

# Clinical Practice Guideline on management of patients with diabetes and chronic kidney disease stage 3b or higher (eGFR <45 mL/min) 2/2

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## Dose recommendations in CKD

	CKD-1	CKD-2	CKD-3	CKD-4	CKD-5ND	CKD-5D	
Sulfonylureas	Metformin	No adjustments	1,5g-850 mg/day*	500 mg/day**	Consider carefully/Awaiting further data		
	Chlorpropamide	No adjustments	100-125 mg/day	To be avoided			
	Acetohexamide	To be avoided					
	Tolazamide	To be avoided					
	Tolbutamide	250mg, 1-3 times/day			To be avoided		
	Glipizide	No adjustments					
	Glicazide	Start at low doses and dose titration every 1-4 weeks					
	Glyburide	To be avoided					
	Glimepiride	Reduce dosage to 1 mg/day			To be avoided		
	Gliquidone	No adjustments					
α-gluc inhibitors	Repaglinide	No adjustments			Limited experience available		
	Nateglinide	No adjustments			Start at 60 mg/day	To be avoided	
	Acarbose	No adjustments		use lowest dose and <50mg			
DPP-IV inhibitors	Miglitol	Limited experience available					
	Pioglitazone	No adjustments					
	Sitagliptin	No adjustments		Reduce to 50 mg/day	Reduce to 25 mg/day		
	Vildagliptin	No adjustments		Reduce to 50 mg/once daily			
	Saxagliptin	No adjustments		Reduce to 2,5 mg/once daily			
	Linagliptin	No adjustments					
Incretin Mimetics	Alogliptin	No adjustments		Reduce to 12,5 mg/daily			
	Exenatide	No adjustments		Reduce dose to 5 mcg/once to twice daily	To be avoided		
	Liraglutide	Limited experience available					
	Lixisenatide	No adjustments		Careful use if GFR 80-50 mL/min			
	Pramlintide	Limited experience available					
SGLT-2 inhibitors	Dapagliflozin	Limited experience available					
	Canagliflozin	Reduced efficacy		Careful monitoring		To be avoided	
	Empagliflozin	Limited experience available					

## Impact of different classes of glycaemia-lowering drugs on different outcomes

	All cause mortality	Cardiovascular events	Risk of hypoglycaemia	Weight gain	HbA1C change	dose adaptation in advanced CKD
Biguanides	Metformin	Dark Green	Dark Green	Dark Green	Dark Green	Yes
	Chlorpropamide	Red	Red	Red	Dark Green	Avoid
	Acetohexamide	Red	Red	Red	Dark Green	Avoid
	Tolazamide	Red	Red	Red	Dark Green	Avoid
	Tolbutamide	Red	Red	Red	Dark Green	Avoid
Sulfonylureas	Glipizide	Yellow	Yellow	Yellow	Dark Green	no
	Glicazide	Dark Blue	Dark Blue	Dark Blue	Dark Green	Yes
	Glyburide	Red	Red	Red	Dark Green	Avoid
	Glimepiride	Yellow	Yellow	Red	Dark Green	Avoid
	Gliquidone	Yellow	Yellow	Red	Dark Green	no
Meglitinides	Repaglinide	Yellow	Yellow	Yellow	Dark Green	Yes
	Nateglinide	Yellow	Yellow	Yellow	Dark Green	Yes
α-glucosidase inhibitors	Acarbose	Dark Green	Dark Green	Dark Green	Dark Green	No
	Miglitol	Yellow	Yellow	Yellow	Dark Green	no data
DPP-IV inhibitors	Sitagliptin	Yellow	Yellow	Yellow	Dark Green	Yes
	Vildagliptin	Yellow	Yellow	Yellow	Dark Green	Yes
	Saxagliptin	Dark Blue	Dark Blue	Dark Blue	Dark Green	Yes
	Linagliptin	Yellow	Yellow	Yellow	Dark Green	No
	Alogliptin	Yellow	Yellow	Yellow	Dark Green	Yes
Incretin mimetics	Exenatide	Yellow	Yellow	Yellow	Dark Green	Avoid
	Liraglutide	Yellow	Yellow	Yellow	Dark Green	most likely not
	Lixisenatide	Yellow	Yellow	Yellow	Dark Green	Yes
	Pramlintide	Yellow	Yellow	Yellow	Dark Green	no data
SGLT-2 inhibitors	Dapagliflozin	Yellow	Yellow	Yellow	Red	avoid;not effective
	Canagliflozin	Yellow	Yellow	Yellow	Red	avoid;not effective
	Empagliflozin	Yellow	Yellow	Yellow	Red	avoid;not effective

Dark green denotes evidence for beneficial effect; red indicates evidence for negative effect; yellow represents not investigated or insufficient data; pink denotes evidence for weak negative effect; aquamarin represents evidence for neutral to weak positive effect; dark blue indicates evidence for lack of effect/neutral.

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