

# Tips for Success **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.

People on low-carb diets, those who skip meals, drink alcohol frequently, or use an insulin pump are likely to be at a higher risk for diabetic ketoacidosis.

# 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
- <u>Consume 30g of carbs</u>
- Hydrate (drink water)

# Check your ketone levels once a day.\*

\*or as recommended by your healthcare professional

BLOOD	URINE	ACTION
< 0.6 mmol/L	Negative	No action needed
0.6 - 1.5 mmol/L	Trace or small	Treat per doctor's instructions
1.6 - 3.0 mmol/L	Moderate	Instructions/attention
> 3.0 mmol/L	Large to very large	Seek immediate medical attention
Symptoms of Risk factors / situations		

### <u>Symptoms of</u> ketosis / DKA

– malaise

- fatigue
- nausea
- vomiting

## RISK TACLOTS / SILUALIONS

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



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.