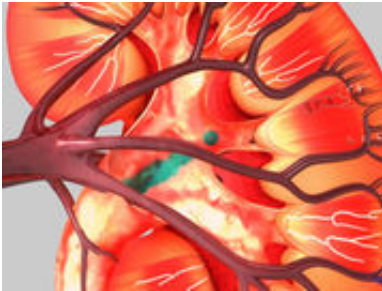


Addition of immunosuppression no benefit in IgA nephropathy

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(HealthDay)—For patients with immunoglobulin A (IgA) nephropathy, the addition of immunosuppressive therapy to intensive supportive care does not improve outcomes, according to a study published in the Dec. 3 issue of the *New England Journal of Medicine*.

Thomas Rauen, M.D., from RWTH Aachen University in Germany, and colleagues examined the outcomes of [immunosuppressive therapy](#) in addition to supportive care for [patients](#) with IgA nephropathy. Three hundred nine patients received supportive care during a six-month run-in phase. Patients who had persistent proteinuria with urinary protein excretion of at least 0.75 g per day were randomized to three years of supportive care alone (80 patients) or supportive care plus immunosuppressive therapy (82 patients).

The researchers found that 5 percent of the supportive care group and 17 percent of the immunosuppression group had a full clinical remission after three years ($P = 0.01$). A decrease in the estimated [glomerular filtration rate](#) of at least 15 ml/minute/1.73 m² was noted in 28 and 26 percent of the supportive care and immunosuppression groups, respectively ($P = 0.75$), with no significant between-group difference in annual decline. In the first year of treatment, more patients in the immunosuppression group had severe infections, impaired glucose tolerance, and weight gain of more than 5 kg.

"The addition of immunosuppression to ongoing comprehensive supportive care was not beneficial in patients with IgA nephropathy," the authors write.

Two authors disclosed financial ties (employment) to Bayer Pharma.

More information: [Full Text \(subscription or payment may be required\)](#)

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