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#2982
Shifting in SGLT2 inhibitor initiation in CKD non-dialysis patients

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**Background and Aims:** KDIGO guidelines have changed since 2020 with the introduction of SGLT2 inhibitors to CKD care. As the agents have become more standard of care in CKD, this research assesses how the treatment of more than 2000 CKD non-dialysis patients in the EU5 aligns with the KDIGO guidelines.

**Method:** Data from 1062 patient charts were collected in partnership with 265 EU5 (Germany, United Kingdom, Italy, France, and Spain) nephrologists via an online survey from December 2022-February 2023. Additionally, data from 1282 patient charts were collected from 263 EU5 nephrologists from December 2021-February 2022 via an online survey.

**Results:** Nephrologists often report that they strongly rely on the Kidney Disease: Improving Global Outcomes (KDIGO) guidelines when making treatment decisions for their patients. Globally recognized, the KDIGO guidelines are created and periodically updated based on a rigorous scientific process to create an all-encompassing set of clinical practice recommendations.

Over the past several years, SGLT2 inhibitors have become a fundamental part of CKD treatment and eGFR management. While the agents are primarily used in CKD patients with diabetic kidney disease (DKD), treatment rates among non-diabetic CKD patients have increased year-over-year. According to 2023 audited patient chart data, approximately one-half of DKD patients in the EU5 are on an SGLT2 inhibitor, while there has been a notable increase in treatment rates among non-diabetic CKD patients, from 11% in 2022 to 23% in 2023.

Despite the recent change in the KDIGO guideline, which lowered the recommended eGFR level for SGLT2 inhibitor initiation to 20 mL/min/1.73 m², 71% of patients who are treated with an SGLT2 inhibitor were initiated on therapy in CKD Stage 3 (eGFR 30-50), indicating that EU5 nephrologists have not yet conformed to the revised guidelines.

Notably, participating EU5 nephrologists elicit increased comfort prescribing SGLT2 inhibitors to both their DKD and non-diabetic CKD patients year-over-year. In 2023, nearly all physicians reported that they expect to increase their use of SGLT2 inhibitors in their CKD patients, regardless of their diabetes status, indicating that there is potential for further adoption of the revised KDIGO guidelines into clinical practice.

**Conclusion:** As the treatment of CKD patients continues to evolve with SGLT2 inhibitors and newer therapies, KDIGO guidelines will adjust to accommodate evolution. Increased awareness of guideline changes will be paramount in ensuring that patients are receiving top quality care based on treatment recommendations.