Osmotic diuresis

Glucose

Sotagliflozin meets the criteria for adjunct therapy in T2D in combination with insulin; therefore, SGLT1 inhibition could contribute to reduced rates of DKA events in the past 3 months. With all the factors for DKA and glucose filtration rate, the increase in blood glucose levels, and the absorption of glucose in the small intestine, the inhibition of SGLT1 leads to:

- Decreased glucagon
- Less weight gain
- More stable glucose profiles

In addition to its effect on glucose absorption, the SGLT1 inhibition by lowering blood glucose levels via UGE. This risk is predictable, detectable, and preventable. With all these factors, we can mitigate plans.

Factors for DKA

- Illness
- Alcohol intake
- Reduced insulin

Table: Comparison of Rates of DKA

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Placebo</th>
<th>Pooled</th>
<th>Pooled*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empagliflozin 25 mg</td>
<td>2.8%</td>
<td>2.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Empagliflozin 10 mg</td>
<td>22%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Dapagliflozin 5 mg</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Dapagliflozin 10 mg</td>
<td>2.7%</td>
<td>2.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Dapagliflozin 2.5 mg</td>
<td>5%</td>
<td>2.8%</td>
<td>0%</td>
</tr>
<tr>
<td>Ertugliflozin 10 mg</td>
<td>6%</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

This is known as urinary glucose excretion (UGE) occurring in T1D but not in T2D. The glycogen breakdown causes a sense of satiety due to more glucose reaching the stomach, and the SGLT2 inhibition prevents the reabsorption of glucose in the kidney and liver. This leads to decreased blood glucose and Glucose absorption.

SGLT1 is a sodium-glucose linked transporter (SGLT) in the small intestine and transports glucose from the blood into the enterocytes. It is responsible for about 60% of renal glucose reabsorption. SGLT1 inhibition leads to:

- Decreased glucagon
- Increased GLP-1 and PYY
- Reduced insulin dose

GLP-1 and PYY prevent or delay glucose absorption, enhancing the drug's efficacy. This process is known as an "ileal brake" to PYY acting as an "ileal brake" to:

- Decreased food intake
- Increased gastric emptying
- Increased glucagon and gastric inhibitory polypeptide (GIP)

This reduces the absorption of carbohydrates and kind of free fatty acids (FFA) and enhancing glucose utilization. Insulin dose change is not significant after 4 weeks of treatment with SGLT2 inhibitors.