CLINICAL INSIGHTS

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DIABIZ TABLETS *Issue IV, No.12., 2026*

Effects of Dapagliflozin on Novel Inflammatory Markers in Heart Failure Patients

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- Sodium–glucose cotransporter-2 (SGLT-2) inhibitors have been established to decrease hospitalizations and cardiac death within all heart failure groups. The potential beneficial effects of dapagliflozin on inflammation and the immune system may contribute to these mechanisms.
- 191 patients (mean age 66.17 ± 10.7 years) who were started on dapagliflozin due to heart failure were compared before and 6 months after the treatment. The systemic immune–inflammation index (SII) and the systemic inflammation response index (SIRI) were calculated using the following formulae: (platelet × neutrophil)/lymphocyte and (neutrophil × monocyte)/lymphocyte, respectively.
- A total of 156 patients (81.7%) had diabetes mellitus, 70 patients (36.6%) had heart failure with reduced ejection fraction (HFrEF), 31 (16.2%) had heart failure with mildly reduced ejection fraction (HFmrEF), and 90 (47.1%) had heart failure with preserved ejection fraction (HFpEF). A significant decrease was detected in the SII and SIRI ($p < 0.001$).
- In these indices, a consistently significant decrease was observed in all groups, irrespective of the type of heart failure and the presence of diabetes mellitus ($p < 0.005$).

With dapagliflozin treatment, the most recent inflammation parameters, SII and SIRI, have significantly decreased. This effect may be one reason for the cardiovascular benefits of dapagliflozin treatment.

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