When should we consider SGLT-2 inhibitors in patients with acute decompensated heart failure?

In the January 2024 issue, the article by Badwan OZ, Braghieri L, Skoza W, Agrawal A, Menon V, Tang WHW. When should we consider SGLT-2 inhibitors in patients with acute decompensated heart failure? Cleve Clin J Med 2024; 91(1):47–51. doi:10.3949/ccjm.91a.23034 contained an error in Figure 1. The dosage of empagliflozin was given as 10–25 mg twice daily. The correct dosage is 10–25 mg once daily. The corrected version appears below:

![Image of the Figure 1](https://example.com/figure1.png)

**Figure 1.** Proposed algorithm for initiating sodium-glucose cotransporter 2 inhibitors in acute decompensated heart failure.

*dapagliflozin: No dosage adjustment for eGFR ≥ 25 mL/min/1.73 m². Manufacturer labeling does not recommend initiation of therapy at eGFR < 25 mL/min/1.73 m². Sotagliflozin is not indicated for patients with eGFR < 25 mL/min/1.73 m². For heart failure, empagliflozin is not indicated for eGFR < 20 mL/min/1.73 m². For type 2 diabetes mellitus, empagliflozin is not indicated for eGFR < 30 mL/min/1.73 m².

*d Direct evidence on the effects of canagliflozin and ertugliflozin on heart failure outcomes is available only in patients with type 2 diabetes mellitus. It remains to be determined if they have similar effects in patients without type 2 diabetes.

eGFR = estimated glomerular filtration rate; NT-proBNP = N-terminal pro-B-type natriuretic peptide; SBP = systolic blood pressure; SGLT-2 = sodium-glucose cotransporter 2