

Budesonide yields durable reduction in eGFR for IgA nephropathy

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For patients with immunoglobulin A (IgA) nephropathy, nine months of

treatment with targeted-release formulation of budesonide (Nefecon) yields a greater reduction in estimated glomerular filtration rate (eGFR) than placebo, which lasts for two years, according to a study published online Aug. 14 in *The Lancet*.

Richard Lafayette, M.D., from Stanford University in California, and colleagues conducted a phase 3, multicenter, randomized trial involving adults with primary IgA nephropathy, eGFR of 35 to 90 mL/min/1.73 m², and persistent proteinuria despite optimized renin-angiotensin system blockade. Patients were randomly assigned to receive 16 mg/day budesonide or matching placebo (182 per treatment group) for nine months followed by a 15-month observational follow-up period.

The researchers found that over two years, the time-weighted average of eGFR showed a significant treatment benefit with budesonide versus placebo (difference, 5.05 mL/min/1.73 m²), with time-weighted average changes of -2.47 and -7.52 mL/minute/1.73 m² reported with budesonide and placebo, respectively. During treatment with budesonide, the most commonly reported treatment-emergent adverse events were peripheral edema, hypertension, [muscle spasms](#), acne, and headache. There were no reports of treatment-related deaths.

"The final NefIgArd study analysis has verified the clinical benefit of Nefecon treatment as the first approved, disease-specific treatment that is able to significantly reduce the rate of kidney function decline in [patients](#) with primary IgA nephropathy," the authors write.

More information: Richard Lafayette et al, Efficacy and safety of a targeted-release formulation of budesonide in patients with primary IgA nephropathy (NefIgArd): 2-year results from a randomised phase 3 trial, *The Lancet* (2023). [DOI: 10.1016/S0140-6736\(23\)01554-4](https://doi.org/10.1016/S0140-6736(23)01554-4)

Börje Haraldsson, Phase 3 trial results bring hope for patients with IgA

nephropathy, *The Lancet* (2023). [DOI: 10.1016/S0140-6736\(23\)01633-1](https://doi.org/10.1016/S0140-6736(23)01633-1)

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