

ACE inhibitor, statin no benefit for T1DM, high albumin excretion

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(HealthDay)—For adolescents with type 1 diabetes and high levels of

albumin excretion, neither angiotensin-converting-enzyme (ACE) inhibitors nor statins change the albumin-to-creatinine ratio over time, according to a study published online Nov. 1 in the *New England Journal of Medicine*.

M. Loredana Marcovecchio, M.D., from the University of Cambridge in the United Kingdom, and colleagues randomized 443 adolescents (aged 10 to 16 years) with type 1 diabetes and an albumin-to-creatinine ratio in the upper third in a placebo-controlled trial of an ACE inhibitor and a statin using a 2-by-2 factorial design. The primary outcome was the change in albumin excretion, measured according to the albumin-to-creatinine ratio.

The researchers that neither ACE inhibitor therapy nor [statin therapy](#) affected the primary outcome; the same was true for combination therapy. Lower incidence of microalbuminuria was seen with use of an ACE inhibitor versus placebo; this was not considered significant in the context of negative findings for the primary outcome and statistical analysis plan (hazard ratio, 0.57; 95 percent confidence interval, 0.35 to 0.94). Significant reductions were seen in total, low-density lipoprotein, and non-high-density lipoprotein cholesterol levels; in triglyceride levels; and in the ratio of apolipoprotein B to apolipoprotein A1 with statin use; neither drug had significant effects on carotid intima-media thickness, other cardiovascular markers, [glomerular filtration rate](#), or progression of retinopathy.

"The use of an ACE inhibitor and a [statin](#) did not change the albumin-to-creatinine ratio over time," the authors write.

Several authors disclosed ties to the biopharmaceutical industry.

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