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Use of RAS inhibitors in advanced CKD

Jung Tak Park

Severance Hospital, Korea

Angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) are some of the leading choices of drugs for lowering blood pressure and preventing target organ damage in hypertension. Strong evidence from large randomized controlled trials supports the use of renin-angiotensin system blockade to reduce mortality in patients with heart failure, decrease proteinuria, and slow the progressive loss of kidney function in patients with chronic kidney disease. Management of hypertension and proteinuria are the main goals of treatment to slow the progression of chronic kidney disease. renin-angiotensin system blockades are the main drugs to achieve these goals. However, there is a lack of randomized trials that specifically address whether renin-angiotensin system blockers should be started or maintained in patients with advanced chronic kidney disease. In addition, these studies did not include patients with normo-albuminuria. Therefore, many clinicians are not convinced of the beneficial effects of renin-angiotensin system blockade in patients with advanced chronic kidney disease. Moreover, renin-angiotensin system blockade is often accompanied by various side effects, including hyperkalemia due to suppression of aldosterone secretion and a sharp decrease in glomerular filtration rate at the start of treatment. Due to these factors, renin-angiotensin system blockers are usually less prescribed and are easily discontinued in people with more advanced chronic kidney disease. Evidence from the literature regarding the use of renin-angiotensin system blockers in patients with advanced chronic kidney disease would be summarized and practical recommendations would be discussed during this session.