

**Abstract Submission No. : 9171**

## **Paradigm Shift in Diabetes Management in Chronic Kidney Disease -Korean Perspective**

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Diabetes has been known as a leading cause of chronic kidney disease (CKD) and end-stage kidney failure worldwide. Moreover, patients with diabetes and CKD have increased risk of cardiovascular disease than the general population. In recent few years, several clinical trials have demonstrated that beneficial effects of novel agents in patients with diabetes, and additional trials are under way.

The Kidney Disease: Improving Global Outcomes (KDIGO) guideline has informed the management of patients with diabetes and CKD, which often requires a multidisciplinary approach. The KDIGO guideline and the American Diabetes Association and European Association for the Study of Diabetes Consensus Report both recommend comprehensive lifestyle therapy, metformin as first-line treatment along with an SGLT2 inhibitor for organ protection (such as the heart and kidneys), and self-management education.

In Korea, the newly revised 2021 Diabetes Care Guideline - Diabetic Kidney Disease has been reported. Based on large-scale clinical trial results showing that SGLT2 inhibitors inhibit the progression of diabetic kidney disease, SGLT2 inhibitors were recommended as first-line medications for patients with a high risk of developing diabetic kidney disease. Although there was evidence that GLP-1 receptor agonists could also inhibit the progression of diabetic kidney disease, but the level of evidence was low compared to SGLT2 inhibitors.

This lecture would review the results of a large-scale clinical trial on the effects of diabetes novel agents on diabetic kidney disease and explain how they were reflected in the revised guidelines in Korea. In addition, the selection of patients with indications related to the actual use of the recommended medications, the gap between such medications use and insurance standards in Korea, and concerns about use of these medications will be mentioned.