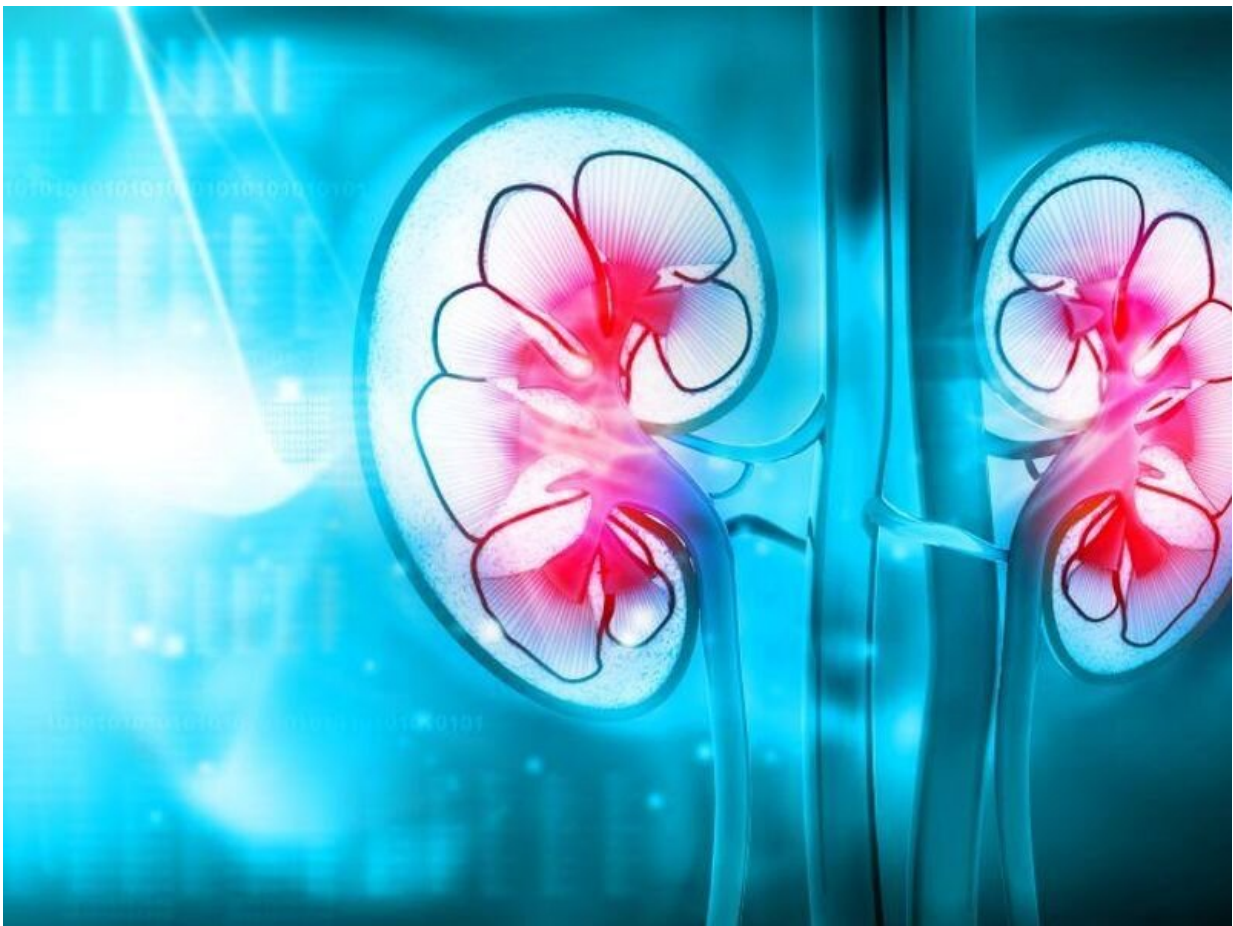


# Discontinuation of renin-angiotensin system inhibitors does not increase estimated glomerular filtration rate in CKD

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For patients with advanced and progressive chronic kidney disease, discontinuation of treatment with renin-angiotensin system (RAS) inhibitors is not associated with a difference in the long-term rate of decrease in the estimated glomerular filtration rate (eGFR), according to a study published online Nov. 3 in the *New England Journal of Medicine* to coincide with Kidney Week, the annual meeting of the American Society of Nephrology, held from Nov. 3 to 6 in Orlando, Florida.

Sunil Bhandari, Ph.D., from Hull University Teaching Hospitals NHS Trust in the United Kingdom, and colleagues conducted a multicenter, open-label trial including 411 patients with advanced and progressive chronic kidney disease who were randomly assigned to either discontinue or continue therapy with RAS inhibitors.

The researchers found that the least-squares mean eGFR at three years was  $12.6 \pm 0.7$  and  $13.3 \pm 0.6$  mL/min/1.73 m<sup>2</sup> in the discontinuation and continuation groups, respectively (difference,  $-0.7$ ; 95 percent confidence interval,  $-2.5$  to  $1.0$ ;  $P = 0.42$ ), with a negative value favoring the outcome in the continuation group.

There was no heterogeneity in outcomes according to prespecified subgroups. Overall, 62 and 56 percent of patients in the discontinuation or continuation groups, respectively, had end-stage kidney disease or the initiation of renal-replacement therapy (hazard ratio, 1.28; 95 percent confidence interval, 0.99 to 1.65). With respect to [cardiovascular events](#) and deaths, adverse events were similar in the discontinuation and continuation groups.

"We determined that [patients](#) in the discontinuation group did not have a clinically relevant increase in the eGFR (the primary outcome), either overall or in prespecified subgroups defined according to age, severity of chronic kidney disease, the presence or absence of diabetes or proteinuria, or [blood pressure](#)," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

**More information:** Sunil Bhandari et al, Renin–Angiotensin System Inhibition in Advanced Chronic Kidney Disease, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMoa2210639](https://doi.org/10.1056/NEJMoa2210639)

[Kidney Week annual meeting](#)

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