patients with cardiovascular disease (CVD), it is essential to identify eligible candidates for the latest medical advances and apply these advances across the entire population of eligible patients as quickly as possible. Such continuing medical implementation is often difficult due to the overwhelming logistical barriers of clinical practice.

A number of clinical trials have demonstrated that the drug class SGLT2 inhibitors (sodium glucose cotransporter 2 inhibitors) have a proven benefit on cardiovascular outcomes in diabetic (DM) patients including reduced all cause mortality, reduced cardiovascular mortality and reduction in heart failure incidence.

The study was conducted in a large community cardiology practice with 40,000 active patients. In order to assess the extent of the care gap in the application of SGLT2 inhibitors to a contemporary diabetic population we conducted a sequential retrospective analysis of the electronic medical records on 1,000 cardiovascular patients to determine eligibility and use of SGLT2 inhibitors.

RESULTS

The mean age of the sample was 63 and there was a total of 213 (21.3%) DM patients. Prevalence of DM and CVD was 10.5%. 105 patients, which constitutes 49% of DM population were eligible for SGLT2 inhibitors. Of the eligible patients, only 38 (36.2%) were currently on SGLT2 inhibitors and 67 (63.8%) were eligible but not currently on SGLT2 inhibitors.

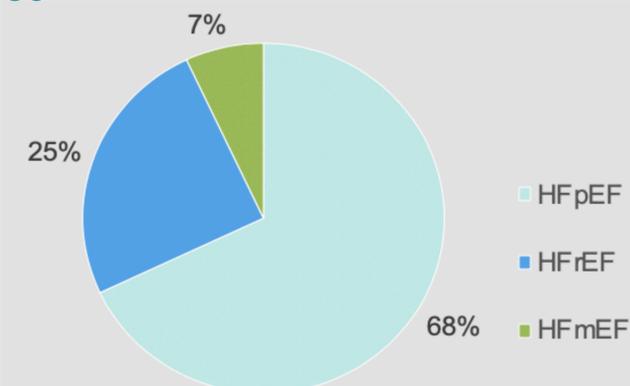
PREVALENCE OF DM, CVD AND HEART FAILURE

	Patients with Diabetes Mellitus (% all patients)	Diabetes Mellitus Patients with CVD (% all patients)	Diabetes Mellitus Patients with Heart Failure (% all patients)
Total	213 (21.3%)	105 (10.5%)	20 (2%)
Type 2	206 (20.6%)	101 (10.1%)	18 (1.8%)
Type 1	7 (0.7%)	4 (0.4%)	2 (0.2%)

METHODOLOGY

1. Data regarding the prevalence of DM, CVD risk factors and co-morbidities was collected in a sequential sample of 1,000 patients.
2. We identifies patients who met the eligibility criteria for SGLT2 inhibitors as per the EMPA-Reg trial including:
 - a. Established type II DM
 - b. Concomitant CVD
 - c. A1C > 7.0
 - d. eGFR > 30
3. Data regarding the prevalence of each criteria was collected and analyzed in order to determine the extent of the care gap between current care and optimized care with the use of SGLT2 inhibitors.

PATIENTS WITH HEART FAILURE AND NO DIAGNOSED DM n: 60



CONCLUSION

We have demonstrated a considerable care gap in the application of SGLT2 inhibitors to a population of DM patients with CVD. Potential causes of this care gap include jurisdictional uncertainty, clinical inertia, polypharmacy aversion and clinical time lag. A coordinated and structured effort is required to bridge this care gap.

DECLARATION OF INTEREST

Unrestricted grants for clinical quality programs. Bayer, Pfizer, Boehringer-Ingelheim