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A "Diabetes Drug" Without Diabetes

Why your cardiologist prescribed it when your blood sugar is fine, and how to take it safely.

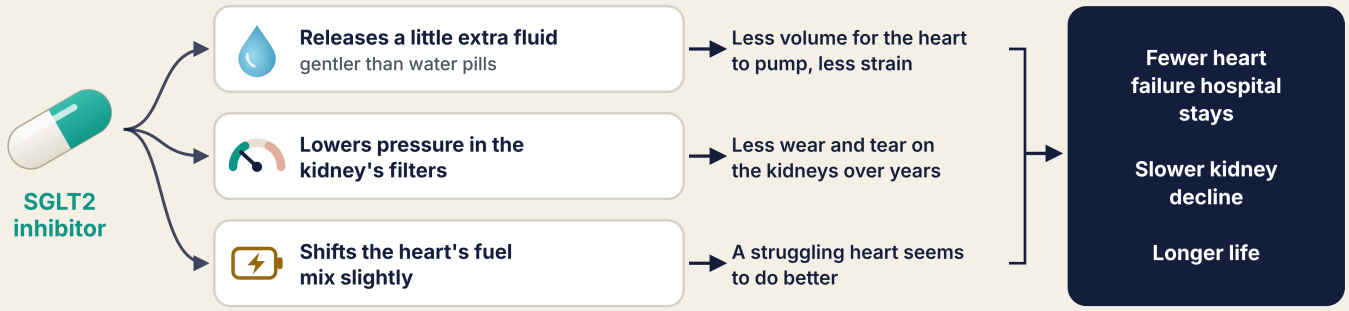
About ¼
lower rate of dying or a heart failure hospital stay with a weakened heart

1 in 20
about how many get a genital yeast infection, more often women than men

4 to 6 weeks
after starting, a routine clinic visit to check labs and how it's going

HOW THEY WORK

The sugar effect is along for the ride



Empagliflozin (Jardiance) and dapagliflozin (Farxiga) block the kidney from taking filtered sugar back, so some sugar leaves in the urine. With normal blood sugar, the body adjusts and sugar stays in the normal range. The heart and kidney protection turned out not to come mostly from the sugar effect, and it works whether you have diabetes or not.

WHO BENEFITS WITHOUT DIABETES

Heart failure and kidney disease

Weakened heart pump
About a quarter lower rate of dying or a heart failure hospital stay.

Normal pumping, poor relaxing
The first drugs to show a clear benefit, with meaningfully fewer hospital stays.

Kidney disease
Clear slowing of decline, especially with protein in the urine.

More than one
Overlapping reasons to be on the medication.

The benefit was nearly the same with or without diabetes. For general heart risk factors without heart or kidney problems, the case is weaker, and the medication isn't usually first-line.

Even if you can't feel it

Take it as prescribed, drink enough water, hold it during sick days and before surgery, watch for the rare but real side effects, and keep your follow-up labs on schedule.

SIDE EFFECTS, SICK DAYS AND WHEN TO GET HELP ARE ON THE BACK

TAKING IT SAFELY

Side effects, sick days and when to get help

COMMON AND MANAGEABLE

most people tolerate it well

Genital yeast infections	About 1 in 20 patients, more often women, because extra sugar in the urine helps yeast grow. Standard antifungal treatment clears it. Good hygiene in the first weeks lowers the chance.
Urinary tract infections	Slightly more common than usual. Drink enough fluid and don't put off bathroom trips.
Lightheadedness	Can show up early, especially with a water pill. The usual fix is a small cut in the water pill dose for the first couple of weeks.
Kidney labs	A small early dip in your kidney filtering number (eGFR), about 3 to 5 points, is expected and not a reason to stop. A drop of up to 30% is tolerated. Call if it falls more than 30%.

SICK DAYS AND SURGERY

Serious illness	With vomiting, dehydration, an inability to eat or a long stretch without eating, hold it until you've recovered and are eating normally. Follow your sick-day plan, or call your prescriber.
Planned surgery	Stop it at least 3 days before (4 days for ertugliflozin), and restart once you're back to your normal intake.
Water	Stay well hydrated, with more on hot days. Drinking less can leave you dehydrated and lightheaded.

GET HELP QUICKLY

Emergency department	Severe abdominal pain, persistent vomiting, rapid breathing, confusion or unusual fatigue can signal a rare but serious chemical imbalance (ketoacidosis), even with normal blood sugar. Tell the team you take this medication.
Urgent evaluation	Severe pain, swelling or redness in the genital area or the skin around it, especially with fever, can be a rare infection called Fournier's gangrene.
Call the same day	New lightheadedness or near-fainting, especially in the first few weeks.

GOOD TO KNOW

Blood sugar	It won't drop too low without diabetes, and routine sugar checks aren't needed.
Which drug, how long	Empagliflozin and dapagliflozin are largely interchangeable, and both work alongside your other heart medicines. For most uses, it's taken indefinitely.

IF COST IS A BARRIER

Brand-name pills run several hundred dollars a month at retail. Manufacturer coupons and income-based assistance programs can help. If insurance asks for a diabetes diagnosis, the right heart failure or kidney codes usually get it approved.

READ THE FULL ARTICLE

damianrasch.com/sglt2-inhibitors-non-diabetics

For education only, and not a substitute for advice from your own physician. Sources include EMPA-REG OUTCOME (NEJM 2015), DAPA-HF, EMPEROR-Reduced, EMPEROR-Preserved, DELIVER, DAPA-CKD, EMPA-KIDNEY, the 2022 AHA/ACC/HFSA heart failure guideline and KDIGO 2022.

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