

Evolution of Treatment Paradigms in Diabetic Kidney Disease

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Introduction and Objectives:

Over time, there has been a strong focus on therapies that show evidence of slowing the progression of CKD. Nephrologists are constantly evaluating their approach to treatment, especially in their diabetic kidney disease (DKD) patients, who have benefited from the recent additions of SGLT2 inhibitors and finerenone to treatment paradigms. With more data being released on the benefits of GLP-1 agonists in DKD patients, there may soon be another medication that nephrologists can add to their regimens.

Materials and Methods:

Responses were collected via independent, retrospective chart audits of 2,055 CKD non-dialysis patients in partnership with 347 U.S. nephrologists in 2022 and 2023.

Disclosures:

Justin Snyder, Meghan Weiss, and Stephen Regan are employees of Spherix Global Insights, an independent market intelligence firm and have received no industry funding to conduct and report on this study.



Figure 1

Current Treatment Rates: SGLT2 inhibitors
% of CKD-ND patients

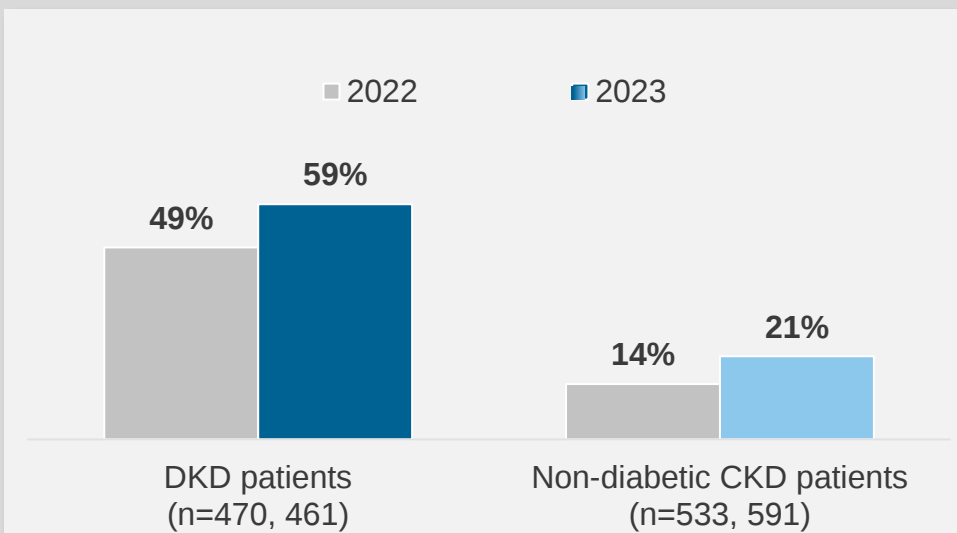


Figure 2

Current Treatment Rates: Mineralocorticoid Antagonists
% of DKD patients

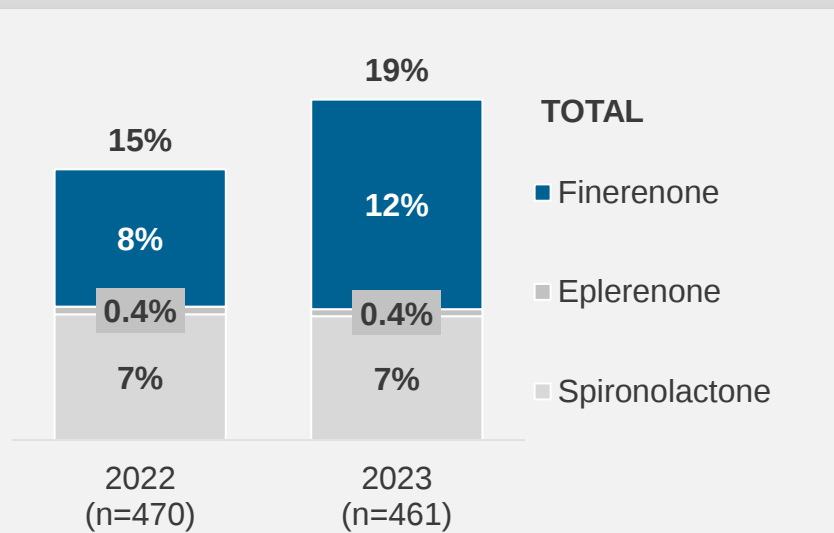


Figure 3

Current Therapy at Finerenone Initiation
% of DKD patients treated with finerenone

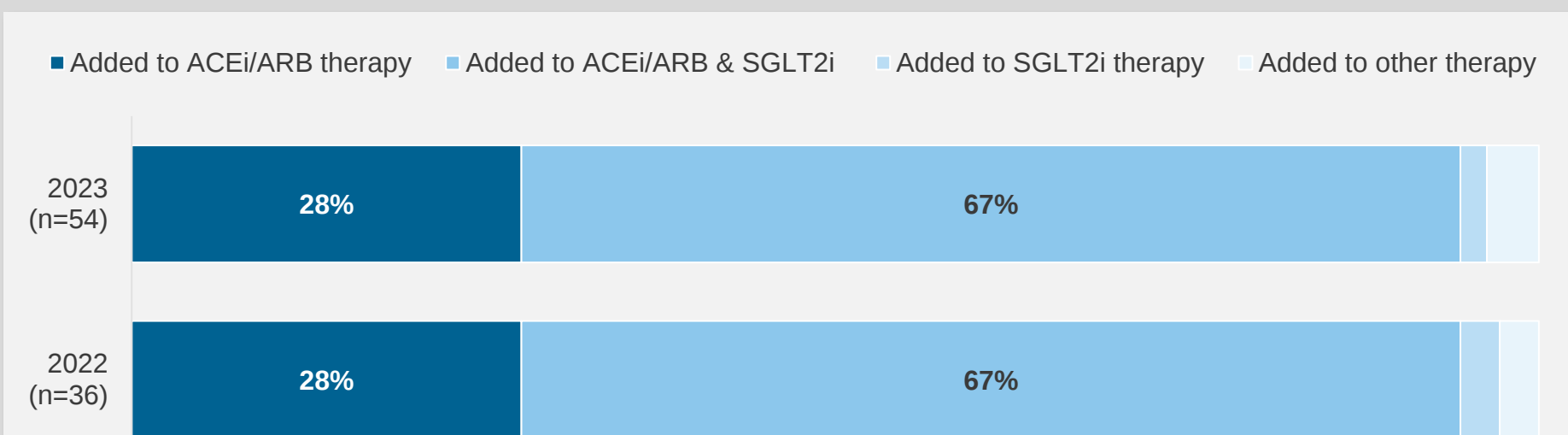


Figure 4

Top Three Comorbidities
% of DKD patients

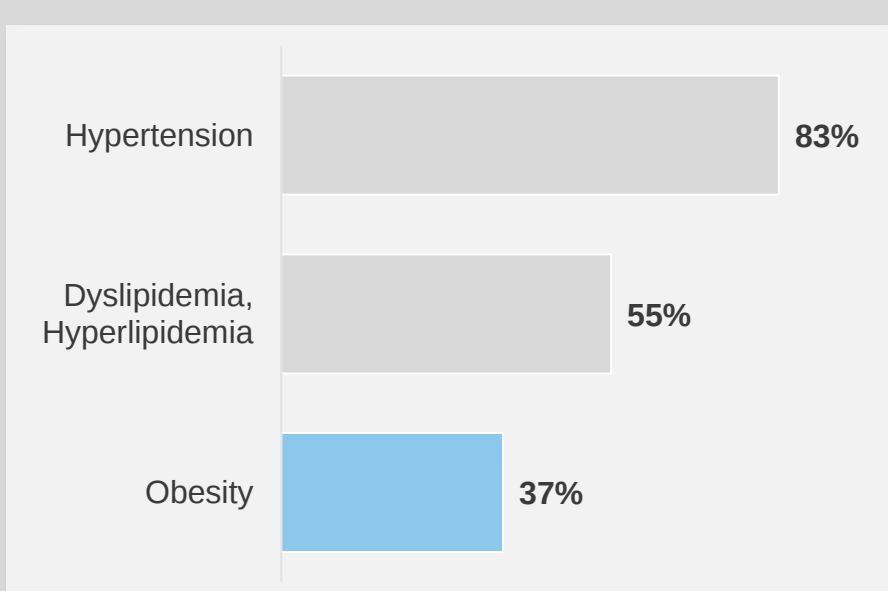
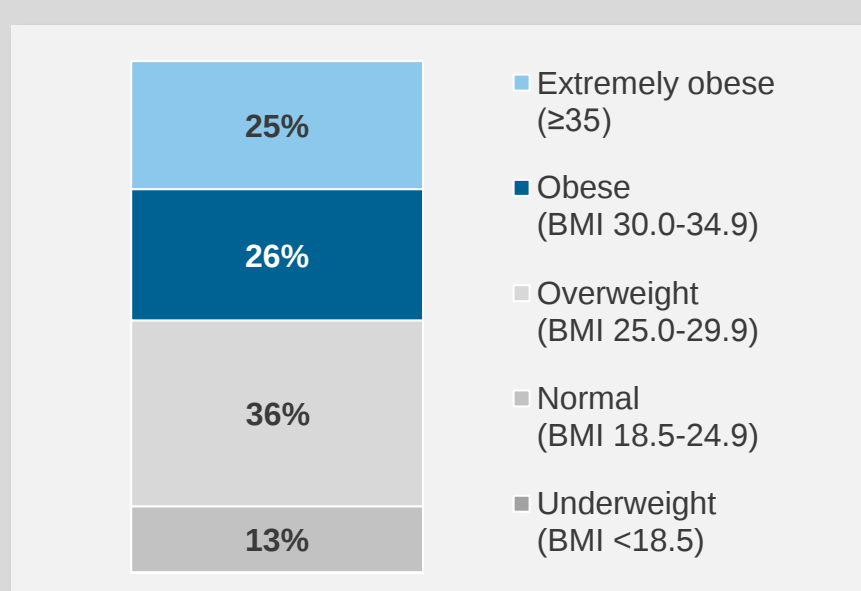


Figure 5

Obesity Rates Based on BMI
% of DKD patients



Results:

Following the FDA's approval of dapagliflozin and empagliflozin for the treatment of both DKD and non-diabetic CKD patients, the use of SGLT2 inhibitors has become more prevalent in both patient populations. Over the past year alone, audited patient chart data shows that the percentage of DKD patients on an SGLT2 inhibitor has increased by 10% and by 7% among non-diabetic CKD patients (Fig. 1). Nephrologists have also increased their use of finerenone over the past year (Fig. 2) with the majority of DKD patients initiated on therapy after they are already on an ACEi/ARB and an SGLT2 inhibitor. Notably, more than one-quarter (28%) of DKD patients were initiated on finerenone after ACEi/ARB therapy alone. (Fig. 3).

Just as nephrologists are settling into their approach to DKD treatment with SGLT2 inhibitors and finerenone, recent data for semaglutide, a GLP-1 receptor agonist, showed positive results in delaying kidney disease progression. Semaglutide products are also proven to have a positive impact on weight management. While nephrologists report that 37% of their DKD patients are obese (Fig. 4), BMI measurements from patient records suggest a substantially higher prevalence of obesity (51%) in these patients (Fig. 5). If approved, it is likely that semaglutide will provide additional benefits for patients outside of its renal components.

Conclusion:

While SGLT2 inhibitors are undoubtedly becoming standard of care in DKD and non-diabetic CKD patients, nephrologists are still figuring out how other therapies will be layered into their treatment approach. As new agents continue to gain FDA approval and show positive results in delaying CKD progression, there is potential for the number of patients eventually requiring dialysis to decline.

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