SGLT2 inhibitors are associated with a significantly higher risk of recurrent genital and urinary tract infections (UTIs) than placebo and other active anti-diabetics, which may cause treatment discontinuations.

**Objectives**
To evaluate SGLT2 inhibitors discontinuation due to recurrent UTIs, in patients with T2DM.

**Methods or Study Design**
Observational, retrospective study

**Results**

- 691 patients, 2.5% interrupted SGLT2 due to recurrent UTIs
- 82% women. Mean age: 63 years
- Median treatment duration was 8.8 (2.2-13) months

**SGLT2 RECEIVED**
- 58.8% patients received dapaglyfozin,
- 29.4% patients empaglyfozin
- 11.8% canaglifozyn

**TREATMENT INTERRUPTIONS**
- 2.5% recurrent UTIs
- 2% other medication related problems.
- 8 patients had urinary infections
- 7 genital infections
- 2 both genital and urinary infections

**Conclusions**
Patients in treatment with SGLT2 inhibitors have an increased risk of UTIs. Recurrent UTIs significantly impair quality of life. Personal history of UTIs should be considered before initiating SGLT2 inhibitors.