



## The Medical **Bulletin**

# In Endocrinology

## Diabetology & Metabolic Syndrome

### Research

Published: 11 June 2022

### **The 2021–2022 position of Brazilian Diabetes Society on diabetic kidney disease (DKD) management:**

It is well known "Diabetic kidney disease is the leading cause of ESRD(end-stage renal disease ) and is associated with increased morbidity and mortality. Prevention or rather postponing advanced stages of Diabetic kidney disease with cardiovascular complications is by rigorous glycemic control and blood pressure control are very well needed and the prescription of renin–angiotensin–aldosterone system blocker agents such as ARB, ACEI, and MRA. Recent evidence also shows SGLT2 inhibitors and GLP1 receptor agonists ha are added to the remedial armamentarium with useful effects of protecting kidney protection and patients' survival.

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### JAHA

#### REVIEW ARTICLE

Omega-3 Polyunsaturated Fatty Acids Intake and Blood Pressure: A Dose-Response Meta-Analysis of Randomized Controlled Trials

Xin Zhang, etal

Originally published 1 Jun 2022

A meta-analysis reveals optimal ingestion of omega-3 fatty acids for BP lowering is likely between 2 g/d and 3 g/d. There is added value of benefit in reduction of BP in patients at high risk for cardiovascular diseases, if doses of omega-3 fatty acid ingestion above the recommended 3 g/d.

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**REF:** Effects of Early Empagliflozin Initiation on Diuresis and Kidney Function in Patients With Acute Decompensated Heart Failure (EMPAG-HF)

P. Christian Schulze, etal

Originally published-29 Jun 2022 Circulation

New outlook on Management of Acute Decompensated Heart Failure.



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Adding the drugs viz-

synthetic natriuretic peptides, vasopressin antagonism, or ultra filtration to standard diuretic regimens has not shown any improvement in outcomes of chronic or acute decompensated heart failure.

***The first randomised study EMPAG-HF effects :***

Early addition of empagliflozin to standard diuretic therapy increases urine output without affecting renal function in patients with acute decompensated heart failure. So it is hopeful to add sodium-glucose cotransporter-2 inhibitor to diuretic therapy in HF -Acute Decompensated state.

***Dr. Rajsekar***