



The prevalence of LUTS in diabetic patients chronically treated with SGLT2i

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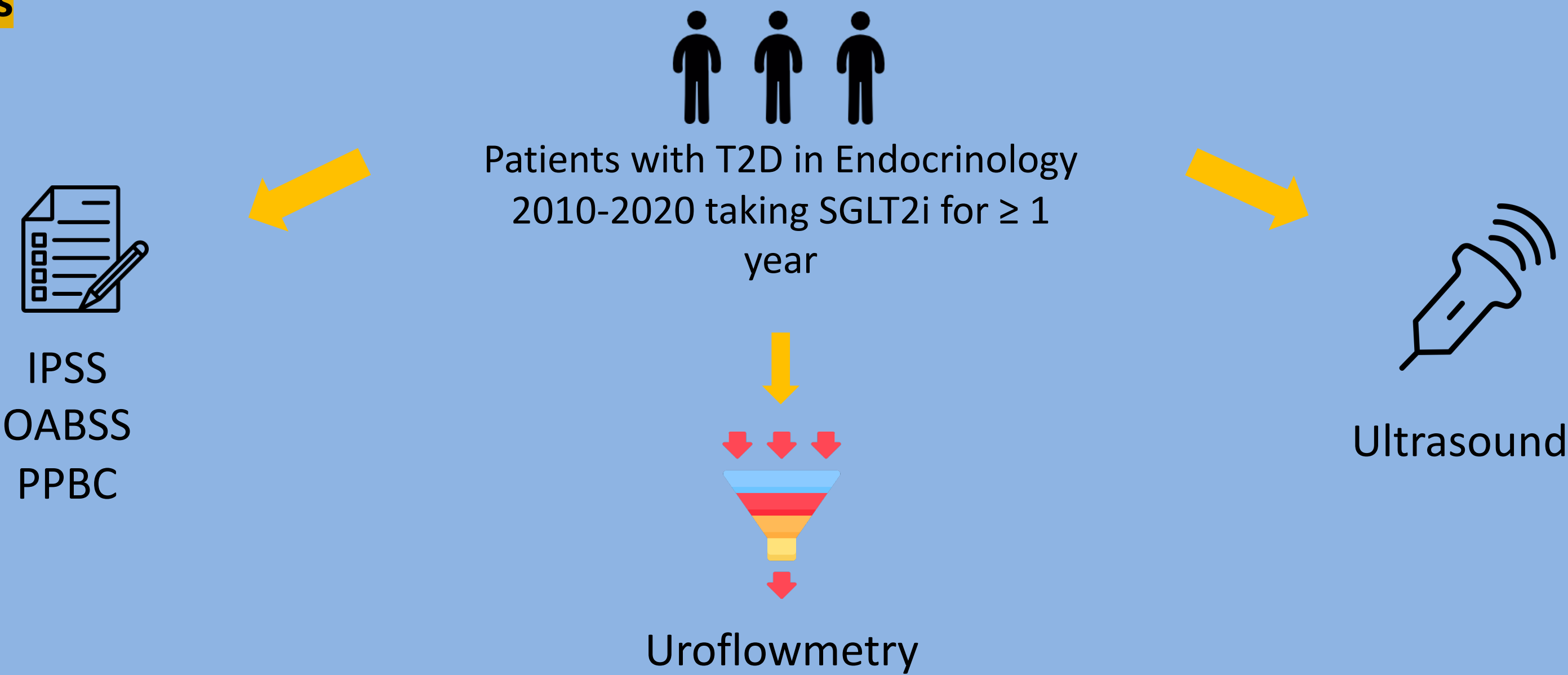
Introduction

Sodium/glucose cotransporter-2 inhibitors (SGLT2i) are new generation oral antidiabetics. which increase urinary glucose excretion¹. The resulting osmotic diuresis may increase lower urinary tract symptoms (LUTS) in the short-term². Nevertheless, no data exists for long-term treatment.

Objetive

To assess the prevalence of LUTS in patients with type 2 diabetes mellitus (T2D)
chronically treated with SGLT2i

Methods



Results

Parameters	Male (n=23)	Female (n=11)	Total (n=34)
Age (years)	60.2±7.2	66.3±8.9	62.1±8.2
Time from T2D diagnosis (years)	13.4±6.7	19.8±13.2	15.5±9.6
Time of SGLT2i treatment (months)	34.1±13.1	34.7±13.2	34.4±12.1
Body Mass Index (Kg/m²)	29.9±5.5	32.9±4.9	30.8±5.4
HbA1C (%)	7.9±1.2	8.0±1.1	7.9±1.1
LDL (mg/dL)	75.0±28.6	104.9±31.3	86.3±32.6
Nocturia	1.2±1.1	1.8±1.3	1.4±1.2
IPSS	4.4±4.3	4.6±2.9	4.5±3.9
OABSS	3.8±3.9	4.7±2.7	4.1±3.5
Bladder Voiding Efficiency (%)	80.5±19.9	82.7±16.9	81.2±18.5
Qmax (mL/s)	19.4±11.7	-	19.4±11.7
Prostate Volume (cm³)	32.8±15.9	-	32.8±15.9

Conclusion

Patients with T2D treated with SGLT2i for ≥ 1 year present mild LUTS and have good bladder voiding efficiency. SGLT2i long-term use could be valuable to bladder remodeling and thus counteract diabetic cistopathy. Further studies are needed to better define the impact of SGLT2i on LUTS and bladder function.