



# Safer Practice Notice

## Status

- Active
- Updated
- Resolved

## Zone Application

- Provincial
- North
- Edmonton
- Central
- Calgary
- South

08 Oct 2015

## For Information of:

- Physicians
- Nurse Practitioners
- Nurses
- EMS
- Pharmacists

## Contact:

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## Atypical Presentation of Diabetic Ketoacidosis with Sodium Glucose Co-transporter 2 (SGLT2) Inhibitors

### Issue

Serious cases of diabetic ketoacidosis (DKA) have been reported in patients treated with SGLT2 inhibitors.

These agents are approved as oral antihyperglycemic agents for Type 2 diabetes. Off label use for Type 1 diabetics can also trigger atypical presentation of DKA.

The presentation of DKA can be atypical with only moderately increased blood glucose levels observed (less than 11 mmol/L). This atypical presentation can delay diagnosis and treatment.

### Products

dapagliflozin (FORXIGA®)  
canagliflozin (INVOKANA®)  
empagliflozin (JARDIANCE®)

### Action

- Prescribers should inform patients of signs and symptoms of metabolic acidosis (nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue/ sleepiness) and advise them to seek medical advice.
- Patients taking SGLT2 inhibitors should be assessed for DKA when they present with signs or symptoms of metabolic acidosis, regardless of blood glucose levels.
- If DKA is suspected, treatment with SGLT2 inhibitors should be discontinued.
- If DKA is confirmed, appropriate measures should be taken to correct the ketoacidosis and to monitor glucose levels.
- Advice about assessment and management of DKA in patients taking SGLT2i could be sought from your local internal medicine or endocrine consult service.
- Report suspected adverse reactions to Health Canada.

### Additional Information

<http://www.healthykanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2015/53892a-eng.php>

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<http://www.albertahealthservices.ca/patientsafety>