

Effects of dapagliflozin on major adverse kidney and cardiovascular (CV) events in patients with diabetic and non-diabetic chronic kidney disease: a prespecified analysis from the DAPA-CKD trial

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- DAPA-CKD, a multicentre, double-blind, placebo-controlled, randomised trial done at 386 study sites in 21 countries, where 4304 participated in this study.
- Randomization (1:1) of patients with a urinary albumin-to-creatinine ratio of 200-5000 mg/g & an estimated eGFR of 25-75 mL/min/1.73m² were done to Dapagliflozin 10 mg once daily or matching placebo.
- Overall, 2906 (68%) participants had a diagnosis of type 2 diabetes (T2DM), of whom 396 (14%) had CKD due to causes other than diabetic nephropathy.
- The relative risk reduction for the primary outcome (*sustained decline in eGFR of at least 50%, end-stage kidney disease, or kidney/ CV-related death*) with Dapagliflozin was consistent in participants with T2DM and those without diabetes.

Dapagliflozin reduces the risks of major adverse kidney & CV events and all-cause mortality in patients with diabetic & non-diabetic chronic kidney disease.