Comprehensive management of individuals with CKM syndrome

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Disclosures

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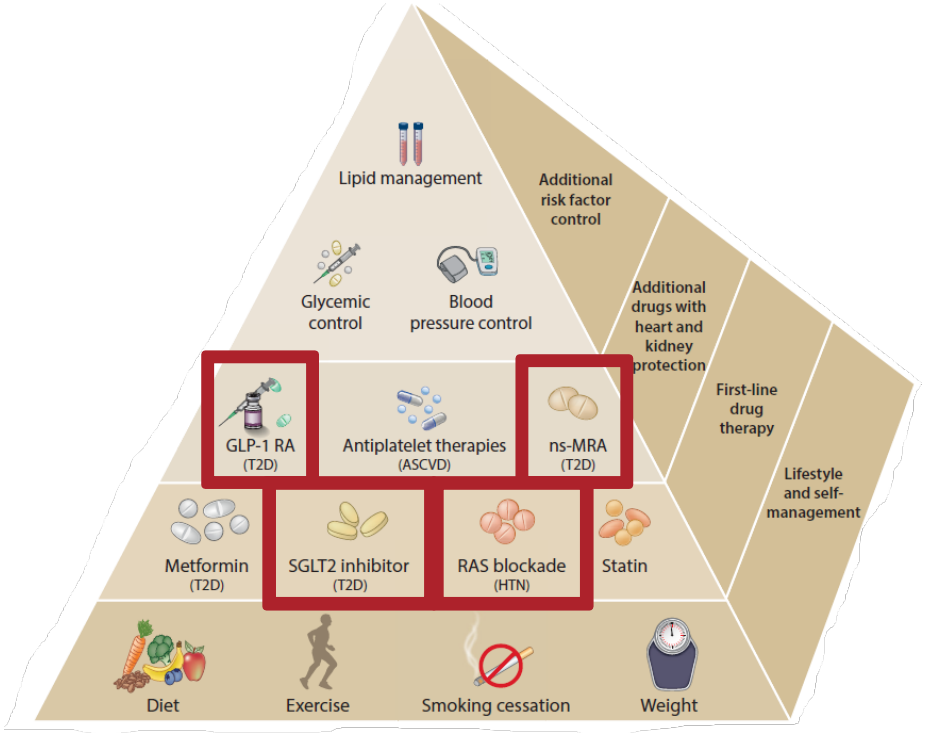
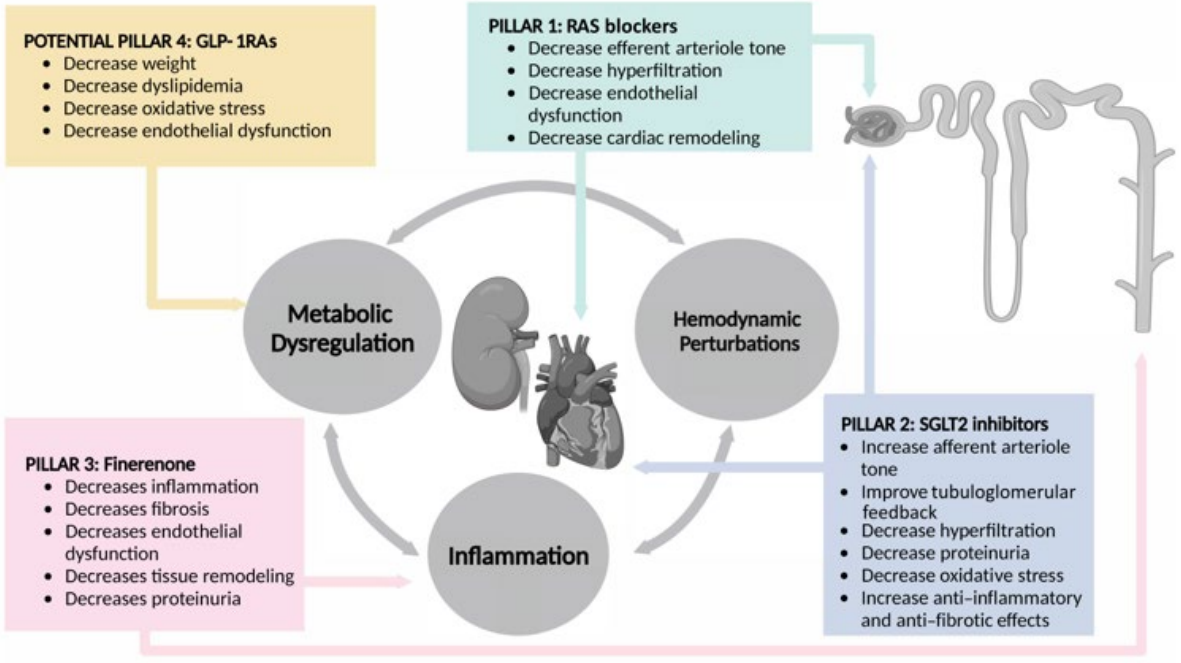
Use of combination therapy may substantially reduce cardiorenal morbidity and mortality



Navaneethan SD, Zoungas S, Caramori ML, et al. *Ann Intern Med.* 2023;176(3):381-387.

PACE-CME Physicians' Academy for Cardiovascular Education

Evolving Standard of Care in CKM in 2024



Naaman SC, Bakris GL. *Diabetes Care*. 2023;46(9):1574-1586.

CKM Management

Stage 0: No CKM Syndrome Risk Factors

Stage 1: Excess and/or Dysfunctional Adiposity

Stage 2: Established CKM Risk Factors

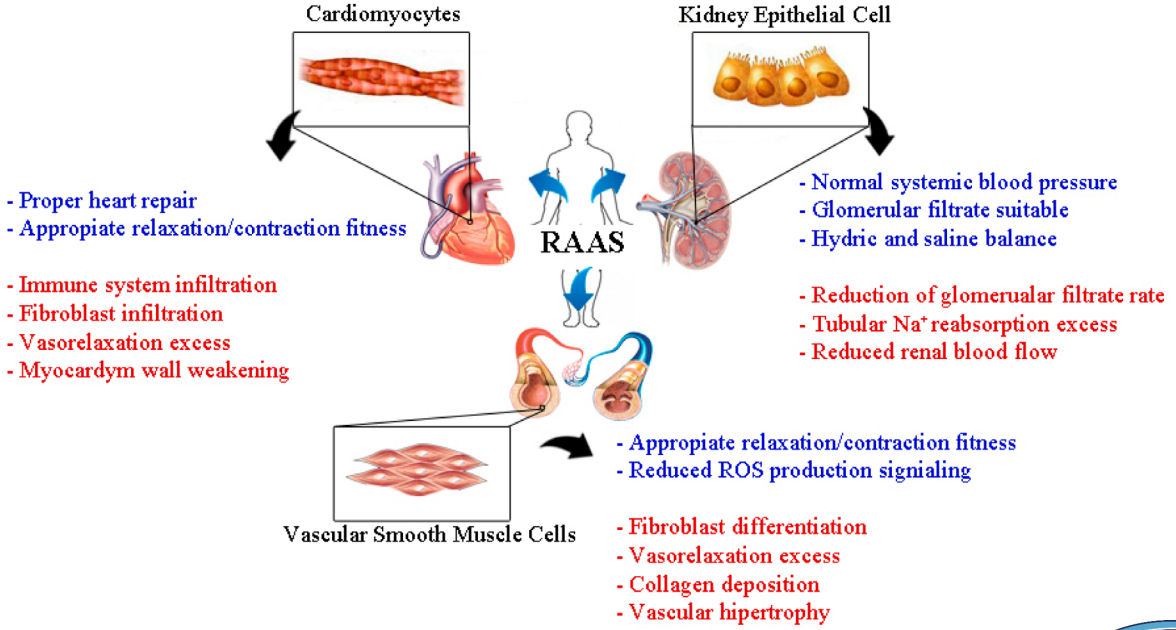
Stage 3: Subclinical CVD in CKM

Stage 4: Patient with CKM Syndrome with Existing CVD

Ndumele CE, Rangaswami J, Chow SL, et al. *Circulation*. 2023;148(20):1606-1635.

RAS blockade with ACEi or ARBs is the cornerstone of therapy to improve cardiovascular and renal outcomes

Physiological and detrimental roles of RAAS molecules in cardiac, vascular tissues and kidneys



Muñoz-Durango N, Fuentes CA, Castillo AE, et al. *Int J Mol Sci*. 2016;17(7):797.

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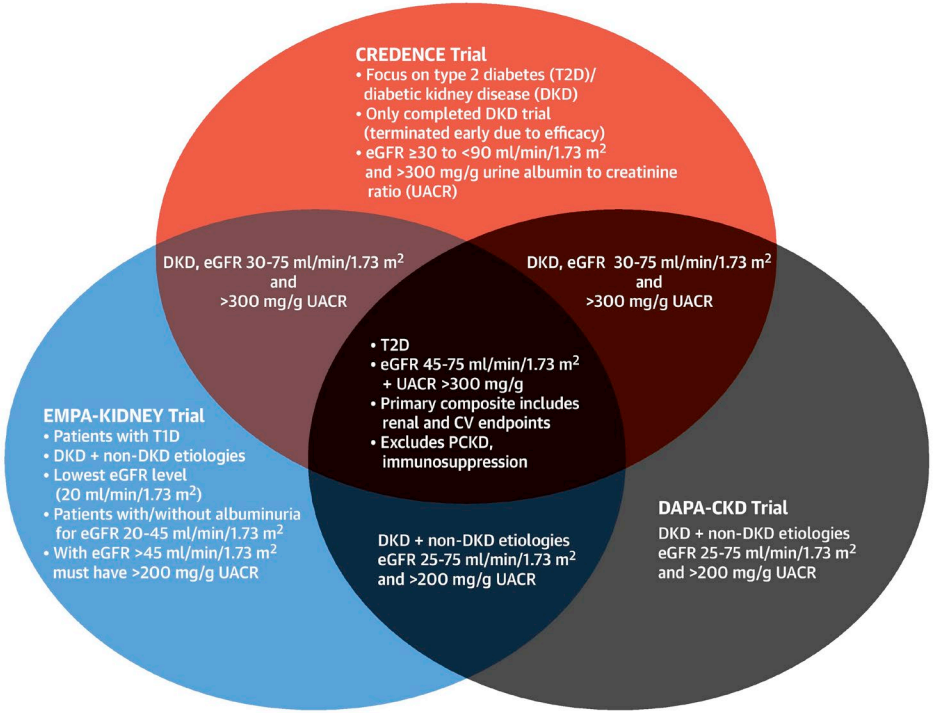
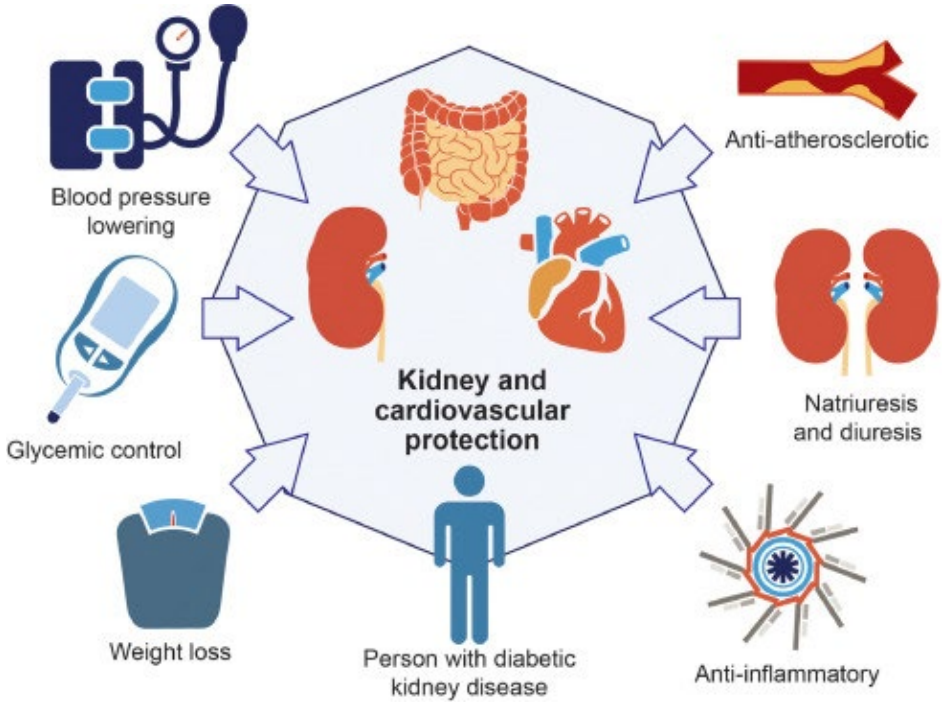
SGLT2 inhibitors and cardiorenal protection

Areas of overlap for clinical trials with Sodium-Glucose Cotransporter-2 inhibitors in patients with Chronic Kidney Disease



Cherney DZ, Odutayo A, Aronson R, et al. *J Am Coll Cardiol.* 2019;74(20):2511-2524.

GLP-1 Receptor Agonists in Diabetic Kidney Disease: Cardiorenal-Metabolic Protection



Michos ED, Bakris GL, Rodbard HW, Tuttle KR. *Am J Prev Cardiol*. 2023;14:100502.

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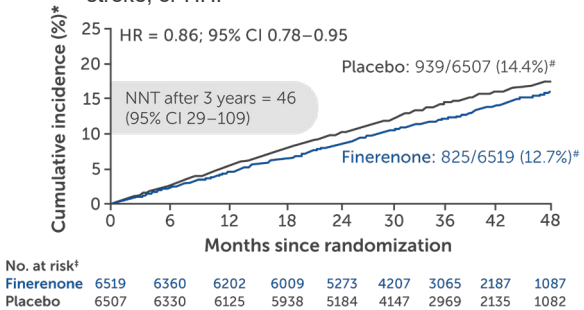
FIDELITY: Reduction in Risk of Composite CV and Kidney Outcomes

CV composite

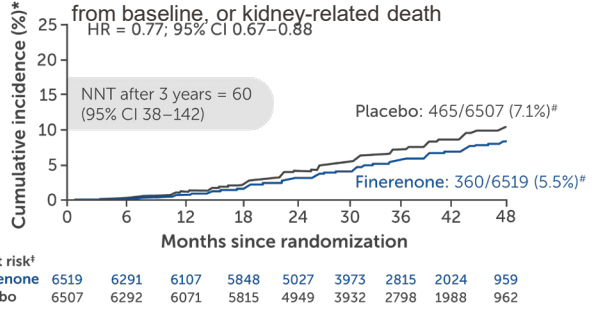
Time to CV death, nonfatal MI, nonfatal stroke, or HHF



14% reduced risk of CV morbidity and mortality versus placebo (HR = 0.86; 95% CI 0.78–0.95); *P* = 0.0018

Kidney composite

Time to kidney failure,§ sustained ≥57% decrease in eGFR from baseline, or kidney-related death



23% reduced risk of CKD progression* versus placebo (HR = 0.77; 95% CI 0.67–0.88); *P* = 0.0002

HHF Reduced risk of HHF vs. placebo (HR, 0.78; 95% CI, 0.66–0.92 [P = 0.0030]

22%

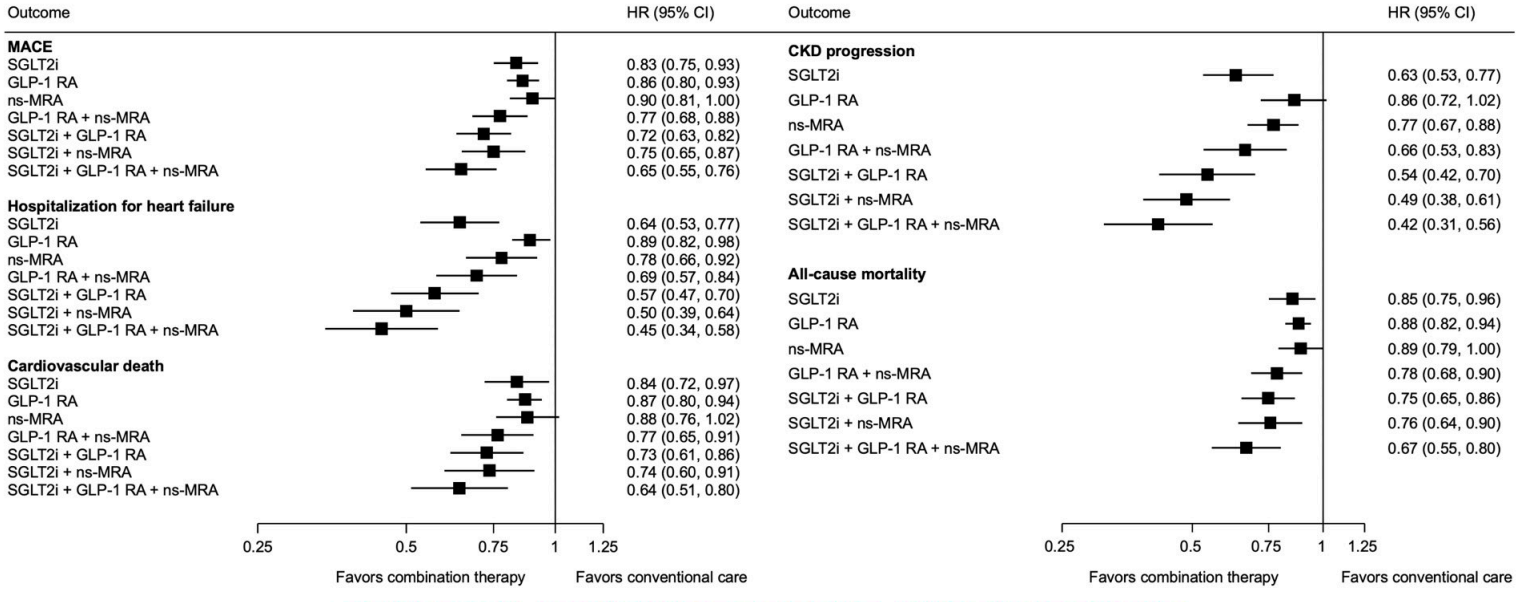
ESKD Reduced risk of ESKD vs. placebo (HR, 0.80; 95% CI, 0.64–0.99; P = [0.040]

23%

* cumulative incidence calculated by Aalen-Johansen estimator using deaths due to other causes as competing risk; # number of patients with an event over a median of 3.0 years of follow-up; ‡ at-risk subjects were calculated at start of time point; § ESKD or an eGFR <15 mL/min/1.73 m^2 CKD; chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; HHF, heart failure hospitalization; HR, hazard ratio; MI, myocardial infarction; NNT number needed to treat.

Agarwal R, Fillipatos G, Pitt A, et al. *Eur Heart J.* 2022;43:474-484.

Estimated lifetime cardiovascular, kidney, and mortality benefits of combination treatment in patients with type 2 diabetes and albuminuria



Neuen BL, Heerspink HJL, Vart P, et al. *Circulation*. 2024;149(6):450-462.