In Nondiabetic CKD, No Overall Benefit of Intensive BP Control

Intensive blood pressure control does not further reduce the risk of kidney disease progression among nondiabetic patients with kidney disease, concludes a meta-analysis in JAMA Internal Medicine.

A systematic review identified nine randomized controlled trials comparing intensive blood pressure control—targeting levels less than 130/80 mm Hg—with standard blood pressure control in CKD patients without diabetes. The studies included a total of 8127 patients with a median follow-up of 3.5 years, including more than 800 kidney disease progression events. Meta-analysis was performed for the outcomes of annual rate of change in glomerular filtration rate (GFR), doubling of serum creatinine or 50% reduction in GFR, end-stage renal disease, a composite renal outcome, and all-cause mortality.

In the overall patient population, there was no significant difference in progression of renal disease or mortality between intensive versus standard blood pressure control. However, there was a trend toward lower kidney disease progression with intensive BP control among nonblack patients and those with higher levels of proteinuria. Adverse events were similar between groups, except for a higher rate of dizziness with intensive BP control.

Most CKD patients do not have diabetes, and BP control can reduce decline in renal function and cardiovascular risk. Previous studies of intensive BP control in this large group of patients have yielded conflicting results.

The new meta-analysis of more than 8000 nondiabetic CKD patients with 3 years’ follow-up shows no reduction in kidney disease progression with intensive versus standard blood pressure control. However, the data show a trend toward reduced kidney disease progression in nonblack patients and those with heavy proteinuria. Adverse events appear similar at both BP targets (Tsai W-C, et al. Association of intensive blood pressure control and kidney disease progression in nondiabetic patients with chronic kidney disease and arterial hypertension should be based on individual assessment of risks and benefits [Keshav V, et al. The association of anticoagulation, ischemic stroke, and hemorrhage in elderly adults with chronic kidney disease and arterial fibrillation. Kidney Int 2017; 91:928–936].

The results suggest lower all-cause mortality in CKD patients with higher urinary protein excretion, but no significant association with kidney failure risk. [H]igher protein intake may provide some benefit even in a population with nondiabetic CKD," the researchers write. They call for further studies to examine these associations in other groups of kidney disease patients and to explore the underlying mechanisms.

Liraglutide

Added to standard treatment with a weight-loss drug, the risk of development of diabetes among obese adults with prediabetes was lower in a study in Diabetes Care.

The researchers randomly assigned 2850 obese adults with or without prediabetes to standard treatment or to standard treatment plus liraglutide (Victoza) for 15 months. Both groups received usual care for type 2 diabetes for the first 5 years of the study, with liraglutide added to standard treatment for the last 5 years. In the group that received liraglutide, 1.7% of patients developed diabetes compared with 2.7% in the group that did not receive liraglutide (approaching statistical significance).

"Language-Concordant" Care Improves Diabetes Control in Latino Patients

For Latino patients with diabetes, having a primary care provider who speaks Spanish is associated with improved diabetes control, according to a study in JAMA Internal Medicine.

The researchers analyzed data from the Kaiser Permanente Northern California system of integrated health care delivery from 2007 to 2014. Of these, 1.7% had creatinine levels that increased by more than 0.4 mg/dL over a year, compared to 0.9% in the LC group (28%), which received kidney biopsy, categorized by race and ethnicity.

"Patients with diabetes who receive treatment within 1 year of diagnosis and who receive care at facilities primarily serving patients of color are less likely to receive kidney biopsy compared to those treated at facilities with diverse populations," the researchers write. "This study examined whether improved diabetes control among LEP Latino patients is associated with improved care for kidney disease, an important yet understudied condition among this population."