Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Best Practice in Diabetic Kidney Disease: Multidrug Strategies and Target Setting

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Diabetic kidney disease (DKD) is a leading cause of chronic kidney disease and kidney failure worldwide and is associated with a substantially increased risk of cardiovascular events, heart failure, and mortality. Accordingly, modern management of DKD should extend beyond glycemic control alone and instead prioritize integrated cardiorenal protection. This lecture will review current best practice in DKD, with a particular focus on multidrug therapeutic strategies and individualized target setting to preserve kidney function and improve cardiovascular outcomes. The cornerstone of treatment includes early identification of high-risk patients, optimization of blood pressure and glycemic control, and implementation of lifestyle measures, together with maximally tolerated renin–angiotensin system blockade in patients with albuminuria. Sodium-glucose cotransporter-2 inhibitors have become foundational agents in DKD because they consistently reduce the risk of kidney disease progression while also lowering the incidence of hospitalization for heart failure and other adverse cardiovascular outcomes. In patients with persistent albuminuria despite standard therapy, nonsteroidal mineralocorticoid receptor antagonists such as finerenone provide additional renal and cardiovascular protection. Glucagon-like peptide-1 receptor agonists may further complement this approach by improving metabolic control and reducing cardiovascular risk, particularly in patients with obesity, type 2 diabetes, and established atherosclerotic disease. This presentation will address how these agents can be effectively combined in routine clinical practice, including therapeutic sequencing, patient selection, and monitoring for changes in kidney function and serum potassium. It will also discuss practical target setting for blood pressure, HbA1c, and albuminuria reduction according to kidney function, comorbidity

burden, and frailty status. A patient-centered multidrug strategy now represents the contemporary standard of care in DKD, shifting the treatment paradigm toward comprehensive protection of both the kidney and the heart.

Keywords: Diabetic kidney disease, Cardiorenal protection, Target-based combination therapy