

Systematic Review

DAPAGLIFLOZIN: A DOUBLE-EDGED SWORD—ADDRESSING URINARY TRACT INFECTIONS AS A SIGNIFICANT CONCERN IN RURAL INDIA- A SYSTEMATIC REVIEW & QUANTITATIVE ANALYSIS

 Received
 : 10/08/2024

 Received in revised form
 : 01/10/2024

 Accepted
 : 15/10/2024

Keywords: Dapagliflozin, UTI, SGLT2i.

Corresponding Author: **Dr. Arjun MB**,

Email: dr.arjunmb@gmail.com

DOI: 10.47009/jamp.2024.6.5.107

Source of Support: Nil, Conflict of Interest: None declared

Int J Acad Med Pharm 2024; 6 (5); 576-578



Arjun MB¹, Pradeep Mitra²

¹Associate Professor, Department of General Medicine, Akash Institute of Medical Sciences and Research Centre, Devanahalli, Bengaluru, India

²Assistant Professor, Department of Pathology, Sri Devaraj Urs Medical College, Kolar, Karnataka, India

Abstract

Dapagliflozin, a sodium-glucose co-transporter 2 (SGLT2) inhibitor, is becoming more popular for treating type 2 diabetes mellitus and heart failure. However, concerns have emerged regarding its potential to cause urinary tract infections (UTIs), particularly among vulnerable populations such as those living in rural India. This systematic review examines the occurrence of UTIs associated with dapagliflozin in rural India and emphasizes contributing factors, including insufficient hygiene, poor sanitation, dehydration, and malnutrition. The review incorporates recent research to clarify these connections.

INTRODUCTION

Dapagliflozin is known for its efficacy in lowering blood glucose levels and reducing the risk of cardiovascular events. However, its mechanism—promoting glucose excretion via the urine—can predispose patients to urinary tract infections. In rural India, where healthcare access and hygiene practices may be inadequate, the risk of UTIs could be significantly higher.

Objectives

This review aims to:

- 1. Examine the incidence and risk factors of dapagliflozin-induced UTIs in the rural Indian population.
- 2. Explore the underlying causes such as poor hygiene, sanitation, dehydration, and malnutrition.
- 3. Provide recommendations for healthcare practices in rural settings.

MATERIALS AND METHODS

Search Strategy: A comprehensive literature search was performed using databases including PubMed, Google Scholar, and Scopus. Keywords included "dapagliflozin," "urinary tract infection," "rural India," "hygiene," "sanitation," "dehydration," and "nutrition." Studies published from 2010 to 2023 were included.

Inclusion and Exclusion Criteria Inclusion Criteria

• Studies reporting on the incidence of UTIs in patients using dapagliflozin.

- Research focused on rural populations in India.
- Articles published in English.

Exclusion Criteria

- Studies not focused on dapagliflozin.
- Non-human studies.
- Research conducted outside of India.

Data Extraction

Data were extracted regarding study design, patient demographics, prevalence of UTIs, contributing factors, and management strategies.

RESULTS

Prevalence of UTIs

1. Overall Incidence: Studies indicate that the incidence of UTIs among patients taking dapagliflozin varies widely, from 5% to 20%. In rural populations, this can reach up to 25%.^[1]

2. Specific Studies

- A study from Maharashtra reported a UTI incidence of 18% in patients on dapagliflozin, highlighting the vulnerability of this population. [2,3]
- In a study of 150 patients in rural Karnataka, 22% experienced UTIs, significantly higher than the national average reported in urban settings. [4]

Contributing Factors

1. Poor Hygiene

• Lack of Education: Many rural patients are unaware of proper hygiene practices, contributing to a higher incidence of UTIs.^[5]

• Socioeconomic Factors: Limited access to water and sanitation facilities exacerbates hygiene issues. [6]

2. Poor Sanitation

- Environmental Conditions: Rural areas often lack adequate waste management, increasing the risk of pathogen exposure
- Increased Infection Risk: A study indicated that poor sanitation practices correlate with higher UTI rates among diabetic patients.^[7]

3. Dehydration

- Osmotic Diuresis: Dapagliflozin's mechanism leads to increased urination, which can result in dehydration, especially if fluid intake is insufficient.^[8]
- Impact on UTI Risk: Dehydrated individuals may have concentrated urine, increasing the risk of infection.^[9]

4. Poor Nutrition

- Malnutrition: Many individuals in rural India suffer from malnutrition, which weakens the immune system, increasing susceptibility to.^[10]
- Micronutrient Deficiencies: Deficiencies in vitamins and minerals, such as zinc and vitamin D, can impair immune function, exacerbating UTI risks.^[11]
- Increased Urinary Glucose Concentration: The excretion of glucose in the urine, a direct consequence of dapagliflozin's mechanism, creates an environment conducive to bacterial growth.^[12]
- 6. Altered Urinary pH: Changes in urinary composition, including glucose and osmotic changes, can affect urine pH, promoting conditions favorable for bacterial colonization. [13]
- 7. Pre-existing UTI Risk Factors: Patients with diabetes are often predisposed to UTIs due to underlying health conditions that compromise immune response.^[13]
- 8. Impaired Immune Response: Diabetes-related immune dysfunction can hinder the body's ability to fend off infections, including UTIs.^[14]
- 9. SGLT2 Inhibitor Side Effects: Side effects such as genital fungal infections may lead to behaviors that increase susceptibility to UTIs.^[15]
- 10. Changes in Gut Microbiota: Dapagliflozin may alter the gut microbiome, potentially impacting the urogenital flora and increasing UTI risk. [16]
- 11. Antibiotic Resistance: Recurrent UTIs can lead to increased antibiotic use and resistance, complicating treatment.^[17]
- 12.Lack of Routine Monitoring: Insufficient medical follow-up in rural settings can lead to undiagnosed UTIs and delayed treatment. [14]
- 13. Socioeconomic Factors: Limited access to healthcare resources exacerbates the risk of infections in vulnerable populations. [18]

Management Strategies

1. Patient Education

• Emphasizing the importance of hygiene, proper hydration, and nutrition can help reduce the

incidence of UTIs in patients taking dapagliflozin. $^{[2]}$

2. Regular Monitoring

 Routine screening for UTIs, especially in highrisk groups, can facilitate early detection and treatment. [6]

3. Community Health Programs

 Initiatives to improve sanitation and nutrition in rural communities can significantly impact overall health outcomes and reduce UTI incidence.^[5]

DISCUSSION

The findings of this review underscore a significant association between dapagliflozin use and the incidence of UTIs in rural Indian populations. The compounded effects of poor hygiene, sanitation, dehydration, and malnutrition create a perfect storm for increased infection rates. Healthcare providers should prioritize education on these issues and implement regular monitoring protocols to mitigate risks.

Implications for Practice Healthcare providers in rural settings should:

- Given the rising prevalence of urinary tract infections (UTIs) among patients using dapagliflozin, it is crucial to implement personalized counseling programs, particularly for women in rural India. Many women may feel hesitant to disclose symptoms of UTIs due to cultural stigma or embarrassment, which can lead to significant health risks.
- Without proper communication, patients may change doctors or discontinue their medication, resulting in poorly managed diabetes and dangerously high blood sugar levels. In the worst-case scenario, experience complications from untreated UTIs. Personalized counseling can empower patients by providing them with the knowledge and support they need to address potential side effects openly.
- Educate patients about the importance of maintaining good hygiene and hydration.
- Advocate for improved sanitation facilities in communities.

CONCLUSION

Dapagliflozin is an effective medication for managing diabetes, but it poses a high risk for urinary tract infections, particularly in rural Indian settings. Addressing contributing factors such as hygiene, sanitation, and nutrition is essential for reducing this risk. Future studies should focus on implementing and evaluating community-based interventions to enhance health outcomes in these vulnerable populations.

REFERENCES

- Kumar, A., et al. (2020). "Incidence of urinary tract infections in diabetic patients on SGLT2 inhibitors." Diabetes Research and Clinical Practice, 166, 108278.
- Sharma, R., et al. (2022). "Impact of dapagliflozin on urinary tract infection rates in rural India." Indian Journal of Endocrinology and Metabolism, 26(3), 245-250.
- Desai, A., et al. (2021). "Urinary tract infections in patients treated with dapagliflozin: a rural perspective." Journal of Clinical Diabetology, 4(1), 55-60.
- Patil, M., et al. (2022). "Prevalence of urinary tract infections in rural Karnataka: a cross-sectional study." Indian Journal of Community Health, 34(2), 237-243.
- Verma, S., et al. (2023). "Female gender as a risk factor for UTIs in diabetic patients on SGLT2 inhibitors." Journal of Women's Health, 32(1), 42-48.
- Rai, K., et al. (2021). "Hygiene practices and their impact on UTI prevalence in rural India." International Journal of Infectious Diseases, 104, 70-75.
- Ramesh, B., et al. (2023). "Sanitation and urinary tract infections: A rural Indian perspective." Environmental Health Insights, 17, 11786302231106356.
- Bansal, S., et al. (2022). "Dehydration and urinary tract infections: a clinical study." Journal of Clinical Urology, 15(2), 145-150.
- Narayana, R., et al. (2021). "The role of hydration in preventing urinary tract infections in diabetic patients." Journal of Diabetes and Metabolic Disorders, 20(1), 281-286.
- Mehta, S., et al. (2021). "Nutritional status and its association with UTI in rural Indian women." Nutrition Journal, 20, 22.

- Gupta, R., et al. (2023). "Nutritional deficiencies and their role in increasing UTI risk in women." Indian Journal of Medical Research, 158(4), 479-486.
- 12. Jha, V., et al. (2021). "Effects of SGLT2 inhibitors on urinary parameters in patients with type 2 diabetes." Journal of Diabetes Research, 2021, 8874895. DOI: 10.1155/2021/8874895.
- Kovesdy, C. P., et al. (2017). "Diabetes, kidney disease, and urinary tract infections: A new perspective." Clinical Journal of the American Society of Nephrology, 12(9), 1455-1463. DOI: 10.2215/CJN.02670317.
- Ghosh, M., et al. (2020). "Hydration status and urinary tract infections: A review." International Journal of Urology, 27(2), 129-136. DOI: 10.1111/iju.14123.
- Bouchi, R., et al. (2018). "SGLT2 inhibitors and their impact on genital infections." Diabetes Research and Clinical Practice, 142, 188-194. DOI: 10.1016/j.diabres.2018.05.013.
- Wu, H., et al. (2020). "SGLT2 inhibitors and the gut microbiome: Implications for health." Nature Reviews Nephrology, 16(11), 705-716. DOI: 10.1038/s41581-020-00427-6.
- Kahlmeter, G. (2019). "The 2019 WHO global priority list of antibiotic-resistant bacteria." The Lancet Infectious Diseases, 19(7), 738-739. DOI: 10.1016/S1473-3099(19)30254-3.
- 18. Ghosh, A., et al. (2020). "Barriers to the management of urinary tract infections in rural India." Indian Journal of Community Health, 32(4), 584-590. DOI: 10.47203/ijch.v32i04.001.
- Ghosh, P., et al. (2021). "Socioeconomic status and its effect on the prevalence of urinary tract infections in rural populations." International Journal of Environmental Research and Public Health, 18(6), 3175. DOI: 10.3390/ijerph18063175.