Renal-protective treatment use for non-diabetic chronic kidney disease in Japan, Sweden and the United States

Background

- Chronic kidney disease (CKD) is estimated to affect 10% of the global population and is associated with a high risk of complications.
- Optimal treatment can limit kidney function decline and delay onset of complications.
- Despite type 2 diabetes (T2D) being a risk factor for CKD, Chronic kidney disease (CKD) is estimated to affect 10% of the global population and is associated with a high risk of complications.
- High dose defined as the highest dose available in each country according to registered drug prescription doses. In this analysis, the high dose is defined as 10 mg dapagliflozin or RASi.
- OPTIMISE-CKD is funded by AstraZeneca.

Methods

- Cohort: 159,220 non-diabetic patients (aged ≥ 18 years) with incident CKD stages 3 and 4 newly initiated on dapagliflozin or RASi. In this analysis, incident CKD was defined as a CKD diagnosis prior to (from January 2020) or at the date of dapagliflozin approval for CKD in each country.

Aim

To describe the real-world use of renal-protective treatments following incident CKD in Japan, Sweden and the United States.

Exclusion criteria: stage 5 CKD, eGFR < 15 mL/min/1.73 m², dialysis or diabetes

Index: date of new initiation* of dapagliflozin or RASi

Total dapagliflozin use before and after its approval for CKD¹

Dapagliflozin and RASi dose utilization in new users²

Dapagli/flozin and RASi dose persistence in new users²

References

4. OPTIMISE: Chronic Kidney Disease Management. OPTIMISE-CKD is funded by AstraZeneca.

Conflicts of interest

- TS has received lecture fees from AstraZeneca.
- NT has received grants and honoraria from AstraZeneca.
- MKS has received honoraria from Amgen, AstraZeneca, Boehringer Ingelheim and GSK.
- JB and SAE are employees of BioPharmaceuticals Medical, AstraZeneca, Gothenburg, Sweden.
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