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Therapy for DKD beyond SGLT-2 inhibitors

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Diabetic Kidney Disease (DKD) has reached epidemic proportions in many parts of the world. It is the top cause of treated kidney replacement therapy in many Asian countries. In China, a large-scale hospital-based survey found that DKD exceeded glomerulonephritis as the most prevalent cause of kidney failure since 2011 and the China Kidney Disease Network (CKD-NET) 2016 Annual Data Report, published in 2020, revealed DKD to also be the top cause of CKD, accounting for 26.7% of patients with CKD.

Although SGLT2 inhibitors have revolutionized therapy for DKD in recent years, this lecture focuses on other facets beyond SGLT2 inhibition. The Asian Pacific Society of Nephrology (APSN) developed a set of clinical guidelines published in Oct 2020 on the management of DKD, and in particular, to pay attention to nuances of health care across different countries in the region with the aim of making these guidelines applicable and implementable. This guideline focuses on the recognition, screening, monitoring and management of diabetic kidney disease, with eventual consideration for KRT in those with advanced kidney failure.

Clinical care of patients with diabetes and CKD should integrate new treatment options with existing management strategies based on high quality evidence. Here, comprehensive care of patients with diabetes and CKD, glycemic monitoring and targets, antihyperglycemic therapies beyond SGLT2i in patients with diabetes and CKD will be discussed.