



Novelty in the Management of Progression and Complications of CKD

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Message from the Guest Editor

Proteinuria and elevated blood pressure (BP) are still the most significant risk factors determining the progression of CKD; thus, their treatment are of paramount importance in CKD management. Blockers of the renin–angiotensin system (RAS) are still recommended as the first-line treatment in all CKD hypertensive patients; however, their nephroprotective efficacy is less relevant in non-proteinuric patients. Given that RAS blockers can cause acute derangements in kidney function and hyperkalemia, caution is needed regarding their use, especially in frail, elderly nephroangiosclerotic patients or in the presence of advanced CKD. Dietetic–nutritional therapy (DNT) is an important component in conservative CKD management and should precede and be integrated in pharmacological treatment. Gliflozin is a very promising drug which has recently been approved not only for the treatment of diabetic nephropathy but for other causes of CKD and heart failure as well. The association of angiotensin II receptor antagonist with anti-endothelin I could be an interesting therapeutic approach for the near future.





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