

Liraglutide tied to reduced progression of diabetic kidney disease

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(HealthDay)—For patients with type 2 diabetes and high cardiovascular

risk receiving usual care, the addition of liraglutide is associated with lower rates of development and progression of diabetic kidney disease, according to a study published in the Aug. 31 issue of the *New England Journal of Medicine*.

Johannes F.E. Mann, M.D., from the Friedrich Alexander University of Erlangen in Germany, and colleagues reported the prespecified renal outcomes of a [randomized controlled trial](#) involving [patients](#) with type 2 diabetes receiving usual care who were assigned to liraglutide or placebo. A total of 9,340 patients were randomized and followed for a median of 3.84 years.

The researchers found that the renal outcome (composite of new-onset persistent macroalbuminuria, persistent doubling of the serum creatinine level, end-stage renal disease, or death due to renal disease) occurred in fewer participants in the liraglutide versus placebo group (268 of 4,668 versus 337 of 4,672 patients; hazard ratio, 0.78). This result was mainly driven by new onset of persistent macroalbuminuria, which occurred in 161 versus 215 patients in the liraglutide group versus [placebo group](#) (hazard ratio, 0.74). The rates of renal adverse events, including the rate of acute kidney injury, were similar in the groups.

"This prespecified secondary analysis shows that, when added to usual care, liraglutide resulted in lower rates of the development and progression of [diabetic kidney disease](#) than placebo," the authors write.

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More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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