An Update on the Management of Nephropathy in type 2 diabetes

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摘要

Abstract

Background. To provide an update on the latest evidence-based management of nephropathy in type 2 diabetes. Methods. A literature search (MEDLINE 1966 to 2002) was performed using the key words "diabetic nephropathy," andrelevant book chapters were also reviewed, to identify well-controlled, prospective landmark studies and expert review articles on diabetic nephropathy (DN). Data and conclusions from the selected articles that provided solid evidence regarding the optimal management of DN were extracted and interpreted in light of clinical and research experience with Chinese patients. Results. DN is the leading cause of end-stage renal disease worldwide. High blood pressure, dyslipidemia, long duration of diabetes, poor glycemic control and central obesity are important risk factors. Microalbuminuria is a practical marker to predict the development of overt nephropathy in type 2 diabetic patients. Risk factor modification, renal function monitoring and combined therapies are the current integrated approaches to manage patients with diabetic kidney disease. Optimal glycemic control is a fundamental goal, but effective antihypertensive and possibly lipid-lowering therapy delay the progression of DN. Recent large clinical trials support the earlier experimental data that angiotensin-converting enzyme inhibitors and angiotensin receptor blockers have important renoprotective actions independent of their blood pressure lowering actions. Conclusions. Screening for microalbuminuria and monitoring renal function will identify patients with DN at an early stage and allow for intervention. Tight glycemic control and aggressive antihypertensive treatment as well as the use of renin-angiotensin system inhibitors should substantially delay the progression of nephropathy.

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