MEDIBEATS
The Medical Bulletin

In Nephrology

Novel Treatment Options for CKD in Type 2 Diabetes – Evaluating Latest Landmark Trial Results

Below are some key learning points to help reinforce the impact of this activity

- Inflammation and fibrosis are important mediators of progression in chronic kidney disease (CKD), along with hemodynamic factors, such as elevated BP and/ or intraglomerular pressure, and metabolic factors, such as poor glycemic control.
- Progression to CKD in patients with T2D continues despite control of hypertension with renin-angiotensin-aldosterone-system (RAAS) blockade and optimization of glycatedhemoglobin levels with antihyperglycemic therapy.
- Mineralocorticoid receptor (MR) overactivation induces inflammation and fibrosis. It has been found that use of nonsteroidal MR antagonists (MRAs) has the clinical benefits of decreasing the progression of inflammation and fibrosis in patients with CKD and T2D.
- A first-in-class nonsteroidal MRA is now approved on top of standard therapy to reduce the risk of sustained decline in the estimated glomerular filtration rate, kidney failure, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure.
- Although real, hyperkalemia risk associated with novel selective nonsteroidal MRAs can be mitigated by adequately selecting patients at treatment initiation, followed by regular monitoring of [K+] levels thereafter.

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