

Case-Based Learning: Optimizing Care for Patients with CKD and T2D with/at risk of CVD

Case Presentation

73-year-old female with long-standing type II diabetes, obesity, proteinuria and hyperlipidemia

Physical exam:

- BP 110/60
- HR 67
- BMI 37

Current medications

- Rosuvastatin 10 mg daily
- Metformin 1000 mg bid
- Furosemide 20 mg daily
- Carvedilol 3.125 mg bid
- Losartan 100 mg daily

Recent Labs

HbA1c 7.5%

Potassium 3.9 mmol/l

Creatinine 0.64 mg/dl

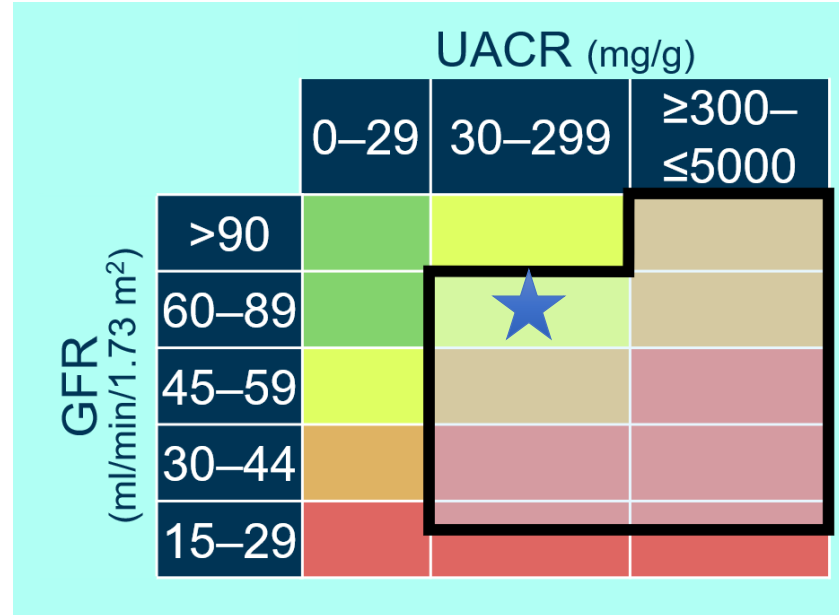
EGFR >85 ml/min/1.73 m²

UACR 147 mg/g

NT- pro BNP 320 pg/ml

CKM Stage?

Additional Labs?



Patient Course

- **She is started on empagliflozin**
- **Two weeks later**→ develops a urinary tract infection which is treated
- **Four weeks later**→ develops a genital mycotic infection which is treated, and she discontinues the medication

What would you recommend?

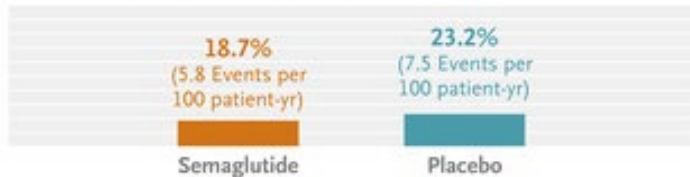
Patient Course

- Finerenone 20 mg daily is started
- Labs 6 weeks after starting finerenone reveal potassium of 4.3 and creatinine of 0.7
- GLP-1 RA also started

FLOW Trial: Semaglutide (GLP-1 RA) in Patients with CKD and T2DM

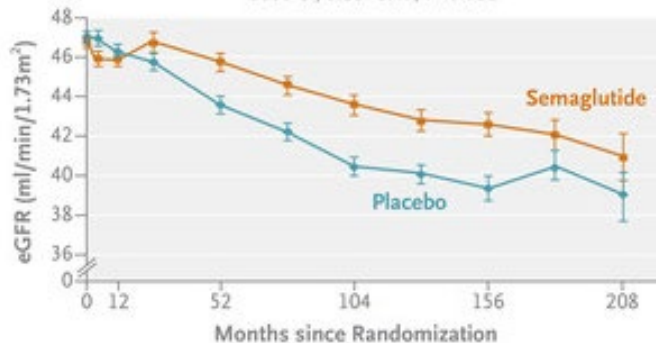
Major Kidney Disease Events

Hazard ratio, 0.76 (95% CI, 0.66–0.88); P=0.0003

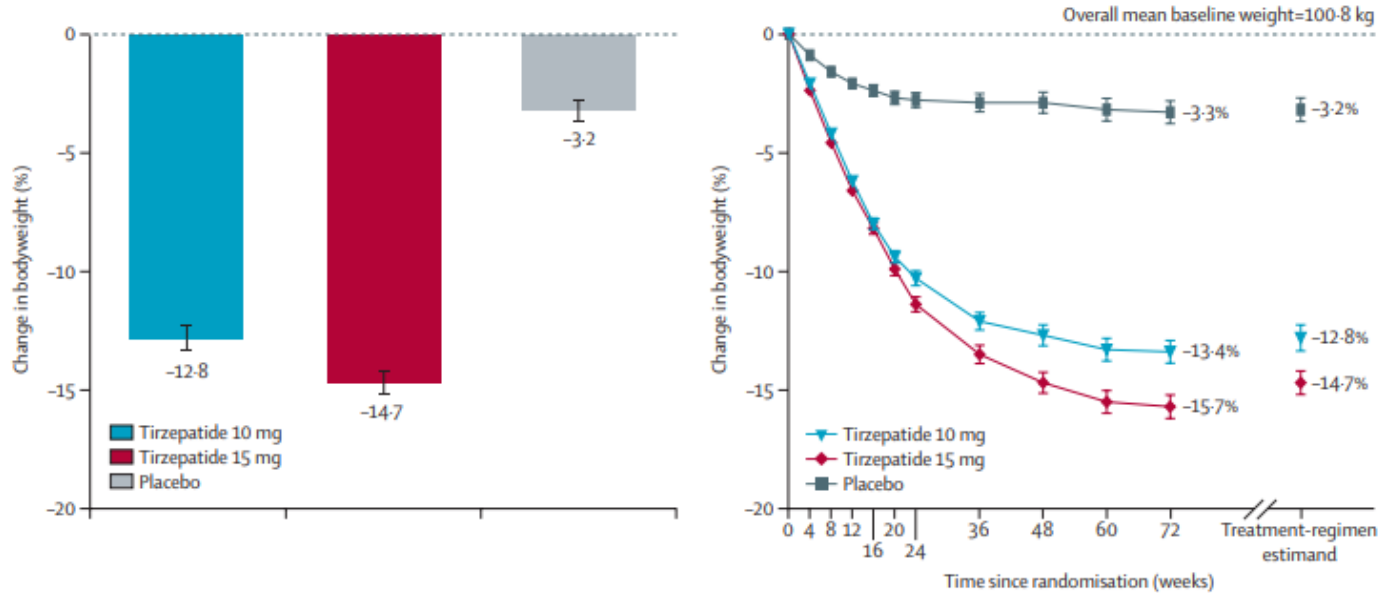


Decline in Kidney Function

Difference in mean annual decline, 1.16 ml/min/1.73 m²
95% CI, 0.86–1.47; P<0.001



SURMOUNT-2: Tirzepatide (GLP-1/GIP RA) in Patients with T2DM and Obesity



3 month Follow up

- UACR improved from 147 mg/g to 96 mg/g
- Weight loss progress?

Take Home Points

