SGLT Inhibitors for T1D

Talk to your doctor about SGLT inhibitors and if they’re right for you.

Figure out your baseline ketone level.

Discuss with your doctor whether to adjust your insulin dose when starting use.

Blood ketone meter*

*this method is preferred. If cost is an issue consider urine ketone strips

While on an SGLT inhibitor you can’t rely solely on high BGs to know if you’re at risk of DKA.

- Stop SGLT inhibitor
- Inject bolus insulin
- Consume 30g of carbs
- Hydrate (drink water)

Check your ketone levels once a day.*

<table>
<thead>
<tr>
<th>BLOOD</th>
<th>URINE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 0.6 mmol/L</td>
<td>Negative</td>
<td>No action needed</td>
</tr>
<tr>
<td>0.6 - 1.5 mmol/L</td>
<td>Trace or small</td>
<td>Treat per doctor’s instructions</td>
</tr>
<tr>
<td>1.6 - 3.0 mmol/L</td>
<td>Moderate</td>
<td>Instructions/attention</td>
</tr>
<tr>
<td>&gt; 3.0 mmol/L</td>
<td>Large to very large</td>
<td>Seek immediate medical attention</td>
</tr>
</tbody>
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Symptoms of ketosis / DKA

- malaise
- fatigue
- nausea
- vomiting

Risk factors / situations

don’t take SGLT inhibitors when you...

- increase physical activity
- may become dehydrated
- change your diet
- consume more alcohol

What to do if your ketones are high, think STICH

- STop SGLT inhibitor
- IInject bolus insulin
- CConsume 30g of carbs
- HHydrate (drink water)

If you seek emergency medical care, let them know you have T1D and are on an SGLT inhibitor and can have DKA with normal glucose levels.

Maintain a dialogue with your healthcare team and pay attention to your body and how you feel.