

Transcript Details

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Optimizing Patient Outcomes in CKD & T2D Care With CONFIDENCE

Announcer:

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Dr. Agarwal:

Hello, I'm Dr. Rajiv Agarwal. I'm calling you from EASD in Vienna 2025, and we are here to talk to you about the use of multiple pillars of care in people with type 2 diabetes and chronic kidney disease.

I'm going to talk to you about the CONFIDENCE trial, specifically the GLP-1RA analysis.

The CONFIDENCE trial tested the hypothesis whether the simultaneous initiation of finerenone and empagliflozin would reduce albuminuria more compared to either drug alone. The primary endpoint was to look at the change from baseline and the percent reduction in uACR from day 0 to day 180.

The patients who participated in this trial came from 14 countries. We randomized approximately 800 patients. And 23% of these patients had GLP-1RA. All of them were on ACE inhibitor or angiotensin receptor blocker.

The analysis we are conducting here is asking the question whether patients who are on GLP-1RA would have similar response compared to people who are not on GLP-1RA. There were baseline differences between the 2 groups, namely, people who were on GLP-1RA happened to be more White and less Asian. The mean BMI was higher in the ones who are on GLP-1RA, and there were differences in baseline medications; more statins, more insulin, more antiplatelets, more diuretics, but less DPP-4 inhibitors in the people who are on GLP-1RA.

Now, despite these clinical differences, the mean change from baseline in empa group, in the people who are not on GLP-1RA, 33%; on people on finerenone, 37%; combination, 57%. And people who are on GLP-1RA, 36, 35, and 51%. So very similar effects or responses in the 2 groups of people who are on GLP-1RA and not on GLP-1RA. The adverse effects and serious adverse events were similarly balanced in the 2 groups.

So, what do we take from this message? As you know, there are 4 pillars of care. Everybody in this group is on the first pillar, which is ACE and ARBs. The second and third pillar is what we are testing, SGLT2 inhibitor and the nonsteroidal MRA, which is finerenone. But we're asking the question whether the combination of either one of these 2 drugs the response is modified by prior use of GLP-1RA. And the answer is no. So we can expect that when we add these drugs, they would have additive reductions in uACR. And what we are showing here is that the improvement in albuminuria is independent of baseline GLP-1RA use. Adverse effects and serious adverse events are similar.

What it means is that utilizing all 4 pillars of care in people with CKD and Type 2 diabetes, can reduce the cardiovascular burden and kidney disease progression in these individuals. I think that's really the take-home message, is all the 4 pillars work because of degenerate pathways that protect from kidney disease and they can be used complementarily. So, getting people on all 4 therapies as rapidly as we can should be our goal.

From EASD 2025, I'm Dr. Rajiv Agarwal. Thank you for listening.

Announcer:

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