

A New Era in Kidney Disease Treatment? Rapid Adoption of SGLT2is and GLP-1s Signals Shifting Paradigms

Jennifer LaFave, Ellie McClatchy, Stephanie Tomazin: Spherix Global Insights



Background:

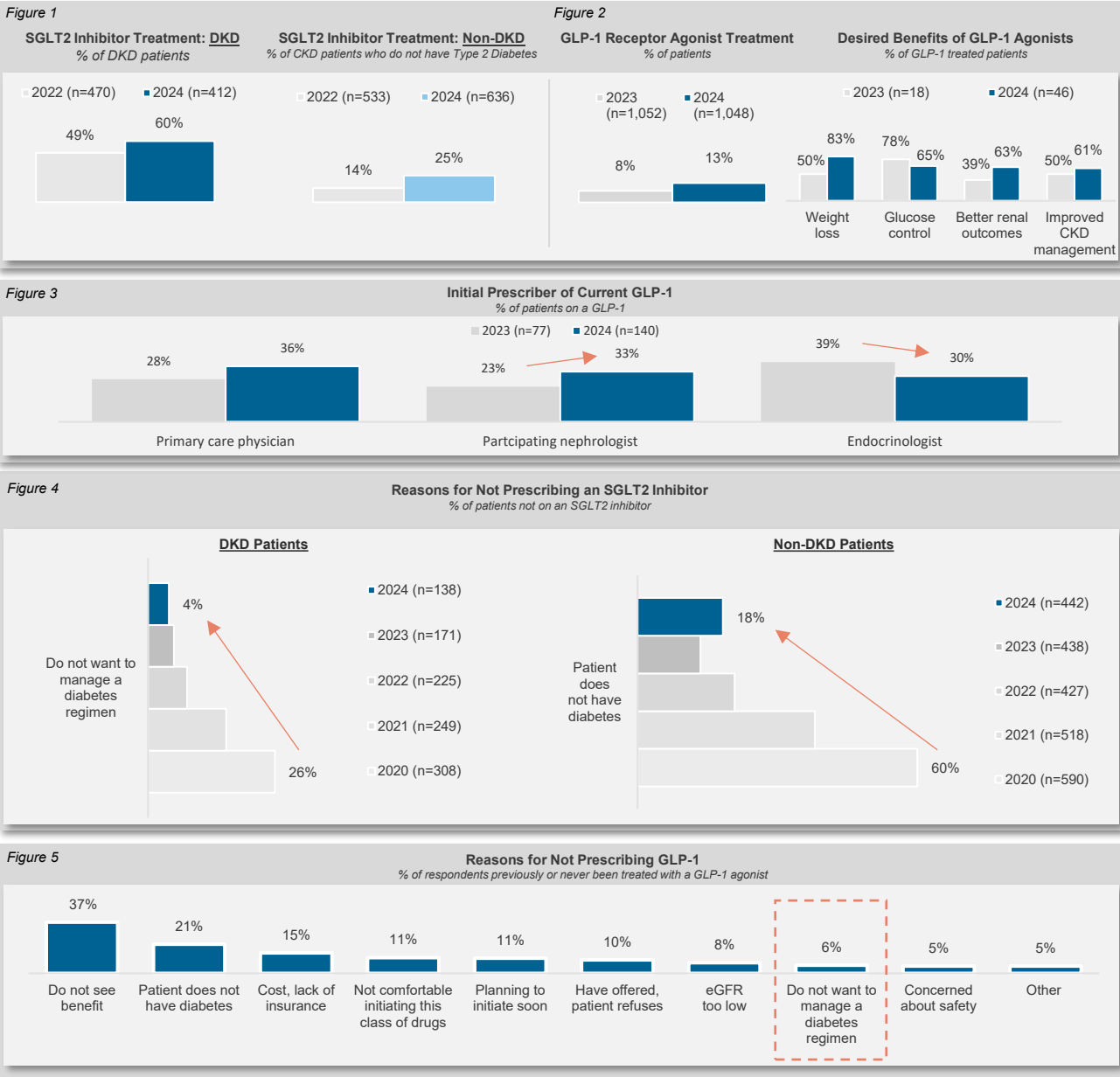
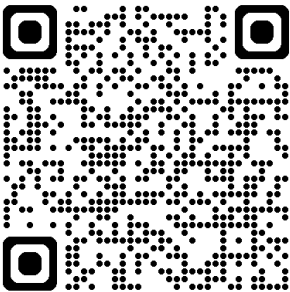
While SGLT2 inhibitors and GLP-1 receptor agonists were initially approved for the treatment of type 2 diabetes, both drug classes have demonstrated significant cardiovascular and renal benefits, leading to FDA approvals of agents like dapagliflozin and empagliflozin for chronic kidney disease (CKD). As such, nephrologists are adopting a comprehensive treatment strategy incorporating SGLT2 inhibitors and GLP-1 agonists early in the CKD treatment paradigm to slow disease progression and prolong the timeline to dialysis (Fig.3).

Methodology:

Data was collected from 1,048 non-dialysis patient charts submitted by 197 U.S. nephrologists from 10/10/24-11/20/24, plus trended data from similar studies from 2020 to 2023.

Acknowledgements:

Thank you to Spherix Global Insights' network of nephrologists and their patients.



Results:

Once met with hesitation, nephrologists are now much more willing to prescribe SGLT2is and GLP-1s. Just 4% of nephrologists (down from 26% in 2020) report not wanting to manage a patient's diabetes regimen as a reason for not prescribing SGLT2is to Diabetic Kidney Disease (DKD) patients and 18% (down from 60%) say that a CKD patient not having diabetes is a reason for not prescribing (Fig.4). Similarly, just 6% of nephrologists cite not wanting to manage a patient's diabetes regimen as a reason for not prescribing a GLP-1 (Fig.5).

SGLT2 inhibitors are now routinely prescribed by nephrologists due to their proven CKD benefits. Approximately 60% of DKD patients (up from 49% in 2022) and 25% of non-DKD patients (up from 14% in 2022) are currently treated with an SGLT2 inhibitor, signaling strong belief in their renal protective benefit (Fig.1).

GLP-1 agonists have also seen notable growth in CKD-ND patients over the past few years (13% in 2024 vs. 8% in 2023), with nephrologists playing an increasingly prominent role in prescribing them. Prescribing is driven by multiple factors, including weight loss, glucose control, and enhanced CKD management and improved renal outcomes (Fig.2).

Conclusion:

As SGLT2 inhibitors and GLP-1s are incorporated into CKD care, the beginnings of a new standard of care are emerging that may ultimately shift the trajectory of diabetic, and non-diabetic kidney disease, long before patients need dialysis. The evolving landscape of CKD management presents significant opportunities to improve patient outcomes through the strategic use of these agents.

Disclosures:

Jennifer LaFave, Ellie McClatchy, and Stephanie Tomazin are employees of Spherix Global Insights, an independent market intelligence firm and have received no industry funding to conduct and report on this study.