

Nonalbuminuric CKD ups cardiovascular morbidity in T1DM

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(HealthDay)—Nonalbuminuric chronic kidney disease is associated with increased risk of cardiovascular disease and all-cause mortality, but not renal outcomes, in patients with type 1 diabetes, according to a study published online Aug. 26 in *Diabetes Care*.

Lena M. Thorn, M.D., from the Folkhälsan Institute of Genetics in Helsinki, and colleagues conducted an observational follow-up of 3,809 patients with type 1 diabetes from the Finnish Diabetic Nephropathy Study. The authors examined the prevalence of nonalbuminuric chronic kidney disease and its impact on cardiovascular and renal outcomes and mortality.

The researchers found that 2.0 percent of patients had nonalbuminuric

chronic kidney disease at baseline. This correlated with older age, female sex, retinal laser treatment history, cardiovascular events, and number of antihypertensive drugs in use; there was no correlation with [blood pressure levels](#) or specific antihypertensive agents.

Nonalbuminuric chronic kidney disease was not associated with increased risk of albuminuria (hazard ratio [HR], 2.0; 95 percent confidence interval [CI], 0.9 to 4.4) or end-stage renal disease (HR, 6.4; 95 percent CI, 0.8 to 53.0), but did correlate with increased risk of [cardiovascular events](#) (HR, 2.0; 95 percent CI, 1.4 to 3.5) and all-cause mortality (HR, 2.4; 95 percent CI, 1.4 to 3.9).

"Nonalbuminuric [chronic kidney disease](#) is not a frequent finding in patients with [type 1 diabetes](#), but when present, it is associated with an increased risk of cardiovascular morbidity and all-cause mortality but not with renal outcomes," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Novo Nordisk, which partially funded the study.

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