

Drug fails to help kidney transplant recipients

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A drug that protects the kidneys of patients with chronic kidney disease does not seem to provide the same benefit to kidney transplant recipients, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology (JASN)*.

Immunosuppressants help prolong the function of transplanted organs, but therapies that target non-immunological damage to these organs—such as elevated blood pressure and tissue scarring (or fibrosis)—have not been studied.

Angiotensin II blockade, which causes blood vessels to dilate, can slow the progression of kidney disease in individuals without kidney transplants. Hassan Ibrahim, MD (University of Minnesota) and his colleagues set out to test the strategy in transplant recipients. "To our knowledge this is the first randomized placebo-controlled trial of angiotensin II blockade in these patients," said Dr. Ibrahim.

The investigators assigned 153 [kidney transplant](#) recipients to receive the angiotensin II receptor blocker losartan or placebo within three months of transplantation, continuing treatment for five years.

"Contrary to what has been observed in native kidney disease, angiotensin II blockade did not demonstrate a statistically significant benefit in lessening fibrosis or terminal [kidney failure](#) from severe fibrosis. Nevertheless, angiotensin II blockade was safe and well-tolerated," said Dr. Ibrahim. He noted that a similar trial is ongoing in

Canada.

The findings provide valuable information for future studies of non-immunological therapies for [kidney transplant recipients](#).

More information: The article, entitled "Angiotensin II Blockade in Kidney Transplant Recipients," will appear online at jasn.asnjournals.org/ on January 10, 2013, [doi: 10.1681/2012080777](https://doi.org/10.1681/2012080777)

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