

Lower risk of contrast-induced nephropathy with iodixanol

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(HealthDay)—Iodixanol is associated with lower risk for contrast-

induced nephropathy (CIN) versus low-osmolar contrast media (LOCM); and among those receiving LOCM, the greatest risk reduction is seen for *N*-acetylcysteine and statins plus *N*-acetylcysteine, according to two reviews published online Feb. 2 in the *Annals of Internal Medicine*.

John Eng, M.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a systematic review to compare CIN [risk](#) with contrast media in patients receiving diagnostic or therapeutic imaging procedures. Data were included from trials that reported CIN-related outcomes in patients receiving LOCM or iso-osmolar contrast media for imaging. The researchers observed a slight reduction in CIN risk with the iso-osmolar contrast media agent iodixanol versus with a diverse group of LOCM in 25 [randomized controlled trials](#); the reduction reached statistical significance in meta-analysis (pooled relative risk, 0.80; 95 percent confidence interval, 0.65 to 0.99; $P = 0.045$).

Rathan M. Subramaniam, M.D., Ph.D., also from the Johns Hopkins University School of Medicine, and colleagues reviewed the literature to assess the comparative effectiveness of interventions to reduce CIN in adults receiving contrast media. The researchers found that, compared with intravenous (IV) saline, low-dose *N*-acetylcysteine correlated with reduced risk (risk ratio, 0.75). Clinically important and statistically significant benefits were seen for *N*-acetylcysteine versus IV saline in patients receiving LOCM (relative risk, 0.69) and for those receiving statins plus *N*-acetylcysteine versus *N*-acetylcysteine (relative risk, 0.52).

"The greatest reduction in CIN was seen with *N*-acetylcysteine in patients receiving LOCM and with statins plus *N*-acetylcysteine," Subramaniam and colleagues write.

One author from each study disclosed financial ties to the health care industry.

More information: [Full Text - Eng](#)
[Full Text - Subramaniam](#)

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