

ke snížení mortality, úhrada gliflozinů v indikaci léčby chronického onemocnění ledvin je tedy pouze otázkou času. Revoluční přínos SGLT-2i je proto silně vnímán nejen diabetology, ale i kardiology, nefrology a internisty. U pacientů s diabetem 2. typu s klíčovými komorbiditami (srdeční selhání, chronické onemocnění ledvin, vysoké a velmi vysoké

kardiovaskulární riziko) musí být indikace gliflozinů s prokázanými neglykemickými benefity zvažována vždy bez ohledu na kompenzaci diabetu, respektive hodnotu glykovaného hemoglobinu, a glifloziny by v takovém případě měly být preferovány nad antidiabetiky s pouze glykemickým působením.

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