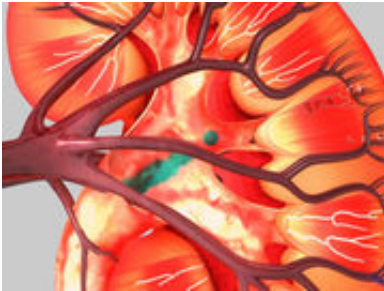


# Addition of immunosuppression no benefit in IgA nephropathy

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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 m<sup>2</sup> 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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