



Sales Teams



One-line detailing: In this Indian study, a fixed dose combination of empagliflozin and linagliptin for 12 months in diabetes patients uncontrolled on DPP4-i-based treatment, led to improvement in albuminuria and eGFR along with diabetes control

Leave-behind

Real-World Impact of Empagliflozin + Linagliptin in T2DM (N=433, 12-Month Indian Study)

BEFORE Switching



80% with Elevated Albuminuria



Mean **UACR 207.8** mg/g



20% with eGFR < 60 mL/min/1.73 m²



Patients uncontrolled on a DPP4-I-based antidiabetic combination therapy; mean HbA1c 7.7%



High Cardio-Renal Risk

12 Months AFTER Switching



UACR 64.9 mg/g



72% ≥ 30% Albuminuria Reduction



eGFR Dip → Stabilization & Recovery

HbA1c **-1.5%**, Weight **-3.3** kg



Insights

- ✓ Albuminuria remains a modifiable and early marker of CKD risk in T2DM
- ✓ Early eGFR Dip in SGLT2-i: Expected, Not Harm
- ✓ Complementary agents enable Glycemic & Renal Benefits

Clinical Implications



Routinely track **BOTH UACR & eGFR Trends** in Diabetes Care



Primary message

This real-world study confirms renal signal consistency (UACR reduction + eGFR stabilization) outside controlled trial settings.

Supporting messages

- *Albuminuria is an early, modifiable marker of CKD risk in T2DM.*
- *Early eGFR dip with SGLT2 inhibitors is expected and reversible, not a safety signal.*
- *Dual-mechanism therapy allows simultaneous glycemic and renal risk modification.*

Dual Action, Triple Benefit: Empagliflozin-Linagliptin for T2DM & Kidney Health

12-Month Retrospective Study | 433 Patients | Key Clinical Outcomes

MAJOR IMPROVEMENTS IN KIDNEY HEALTH

71.8%

of Patients Saw a Clinically Meaningful Reduction in Albuminuria

Mean Urine Albumin-Creatinine Ratio (UACR) dropped significantly by 142.9 mg/g.

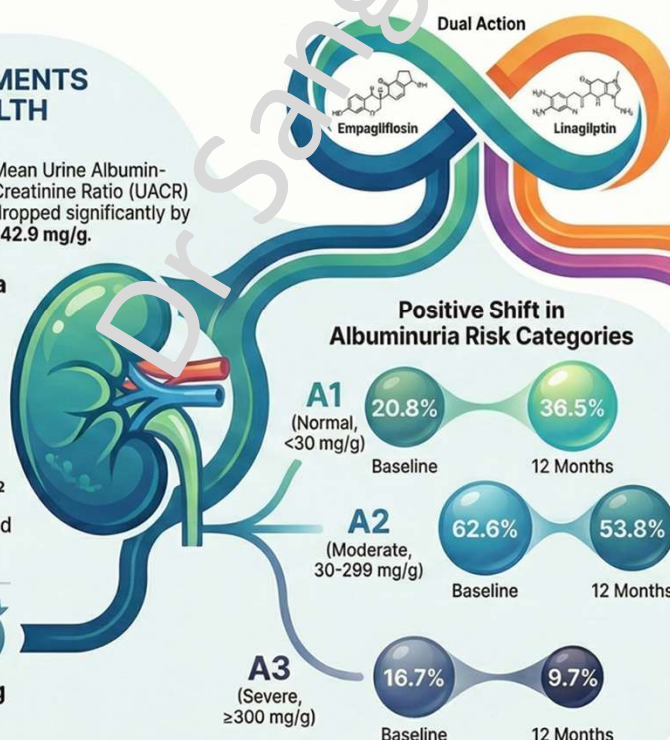
eGFR rose

1.9 mL/min/1.73 m²

Kidney Function Stabilized and Improved After an Initial Dip

2.2x

Higher Odds of Achieving Normal Albuminuria



ENHANCED GLYCEMIC CONTROL

1.5%

Absolute Reduction in HbA1c

Glycated hemoglobin dropped from a mean of 8.3% to 6.7%.

METABOLIC CONTROL

3.3 kg

Average Weight Loss

Mean body weight decreased from 68.7 kg to 68.4 kg over 12 months.



Primary message

Renal outcomes should be interpreted longitudinally, not cross-sectionally.

Supporting messages

- *UACR reduction is a clinically meaningful early win, even before hard renal endpoints.*
- *eGFR changes must be interpreted in context and over time.*
- *Monitoring both UACR and eGFR provides a more complete renal risk picture.*

Initial eGFR Dip Followed by Stabilization and Recovery Over 12 Months

Mean eGFR Trajectory (N=399)



This initial hemodynamic dip is a characteristic effect of SGLT2-i therapy and is typically reversible.

What clinicians should walk away thinking

"I need to look at trends, not isolated numbers, when managing diabetic kidney risk."



Primary message

Real-world data offer practical lessons for day-to-day renal monitoring in diabetes.

Supporting messages

- Albuminuria remains under-recognized but highly actionable.
- Misinterpretation of early renal changes can lead to unnecessary concern.
- Real-world studies complement RCTs by showing what actually happens in practice.

