Steroids best placebo in high-risk IgA nephropathy

November 16 2021

(HealthDay)—Steroids reduce the risk for major adverse kidney

outcomes in people with high-risk immunoglobulin A nephropathy (IgAN), but full-dose methylprednisolone increased the risk for serious adverse events, according to a study presented at Kidney Week, the annual meeting of the American Society of Nephrology, held virtually from Nov. 4 to 7.

Vlado Perkovic, M.B.B.S., Ph.D., from University of New South Wales in Sydney, and colleagues assessed the effects of oral methylprednisolone versus placebo on major kidney outcomes and safety in IgAN. In a double-blind trial, patients with high-risk IgAN were randomly assigned to methylprednisolone (257 patients) or placebo (246 patients). Following an excess of serious infections in the steroid arm, the methylprednisolone dose was reduced, and *Pneumocystis jirovecii* prophylaxis was added.

The researchers found that during an average follow-up of 4.2 years, methylprednisolone reduced the risk for the primary outcome (composite of 40 percent estimated glomerular filtration rate decline or kidney failure [dialysis, transplantation, or death due to kidney disease]; hazard ratio, 0.53) and end-stage kidney disease (hazard ratio, 0.59). This risk reduction was seen across both dose protocols (hazard ratios for full dose and reduced dose, 0.58 and 0.27, respectively). Serious adverse events were more common with steroids versus placebo (28 versus seven patients), particularly with the full-dose versus the reduced-dose regimen.

"Steroids reduce the risk of major kidney outcomes and kidney failure in people with high risk IgAN," the authors write.

More information: Abstract
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