Methylcobalamin along with folic acid (FA) supplementation in patients with CKD

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- Hyperhomocysteinemia (Hhcy) occurs in about 85% of chronic kidney disease (CKD) patients because of impaired renal metabolism and reduced renal excretion. Hhcy is regarded as an independent predictor of cardiovascular morbidity and mortality in end-stage renal disease.
- Hhcy enhances risks for inflammation and endothelial injury which lead to cardiovascular disease (CVD), stroke, and CKD.
- FA has also been shown to improve endothelial function without lowering Hcy, suggesting an alternative explanation for the effect of FA on endothelial function.
- Methylcobalamin along with FA supplementation can be considered appropriate adjunctive therapy in patients with CKD.

Methylcobalamin along with folic acid supplementation can be considered appropriate adjunctive therapy in CKD.